

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| A4206 | SYRINGE WITH NEEDLE, STERILE, 1 CC OR LESS, EACH |
| A4207 | SYRINGE WITH NEEDLE, STERILE 2CC, EACH |
| A4208 | SYRINGE WITH NEEDLE, STERILE 3CC, EACH |
| A4209 | SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH |
| A4210 | NEEDLE-FREE INJECTION DEVICE, EACH |
| A4211 | SUPPLIES FOR SELF-ADMINISTERED INJECTIONS |
| A4212 | NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER |
| A4213 | SYRINGE, STERILE, 20 CC OR GREATER, EACH |
| A4215 | NEEDLE, STERILE, ANY SIZE, EACH |
| A4216 | STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML |
| A4217 | STERILE WATER/SALINE, 500 ML |
| A4218 | STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML |
| A4220 | REFILL KIT FOR IMPLANTABLE INFUSION PUMP |
| A4221 | SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY) |
| A4222 | INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY) |
| A4223 | INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY) |
| A4230 | INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE |
| A4231 | INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE |
| A4232 | SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3CC |
| A4233 | REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH |
| A4234 | REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH |
| A4235 | REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH |
| A4236 | REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH |
| A4244 | ALCOHOL OR PEROXIDE, PER PINT |
| A4245 | ALCOHOL WIPES, PER BOX |
| A4246 | BETADINE OR PHISOHEX SOLUTION, PER PINT |

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| A4247 | BETADINE OR IODINE SWABS/WIPES, PER BOX |
| A4248 | CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML |
| A4250 | URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS) |
| A4252 | BLOOD KETONE TEST OR REAGENT STRIP, EACH |
| A4253 | BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS |
| A4255 | PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX |
| A4256 | NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS |
| A4257 | REPLACEMENT LENS SHIELD CARTRIDGE FOR USE WITH LASER SKIN PIERCING DEVICE, EACH |
| A4258 | SPRING-POWERED DEVICE FOR LANCET, EACH |
| A4259 | LANCETS, PER BOX OF 100 |
| A4261 | CERVICAL CAP FOR CONTRACEPTIVE USE |
| A4262 | TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH |
| A4263 | PERMANENT, LONG TERM, NON-DISSOLVABLE LACRIMAL DUCT IMPLANT, EACH |
| A4264 | PERMANENT IMPLANTABLE CONTRACEPTIVE INTRATUBAL OCCLUSION DEVICE(S) AND DELIVERY SYSTEM |
| A4265 | PARAFFIN, PER POUND |
| A4266 | DIAPHRAGM FOR CONTRACEPTIVE USE |
| A4267 | CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH |
| A4268 | CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH |
| A4269 | CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH |
| A4270 | DISPOSABLE ENDOSCOPE SHEATH, EACH |
| A4280 | ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH |
| A4281 | TUBING FOR BREAST PUMP, REPLACEMENT |
| A4282 | ADAPTER FOR BREAST PUMP, REPLACEMENT |
| A4283 | CAP FOR BREAST PUMP BOTTLE, REPLACEMENT |
| A4284 | BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT |
| A4285 | POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT |
| A4286 | LOCKING RING FOR BREAST PUMP, REPLACEMENT |
| A4290 | SACRAL NERVE STIMULATION TEST LEAD, EACH |
| A4300 | IMPLANTABLE ACCESS CATHETER, (E.G., VENOUS, ARTERIAL, EPIDURAL SUBARACHNOID, OR PERITONEAL, ETC.) EXTERNAL ACCESS |
| A4301 | IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL, |

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| A4301 | EPIDURAL, SUBARACHNOID, PERITONEAL, ETC.) |
| A4305 | DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR |
| A4306 | DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR |
| A4310 | INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY) |
| A4311 | INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, |
| A4311 | TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR |
| A4311 | HYDROPHILIC, ETC.) |
| A4312 | INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, |
| A4312 | TWO-WAY, ALL SILICONE |
| A4313 | INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, |
| A4313 | THREE-WAY, FOR CONTINUOUS IRRIGATION |
| A4314 | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY |
| A4314 | LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.) |
| A4315 | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, |
| A4315 | ALL SILICONE |
| A4316 | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, |
| A4316 | THREE-WAY, FOR CONTINUOUS IRRIGATION |
| A4320 | IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE |
| A4321 | THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION |
| A4322 | IRRIGATION SYRINGE, BULB OR PISTON, EACH |
| A4326 | MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH |
| A4327 | FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH |
| A4328 | FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH |
| A4330 | PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH |
| A4331 | EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR |
| A4331 | USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH |
| A4332 | LUBRICANT, INDIVIDUAL STERILE PACKET, EACH |
| A4333 | URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH |
| A4334 | URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH |
| A4335 | INCONTINENCE SUPPLY; MISCELLANEOUS |
| A4336 | INCONTINENCE SUPPLY, URETHRAL INSERT, ANY TYPE, EACH |
| A4338 | INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, |
| A4338 | SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH |

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| A4340 | INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.), EACH |
| A4344 | INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH |
| A4346 | INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH |
| A4349 | MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH |
| A4351 | INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, |
| A4351 | SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH |
| A4352 | INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING |
| A4352 | (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.), EACH |
| A4353 | INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES |
| A4354 | INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER |
| A4355 | IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY |
| A4355 | INDWELLING FOLEY CATHETER, EACH |
| A4356 | EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER |
| A4356 | CLAMP), EACH |
| A4357 | BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR |
| A4357 | WITHOUT TUBE, EACH |
| A4358 | URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, |
| A4358 | EACH |
| A4360 | DISPOSABLE EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE, WITH PAD AND/OR |
| A4360 | POUCH, EACH |
| A4361 | OSTOMY FACEPLATE, EACH |
| A4362 | SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH |
| A4363 | OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH |
| A4364 | ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ |
| A4365 | ADHESIVE REMOVER WIPES, ANY TYPE, PER 50 |
| A4366 | OSTOMY VENT, ANY TYPE, EACH |
| A4367 | OSTOMY BELT, EACH |
| A4368 | OSTOMY FILTER, ANY TYPE, EACH |
| A4369 | OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ |
| A4371 | OSTOMY SKIN BARRIER, POWDER, PER OZ |
| A4372 | OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN |
| A4372 | CONVEXITY, EACH |
| A4373 | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN |

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|-------------|---|
| A4373 | CONVEXITY, ANY SIZE, EACH |
| A4375 | OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH |
| A4376 | OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH |
| A4377 | OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH |
| A4378 | OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH |
| A4379 | OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH |
| A4380 | OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH |
| A4381 | OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH |
| A4382 | OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH |
| A4383 | OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH |
| A4384 | OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH |
| A4385 | OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN |
| A4385 | CONVEXITY, EACH |
| A4387 | OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), |
| A4387 | EACH |
| A4388 | OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH |
| A4389 | OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 |
| A4389 | PIECE), EACH |
| A4390 | OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN |
| A4390 | CONVEXITY (1 PIECE), EACH |
| A4391 | OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH |
| A4392 | OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN |
| A4392 | CONVEXITY (1 PIECE), EACH |
| A4393 | OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN |
| A4393 | CONVEXITY (1 PIECE), EACH |
| A4394 | OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER |
| A4394 | FLUID OUNCE |
| A4395 | OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET |
| A4396 | OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT |
| A4397 | IRRIGATION SUPPLY; SLEEVE, EACH |
| A4398 | OSTOMY IRRIGATION SUPPLY; BAG, EACH |
| A4399 | OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, WITH OR WITHOUT BRUSH |
| A4400 | OSTOMY IRRIGATION SET |

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|-------------|--|
| A4402 | LUBRICANT, PER OUNCE |
| A4404 | OSTOMY RING, EACH |
| A4405 | OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE |
| A4406 | OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE |
| A4407 | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH |
| A4408 | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH |
| A4409 | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH |
| A4410 | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH |
| A4411 | OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH |
| A4412 | OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH |
| A4413 | OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITH FILTER, EACH |
| A4414 | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH |
| A4415 | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH |
| A4416 | OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH |
| A4417 | OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH |
| A4418 | OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH |
| A4419 | OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE), EACH |
| A4420 | OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH |
| A4421 | OSTOMY SUPPLY; MISCELLANEOUS |
| A4422 | OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH |
| A4423 | OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 |

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| A4423 | PIECE), EACH |
| A4424 | OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH |
| A4425 | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH |
| A4425 | FILTER (2 PIECE SYSTEM), EACH |
| A4426 | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE |
| A4426 | SYSTEM), EACH |
| A4427 | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 |
| A4427 | PIECE SYSTEM), EACH |
| A4428 | OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE |
| A4428 | TAP WITH VALVE (1 PIECE), EACH |
| A4429 | OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH |
| A4429 | FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH |
| A4430 | OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN |
| A4430 | CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH |
| A4431 | OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE |
| A4431 | (1 PIECE), EACH |
| A4432 | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH |
| A4432 | FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH |
| A4433 | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH |
| A4434 | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE |
| A4434 | TAP WITH VALVE (2 PIECE), EACH |
| A4450 | TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES |
| A4452 | TAPE, WATERPROOF, PER 18 SQUARE INCHES |
| A4455 | ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE |
| A4456 | ADHESIVE REMOVER, WIPES, ANY TYPE, EACH |
| A4458 | ENEMA BAG WITH TUBING, REUSABLE |
| A4461 | SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH |
| A4463 | SURGICAL DRESSING HOLDER, REUSABLE, EACH |
| A4465 | NON-ELASTIC BINDER FOR EXTREMITY |
| A4466 | GARMENT, BELT, SLEEVE OR OTHER COVERING, ELASTIC OR SIMILAR STRETCHABLE |
| A4466 | MATERIAL, ANY TYPE, EACH |
| A4470 | GRAVLEE JET WASHER |
| A4480 | VABRA ASPIRATOR |

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| A4481 | TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH |
| A4483 | MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION |
| A4490 | SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH |
| A4495 | SURGICAL STOCKINGS THIGH LENGTH, EACH |
| A4500 | SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH |
| A4510 | SURGICAL STOCKINGS FULL LENGTH, EACH |
| A4520 | INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH |
| A4550 | SURGICAL TRAYS |
| A4554 | DISPOSABLE UNDERPADS, ALL SIZES |
| A4556 | ELECTRODES, (E.G., APNEA MONITOR), PER PAIR |
| A4557 | LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR |
| A4558 | CONDUCTIVE GEL OR PASTE, FOR USE WITH ELECTRICAL DEVICE (E.G., TENS, NMES), PER |
| A4558 | OZ |
| A4559 | COUPLING GEL OR PASTE, FOR USE WITH ULTRASOUND DEVICE, PER OZ |
| A4561 | PESSARY, RUBBER, ANY TYPE |
| A4562 | PESSARY, NON RUBBER, ANY TYPE |
| A4565 | SLINGS |
| A4566 | SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER, WITH OR WITHOUT SWATHE |
| A4566 | CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| A4570 | SPLINT |
| A4575 | TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE |
| A4580 | CAST SUPPLIES (E.G. PLASTER) |
| A4590 | SPECIAL CASTING MATERIAL (E.G. FIBERGLASS) |
| A4595 | ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES) |
| A4600 | SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH |
| A4601 | LITHIUM ION BATTERY FOR NON-PROSTHETIC USE, REPLACEMENT |
| A4604 | TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE |
| A4604 | DEVICE |
| A4605 | TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH |
| A4606 | OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT |
| A4608 | TRANSTRACHEAL OXYGEN CATHETER, EACH |
| A4611 | BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR |
| A4612 | BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR |

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| A4613 | BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR |
| A4614 | PEAK EXPIRATORY FLOW RATE METER, HAND HELD |
| A4615 | CANNULA, NASAL |
| A4616 | TUBING (OXYGEN), PER FOOT |
| A4617 | MOUTH PIECE |
| A4618 | BREATHING CIRCUITS |
| A4619 | FACE TENT |
| A4620 | VARIABLE CONCENTRATION MASK |
| A4623 | TRACHEOSTOMY, INNER CANNULA |
| A4624 | TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH |
| A4625 | TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY |
| A4626 | TRACHEOSTOMY CLEANING BRUSH, EACH |
| A4627 | SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE |
| A4627 | INHALER |
| A4628 | OROPHARYNGEAL SUCTION CATHETER, EACH |
| A4629 | TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY |
| A4630 | REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL |
| A4630 | STIMULATOR, OWNED BY PATIENT |
| A4633 | REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH |
| A4634 | REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL |
| A4635 | UNDERARM PAD, CRUTCH, REPLACEMENT, EACH |
| A4636 | REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH |
| A4637 | REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH. |
| A4638 | REPLACEMENT BATTERY FOR PATIENT-OWNED EAR PULSE GENERATOR, EACH |
| A4639 | REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH |
| A4640 | REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD |
| A4640 | OWNED BY PATIENT |
| A4642 | MILLICURIES |
| A4648 | TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH |
| A4649 | SURGICAL SUPPLY; MISCELLANEOUS |
| A4650 | IMPLANTABLE RADIATION DOSIMETER, EACH |
| A4670 | AUTOMATIC BLOOD PRESSURE MONITOR |
| A4932 | RECTAL THERMOMETER, REUSABLE, ANY TYPE, EACH |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| A5051 | OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH |
| A5052 | OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH |
| A5053 | OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH |
| A5054 | OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH |
| A5055 | STOMA CAP |
| A5056 | OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 |
| A5056 | PIECE), EACH |
| A5057 | OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN |
| A5057 | CONVEXITY, WITH FILTER, (1 PIECE), EACH |
| A5061 | OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH |
| A5062 | OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH |
| A5063 | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH |
| A5071 | OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH |
| A5072 | OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH |
| A5073 | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH |
| A5081 | CONTINENT DEVICE; PLUG FOR CONTINENT STOMA |
| A5082 | CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA |
| A5083 | CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA |
| A5093 | OSTOMY ACCESSORY; CONVEX INSERT |
| A5102 | BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH |
| A5105 | URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE, EACH |
| A5112 | URINARY DRAINAGE BAG, LEG OR ABDOMEN, LATEX, WITH OR WITHOUT TUBE, WITH STRAPS, |
| A5112 | EACH |
| A5113 | LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET |
| A5114 | LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET |
| A5120 | SKIN BARRIER, WIPES OR SWABS, EACH |
| A5121 | SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH |
| A5122 | SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH |
| A5126 | ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD |
| A5131 | APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ. |
| A5200 | PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT |
| A5500 | FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND |
| A5500 | SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI- |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| A5500 | DENSITY INSERT(S), PER SHOE |
| A5501 | FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND |
| A5501 | SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE), PER |
| A5501 | SHOE |
| A5503 | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF |
| A5503 | DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM, PER |
| A5503 | SHOE |
| A5504 | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF |
| A5504 | DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH WEDGE(S), PER SHOE |
| A5505 | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF |
| A5505 | DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH METATARSAL BAR, PER SHOE |
| A5506 | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF |
| A5506 | DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH OFF-SET HEEL(S), PER SHOE |
| A5507 | FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF |
| A5507 | OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE |
| A5508 | FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR |
| A5508 | CUSTOM-MOLDED SHOE, PER SHOE |
| A5510 | FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT |
| A5510 | EXTERNAL HEAT SOURCE, MULTIPLE-DENSITY INSERT(S) PREFABRICATED, PER SHOE |
| A5512 | FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT |
| A5512 | AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FAHRENHEIT OR HIGHER, TOTAL CONTACT |
| A5512 | WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 1/4 INCH MATERIAL OF |
| A5512 | SHORE A 35 DUROMETER OR 3/16 INCH MATERIAL OF SHORE A 40 DUROMETER (OR HIGHER), |
| A5512 | PREFABRICATED, EACH |
| A5513 | FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF |
| A5513 | PATIENT'S FOOT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER |
| A5513 | MINIMUM OF 3/16 INCH MATERIAL OF SHORE A 35 DUROMETER OR HIGHER), INCLUDES ARCH |
| A5513 | FILLER AND OTHER SHAPING MATERIAL, CUSTOM FABRICATED, EACH |
| A6000 | NON-CONTACT WOUND WARMING WOUND COVER FOR USE WITH THE NON-CONTACT WOUND |
| A6000 | WARMING DEVICE AND WARMING CARD |
| A6010 | COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN |
| A6011 | COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN |
| A6021 | COLLAGEN DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| A6022 | COLLAGEN DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR |
| A6022 | EQUAL TO 48 SQ. IN., EACH |
| A6023 | COLLAGEN DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH |
| A6024 | COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES |
| A6025 | GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL, |
| A6025 | OTHER), EACH |
| A6154 | WOUND POUCH, EACH |
| A6196 | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. |
| A6196 | IN. OR LESS, EACH DRESSING |
| A6197 | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE |
| A6197 | THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING |
| A6198 | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE |
| A6198 | THAN 48 SQ. IN., EACH DRESSING |
| A6199 | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES |
| A6200 | COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH |
| A6200 | DRESSING |
| A6201 | COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 |
| A6201 | SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING |
| A6202 | COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, |
| A6202 | EACH DRESSING |
| A6203 | COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE |
| A6203 | ADHESIVE BORDER, EACH DRESSING |
| A6204 | COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR |
| A6204 | EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING |
| A6205 | COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE |
| A6205 | ADHESIVE BORDER, EACH DRESSING |
| A6206 | CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING |
| A6207 | CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. |
| A6207 | IN., EACH DRESSING |
| A6208 | CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING |
| A6209 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT |
| A6209 | ADHESIVE BORDER, EACH DRESSING |
| A6210 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|--|
| A6210 | THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING |
| A6211 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT |
| A6211 | ADHESIVE BORDER, EACH DRESSING |
| A6212 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE |
| A6212 | ADHESIVE BORDER, EACH DRESSING |
| A6213 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS |
| A6213 | THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING |
| A6214 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY |
| A6214 | SIZE ADHESIVE BORDER, EACH DRESSING |
| A6215 | FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM |
| A6216 | GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT |
| A6216 | ADHESIVE BORDER, EACH DRESSING |
| A6217 | GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS |
| A6217 | THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING |
| A6218 | GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT |
| A6218 | ADHESIVE BORDER, EACH DRESSING |
| A6219 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE |
| A6219 | ADHESIVE BORDER, EACH DRESSING |
| A6220 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR |
| A6220 | EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING |
| A6221 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE |
| A6221 | ADHESIVE BORDER, EACH DRESSING |
| A6222 | GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, |
| A6222 | PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING |
| A6223 | GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, |
| A6223 | PAD SIZE MORE THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT |
| A6223 | ADHESIVE BORDER, EACH DRESSING |
| A6224 | GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, |
| A6224 | PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING |
| A6228 | GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. OR |
| A6228 | LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING |
| A6229 | GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 16 SQ. |
| A6229 | IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| A6230 | GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 48 SQ. |
| A6230 | IN., WITHOUT ADHESIVE BORDER, EACH DRESSING |
| A6231 | GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 |
| A6231 | SQ. IN. OR LESS, EACH DRESSING |
| A6232 | GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE |
| A6232 | GREATER THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING |
| A6233 | GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE |
| A6233 | THAN 48 SQ. IN., EACH DRESSING |
| A6234 | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, |
| A6234 | WITHOUT ADHESIVE BORDER, EACH DRESSING |
| A6235 | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT |
| A6235 | LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING |
| A6236 | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., |
| A6236 | WITHOUT ADHESIVE BORDER, EACH DRESSING |
| A6237 | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH |
| A6237 | ANY SIZE ADHESIVE BORDER, EACH DRESSING |
| A6238 | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT |
| A6238 | LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING |
| A6239 | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., |
| A6239 | WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING |
| A6240 | HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE |
| A6241 | HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM |
| A6242 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT |
| A6242 | ADHESIVE BORDER, EACH DRESSING |
| A6243 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS |
| A6243 | THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING |
| A6244 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT |
| A6244 | ADHESIVE BORDER, EACH DRESSING |
| A6245 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY |
| A6245 | SIZE ADHESIVE BORDER, EACH DRESSING |
| A6246 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS |
| A6246 | THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING |
| A6247 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|--|
| A6247 | ANY SIZE ADHESIVE BORDER, EACH DRESSING |
| A6248 | HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE |
| A6250 | SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE |
| A6251 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR |
| A6251 | LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING |
| A6252 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. |
| A6252 | IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING |
| A6253 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. |
| A6253 | IN., WITHOUT ADHESIVE BORDER, EACH DRESSING |
| A6254 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR |
| A6254 | LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING |
| A6255 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. |
| A6255 | IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH |
| A6255 | DRESSING |
| A6256 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. |
| A6256 | IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING |
| A6257 | TRANSPARENT FILM, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING |
| A6258 | TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 |
| A6258 | SQ. IN., EACH DRESSING |
| A6259 | TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING |
| A6260 | WOUND CLEANSERS, ANY TYPE, ANY SIZE |
| A6261 | WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED |
| A6262 | WOUND FILLER, DRY FORM, PER GRAM, NOT OTHERWISE SPECIFIED |
| A6266 | GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, |
| A6266 | ANY WIDTH, PER LINEAR YARD |
| A6402 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE |
| A6402 | BORDER, EACH DRESSING |
| A6403 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR |
| A6403 | EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING |
| A6404 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT |
| A6404 | ADHESIVE BORDER, EACH DRESSING |
| A6407 | PACKING STRIPS, NON-IMPREGNATED, STERILE, UP TO 2 INCHES IN WIDTH, PER LINEAR |
| A6407 | YARD |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| A6410 | EYE PAD, STERILE, EACH |
| A6411 | EYE PAD, NON-STERILE, EACH |
| A6412 | EYE PATCH, OCCLUSIVE, EACH |
| A6413 | ADHESIVE BANDAGE, FIRST-AID TYPE, ANY SIZE, EACH |
| A6441 | PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR |
| A6441 | EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD |
| A6442 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN |
| A6442 | THREE INCHES, PER YARD |
| A6443 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN |
| A6443 | OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD |
| A6444 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN |
| A6444 | OR EQUAL TO 5 INCHES, PER YARD |
| A6445 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE |
| A6445 | INCHES, PER YARD |
| A6446 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR |
| A6446 | EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD |
| A6447 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR |
| A6447 | EQUAL TO FIVE INCHES, PER YARD |
| A6448 | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE |
| A6448 | INCHES, PER YARD |
| A6449 | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL |
| A6449 | TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD |
| A6450 | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL |
| A6450 | TO FIVE INCHES, PER YARD |
| A6451 | MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 |
| A6451 | TO 1.34 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO |
| A6451 | THREE INCHES AND LESS THAN FIVE INCHES, PER YARD |
| A6452 | HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN |
| A6452 | OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR |
| A6452 | EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD |
| A6453 | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE |
| A6453 | INCHES, PER YARD |
| A6454 | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| A6454 | EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD |
| A6455 | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR |
| A6455 | EQUAL TO FIVE INCHES, PER YARD |
| A6456 | ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN |
| A6456 | OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD |
| A6457 | TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD |
| A6501 | COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED |
| A6502 | COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED |
| A6503 | COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED |
| A6504 | COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED |
| A6505 | COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED |
| A6506 | COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED |
| A6507 | COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED |
| A6508 | COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED |
| A6509 | COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), |
| A6509 | CUSTOM FABRICATED |
| A6510 | COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), |
| A6510 | CUSTOM FABRICATED |
| A6511 | COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM |
| A6511 | FABRICATED |
| A6512 | COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED |
| A6513 | COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED |
| A6530 | GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH |
| A6531 | GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH |
| A6532 | GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH |
| A6533 | GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH |
| A6534 | GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH |
| A6535 | GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMHG, EACH |
| A6536 | GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH |
| A6537 | GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, EACH |
| A6538 | GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MMHG, EACH |
| A6539 | GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, EACH |
| A6540 | GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, EACH |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| A6541 | GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MMHG, EACH |
| A6542 | GRADIENT COMPRESSION STOCKING, CUSTOM MADE |
| A6543 | GRADIENT COMPRESSION STOCKING, LYMPHEDEMA |
| A6544 | GRADIENT COMPRESSION STOCKING, GARTER BELT |
| A6545 | GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH |
| A6549 | GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPECIFIED |
| A6550 | WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES |
| A6550 | ALL SUPPLIES AND ACCESSORIES |
| A7000 | CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH |
| A7001 | CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH |
| A7002 | TUBING, USED WITH SUCTION PUMP, EACH |
| A7003 | ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, |
| A7003 | DISPOSABLE |
| A7004 | SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE |
| A7005 | ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, |
| A7005 | NON-DISPOSABLE |
| A7006 | ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER |
| A7007 | LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR |
| A7008 | LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR |
| A7009 | RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER |
| A7010 | CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET |
| A7011 | CORRUGATED TUBING, NON-DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 10 FEET |
| A7012 | WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER |
| A7013 | FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR |
| A7014 | FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR |
| A7015 | AEROSOL MASK, USED WITH DME NEBULIZER |
| A7016 | DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER |
| A7017 | NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH |
| A7017 | OXYGEN |
| A7018 | WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML |
| A7020 | INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT |
| A7020 | ONLY |
| A7025 | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| A7025 | PATIENT OWNED EQUIPMENT, EACH |
| A7026 | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH |
| A7026 | PATIENT OWNED EQUIPMENT, EACH |
| A7027 | COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE |
| A7027 | DEVICE, EACH |
| A7028 | ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH |
| A7029 | NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR |
| A7030 | FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH |
| A7031 | FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH |
| A7032 | CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH |
| A7033 | PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR |
| A7034 | NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE |
| A7034 | DEVICE, WITH OR WITHOUT HEAD STRAP |
| A7035 | HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE |
| A7036 | CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE |
| A7037 | TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE |
| A7038 | FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE |
| A7039 | FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE |
| A7040 | ONE WAY CHEST DRAIN VALVE |
| A7041 | WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLANTED CHEST TUBE |
| A7042 | IMPLANTED PLEURAL CATHETER, EACH |
| A7043 | VACUUM DRAINAGE BOTTLE AND TUBING FOR USE WITH IMPLANTED CATHETER |
| A7044 | ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH |
| A7045 | EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE |
| A7045 | AIRWAY DEVICES, REPLACEMENT ONLY |
| A7046 | WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, |
| A7046 | REPLACEMENT, EACH |
| A7501 | TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH |
| A7502 | REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH |
| A7503 | FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND |
| A7503 | MOISTURE EXCHANGE SYSTEM, EACH |
| A7504 | FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH |
| A7505 | HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|--|
| A7505 | SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH |
| A7506 | ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH |
| A7506 | TRACHEOSTOMA VALVE, ANY TYPE EACH |
| A7507 | FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA |
| A7507 | HEAT AND MOISTURE EXCHANGE SYSTEM, EACH |
| A7508 | HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE |
| A7508 | EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH |
| A7509 | FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A |
| A7509 | TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH |
| A7520 | TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE |
| A7520 | OR EQUAL, EACH |
| A7521 | TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR |
| A7521 | EQUAL, EACH |
| A7522 | TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND |
| A7522 | REUSABLE), EACH |
| A7523 | TRACHEOSTOMY SHOWER PROTECTOR, EACH |
| A7524 | TRACHEOSTOMA STENT/STUD/BUTTON, EACH |
| A7525 | TRACHEOSTOMY MASK, EACH |
| A7526 | TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH |
| A7527 | TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH |
| A8000 | HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES |
| A8001 | HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES |
| A8002 | HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND |
| A8002 | ACCESSORIES |
| A8003 | HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND |
| A8003 | ACCESSORIES |
| A8004 | SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY |
| A9150 | NON-PRESCRIPTION DRUGS |
| A9152 | SINGLE VITAMIN/MINERAL/TRACE ELEMENT, ORAL, PER DOSE, NOT OTHERWISE SPECIFIED |
| A9153 | MULTIPLE VITAMINS, WITH OR WITHOUT MINERALS AND TRACE ELEMENTS, ORAL, PER DOSE, |
| A9153 | NOT OTHERWISE SPECIFIED |
| A9155 | ARTIFICIAL SALIVA, 30 ML |
| A9180 | PEDICULOSIS (LICE INFESTATION) TREATMENT, TOPICAL, FOR ADMINISTRATION BY |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|--|
| A9180 | PATIENT/CARETAKER |
| A9270 | NON-COVERED ITEM OR SERVICE |
| A9272 | MECHANICAL WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL ACCESSORIES AND |
| A9272 | COMPONENTS, EACH |
| A9273 | HOT WATER BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR COLD WRAP, ANY TYPE |
| A9274 | EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL |
| A9274 | SUPPLIES AND ACCESSORIES |
| A9275 | HOME GLUCOSE DISPOSABLE MONITOR, INCLUDES TEST STRIPS |
| A9276 | SENSOR; INVASIVE (E.G. SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL |
| A9276 | CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY |
| A9277 | TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING |
| A9277 | SYSTEM |
| A9278 | RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE |
| A9278 | MONITORING SYSTEM |
| A9279 | MONITORING FEATURE/DEVICE, STAND-ALONE OR INTEGRATED, ANY TYPE, INCLUDES ALL |
| A9279 | ACCESSORIES, COMPONENTS AND ELECTRONICS, NOT OTHERWISE CLASSIFIED |
| A9280 | ALERT OR ALARM DEVICE, NOT OTHERWISE CLASSIFIED |
| A9281 | REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH |
| A9282 | WIG, ANY TYPE, EACH |
| A9283 | FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH |
| A9284 | SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES |
| A9300 | EXERCISE EQUIPMENT |
| A9535 | INJECTION, METHYLENE BLUE, 1 ML |
| A9576 | INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML |
| A9577 | INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML |
| A9578 | INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER ML |
| A9579 | INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE |
| A9579 | SPECIFIED (NOS), PER ML |
| 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 |
| A9584 | IODINE I-123 IOFLUPANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES |
| A9585 | INJECTION, GADOBUTROL, 0.1 ML |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| A9604 | SAMARIUM SM-153 LEXIDRONAM, THERAPEUTIC, PER TREATMENT DOSE, UP TO 150 |
| A9604 | MILLICURIES |
| A9605 | SAMARIUM SM-153 LEXIDRONAMM, THERAPEUTIC, PER 50 MILLICURIES |
| A9698 | NON-RADIOACTIVE CONTRAST IMAGING MATERIAL, NOT OTHERWISE CLASSIFIED, PER STUDY |
| A9700 | SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY |
| A9900 | MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS |
| A9900 | CODE |
| A9901 | DME DELIVERY, SET UP, AND/OR DISPENSING SERVICE COMPONENT OF ANOTHER HCPCS CODE |
| A9999 | MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED |
| | |
| B4034 | ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO |
| B4034 | FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE |
| B4035 | ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO |
| B4035 | FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE |
| B4036 | ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO |
| B4036 | FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE |
| B4081 | NASOGASTRIC TUBING WITH STYLET |
| B4082 | NASOGASTRIC TUBING WITHOUT STYLET |
| B4083 | STOMACH TUBE - LEVINE TYPE |
| B4087 | GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH |
| B4088 | GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH |
| B4100 | FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE |
| B4102 | ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G. |
| B4102 | CLEAR LIQUIDS), 500 ML = 1 UNIT |
| B4103 | ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G. |
| B4103 | CLEAR LIQUIDS), 500 ML = 1 UNIT |
| B4104 | ADDITIVE FOR ENTERAL FORMULA (E.G. FIBER) |
| B4149 | ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, |
| B4149 | INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE |
| B4149 | FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT |
| B4150 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES |
| B4150 | PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, |
| B4150 | ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| B4152 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER |
| B4152 | THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, |
| B4152 | CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH |
| B4152 | AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT |
| B4153 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND |
| B4153 | PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY |
| B4153 | INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 |
| B4153 | UNIT |
| B4154 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES |
| B4154 | INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, |
| B4154 | FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED |
| B4154 | THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT |
| B4155 | ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC |
| B4155 | NUTRIENTS, CARBOHYDRATES (E.G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E.G. |
| B4155 | GLUTAMINE, ARGININE), FAT (E.G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, |
| B4155 | ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT |
| B4157 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR |
| B4157 | INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, |
| B4157 | VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL |
| B4157 | FEEDING TUBE, 100 CALORIES = 1 UNIT |
| B4158 | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, |
| B4158 | INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE |
| B4158 | FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = |
| B4158 | 1 UNIT |
| B4159 | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT |
| B4159 | NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY |
| B4159 | INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 |
| B4159 | CALORIES = 1 UNIT |
| B4160 | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE |
| B4160 | (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES |
| B4160 | PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, |
| B4160 | ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT |
| B4161 | ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| B4161 | PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE |
| B4161 | FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT |
| B4162 | ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE |
| B4162 | OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, |
| B4162 | MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = |
| B4162 | 1 UNIT |
| B4164 | PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE), 50% OR LESS (500 ML = |
| B4164 | 1 UNIT) - HOMEMIX |
| B4168 | PARENTERAL NUTRITION SOLUTION; AMINO ACID, 3.5%, (500 ML = 1 UNIT) - HOMEMIX |
| B4172 | PARENTERAL NUTRITION SOLUTION; AMINO ACID, 5.5% THROUGH 7%, (500 ML = 1 UNIT) - |
| B4172 | HOMEMIX |
| B4176 | PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5%, (500 ML = 1 UNIT) - |
| B4176 | HOMEMIX |
| B4178 | PARENTERAL NUTRITION SOLUTION: AMINO ACID, GREATER THAN 8.5% (500 ML = 1 UNIT) |
| B4178 | - HOMEMIX |
| B4180 | PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), GREATER THAN 50% (500 |
| B4180 | ML=1 UNIT) - HOMEMIX |
| B4185 | PARENTERAL NUTRITION SOLUTION, PER 10 GRAMS LIPIDS |
| B4189 | PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH |
| B4189 | ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY |
| B4189 | STRENGTH, 10 TO 51 GRAMS OF PROTEIN - PREMIX |
| B4193 | PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH |
| B4193 | ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY |
| B4193 | STRENGTH, 52 TO 73 GRAMS OF PROTEIN - PREMIX |
| B4197 | PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH |
| B4197 | ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, |
| B4197 | 74 TO 100 GRAMS OF PROTEIN - PREMIX |
| B4199 | PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH |
| B4199 | ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, |
| B4199 | OVER 100 GRAMS OF PROTEIN - PREMIX |
| B4216 | PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, HEPARIN, |
| B4216 | ELECTROLYTES) HOMEMIX PER DAY |
| B4220 | PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|--------------|---|
| B4222 | PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY |
| B4224 | PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY |
| B5000 | PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH |
| B5000 | ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY |
| B5000 | STRENGTH, RENAL - AMIROSYN RF, NEPHRAMINE, RENAMINE - PREMIX |
| B5100 | PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH |
| B5100 | ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY |
| B5100 | STRENGTH, HEPATIC - FREAMINE HBC, HEPATAMINE - PREMIX |
| B5200 | PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH |
| B5200 | ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY |
| B5200 | STRENGTH, STRESS - BRANCH CHAIN AMINO ACIDS - PREMIX |
| B9000 | ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM |
| B9002 | ENTERAL NUTRITION INFUSION PUMP - WITH ALARM |
| B9004 | PARENTERAL NUTRITION INFUSION PUMP, PORTABLE |
| B9006 | PARENTERAL NUTRITION INFUSION PUMP, STATIONARY |
| B9998 | NOC FOR ENTERAL SUPPLIES |
| B9999 | NOC FOR PARENTERAL SUPPLIES |
| | |
| E0100 | CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP |
| E0105 | CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR |
| E0105 | FIXED, WITH TIPS |
| E0110 | CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, |
| E0110 | PAIR, COMPLETE WITH TIPS AND HANDGRIPS |
| E0111 | CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, |
| E0111 | EACH, WITH TIP AND HANDGRIPS |
| E0112 | CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND |
| E0112 | HANDGRIPS |
| E0113 | CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP |
| E0114 | CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS |
| E0114 | AND HANDGRIPS |
| E0116 | CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, |
| E0116 | HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH |
| E0117 | CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| E0118 | CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH |
| E0130 | WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT |
| E0135 | WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT |
| E0140 | WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE |
| E0141 | WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT |
| E0143 | WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT |
| E0144 | WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR |
| E0144 | SEAT |
| E0147 | WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE |
| E0148 | WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH |
| E0149 | WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE |
| E0153 | PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH |
| E0154 | PLATFORM ATTACHMENT, WALKER, EACH |
| E0155 | WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR |
| E0156 | SEAT ATTACHMENT, WALKER |
| E0157 | CRUTCH ATTACHMENT, WALKER, EACH |
| E0158 | LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4) |
| E0159 | BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH |
| E0160 | SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE |
| E0161 | SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE, WITH |
| E0161 | FAUCET ATTACHMENT/S |
| E0162 | SITZ BATH CHAIR |
| E0163 | COMMUNE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS |
| E0165 | COMMUNE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS |
| E0167 | PAIL OR PAN FOR USE WITH COMMUNE CHAIR, REPLACEMENT ONLY |
| E0168 | COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR |
| E0168 | WITHOUT ARMS, ANY TYPE, EACH |
| E0170 | COMMUNE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE |
| E0171 | COMMUNE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE |
| E0172 | SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE |
| E0175 | FOOT REST, FOR USE WITH COMMUNE CHAIR, EACH |
| E0181 | POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, |
| E0181 | INCLUDES HEAVY DUTY |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|--|
| E0182 | PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY |
| E0184 | DRY PRESSURE MATTRESS |
| E0185 | GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH |
| E0186 | AIR PRESSURE MATTRESS |
| E0187 | WATER PRESSURE MATTRESS |
| E0188 | SYNTHETIC SHEEPSKIN PAD |
| E0189 | LAMBSWOOL SHEEPSKIN PAD, ANY SIZE |
| E0190 | POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS |
| E0190 | AND ACCESSORIES |
| E0191 | HEEL OR ELBOW PROTECTOR, EACH |
| E0193 | POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY) |
| E0194 | AIR FLUIDIZED BED |
| E0196 | GEL PRESSURE MATTRESS |
| E0197 | AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH |
| E0198 | WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH |
| E0199 | DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH |
| E0200 | HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT |
| E0202 | PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER |
| E0203 | THERAPEUTIC LIGHTBOX, MINIMUM 10,000 LUX, TABLE TOP MODEL |
| E0205 | HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT |
| E0210 | ELECTRIC HEAT PAD, STANDARD |
| E0215 | ELECTRIC HEAT PAD, MOIST |
| E0217 | WATER CIRCULATING HEAT PAD WITH PUMP |
| E0218 | WATER CIRCULATING COLD PAD WITH PUMP |
| E0220 | HOT WATER BOTTLE |
| E0221 | INFRARED HEATING PAD SYSTEM |
| E0225 | HYDROCOLLATOR UNIT, INCLUDES PADS |
| E0230 | ICE CAP OR COLLAR |
| E0231 | NON-CONTACT WOUND WARMING DEVICE (TEMPERATURE CONTROL UNIT, AC ADAPTER AND |
| E0231 | POWER CORD) FOR USE WITH WARMING CARD AND WOUND COVER |
| E0232 | WARMING CARD FOR USE WITH THE NON CONTACT WOUND WARMING DEVICE AND NON CONTACT |
| E0232 | WOUND WARMING WOUND COVER |
| E0235 | PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN) |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|--|
| E0236 | PUMP FOR WATER CIRCULATING PAD |
| E0238 | NON-ELECTRIC HEAT PAD, MOIST |
| E0239 | HYDROCOLLATOR UNIT, PORTABLE |
| E0240 | BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE |
| E0241 | BATH TUB WALL RAIL, EACH |
| E0242 | BATH TUB RAIL, FLOOR BASE |
| E0243 | TOILET RAIL, EACH |
| E0244 | RAISED TOILET SEAT |
| E0245 | TUB STOOL OR BENCH |
| E0246 | TRANSFER TUB RAIL ATTACHMENT |
| E0247 | TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODOE OPENING |
| E0248 | TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODOE OPENING |
| E0249 | PAD FOR WATER CIRCULATING HEAT UNIT, FOR REPLACEMENT ONLY |
| E0250 | HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS |
| E0251 | HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS |
| E0255 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS |
| E0256 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS |
| E0260 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE |
| E0260 | RAILS, WITH MATTRESS |
| E0261 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE |
| E0261 | RAILS, WITHOUT MATTRESS |
| E0265 | HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE |
| E0265 | SIDE RAILS, WITH MATTRESS |
| E0266 | HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE |
| E0266 | SIDE RAILS, WITHOUT MATTRESS |
| E0270 | HOSPITAL BED, INSTITUTIONAL TYPE INCLUDES: OSCILLATING, CIRCULATING AND STRYKER |
| E0270 | FRAME, WITH MATTRESS |
| E0271 | MATTRESS, INNERSPRING |
| E0272 | MATTRESS, FOAM RUBBER |
| E0273 | BED BOARD |
| E0274 | OVER-BED TABLE |
| E0275 | BED PAN, STANDARD, METAL OR PLASTIC |
| E0276 | BED PAN, FRACTURE, METAL OR PLASTIC |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| E0277 | POWERED PRESSURE-REDUCING AIR MATTRESS |
| E0280 | BED CRADLE, ANY TYPE |
| E0290 | HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS |
| E0291 | HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS |
| E0292 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS |
| E0293 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS |
| E0294 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, |
| E0294 | WITH MATTRESS |
| E0295 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, |
| E0295 | WITHOUT MATTRESS |
| E0296 | HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS). WITHOUT SIDE |
| E0296 | RAILS, WITH MATTRESS |
| E0297 | HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE |
| E0297 | RAILS, WITHOUT MATTRESS |
| E0300 | PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED |
| E0301 | HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 |
| E0301 | POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT |
| E0301 | MATTRESS |
| E0302 | HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN |
| E0302 | 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS |
| E0303 | HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 |
| E0303 | POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH |
| E0303 | MATTRESS |
| E0304 | HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN |
| E0304 | 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS |
| E0305 | BED SIDE RAILS, HALF LENGTH |
| E0310 | BED SIDE RAILS, FULL LENGTH |
| E0315 | BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE |
| E0316 | SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE |
| E0325 | URINAL; MALE, JUG-TYPE, ANY MATERIAL |
| E0326 | URINAL; FEMALE, JUG-TYPE, ANY MATERIAL |
| E0328 | HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, |
| E0328 | FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| E0329 | HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, |
| E0329 | TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, |
| E0329 | INCLUDES MATTRESS |
| E0350 | CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYSTEM |
| E0352 | DISPOSABLE PACK (WATER RESERVOIR BAG, SPECULUM, VALVING MECHANISM AND |
| E0352 | COLLECTION BAG/BOX) FOR USE WITH THE ELECTRONIC BOWEL IRRIGATION/EVACUATION |
| E0352 | SYSTEM |
| E0370 | AIR PRESSURE ELEVATOR FOR HEEL |
| E0371 | NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS |
| E0371 | LENGTH AND WIDTH |
| E0372 | POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH |
| E0373 | NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS |
| E0424 | STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, |
| E0424 | CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND |
| E0424 | TUBING |
| E0425 | STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, |
| E0425 | HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING |
| E0430 | PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, |
| E0430 | HUMIDIFIER, CANNULA OR MASK, AND TUBING |
| E0431 | PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, |
| E0431 | FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING |
| E0433 | PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE |
| E0433 | LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, |
| E0433 | HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND |
| E0433 | CONTENTS GAUGE |
| E0434 | PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY |
| E0434 | RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR |
| E0434 | MASK, AND TUBING |
| E0435 | PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY |
| E0435 | RESERVOIR, FLOWMETER, HUMIDIFIER, CONTENTS GAUGE, CANNULA OR MASK, TUBING AND |
| E0435 | REFILL ADAPTOR |
| E0439 | STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, |
| E0439 | REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|--|
| E0440 | STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS |
| E0440 | INDICATOR, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND |
| E0440 | TUBING |
| 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 |
| E0445 | OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY |
| E0446 | TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INCLUDES ALL SUPPLIES |
| E0446 | AND ACCESSORIES |
| E0450 | VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE |
| E0450 | CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE) |
| E0455 | OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS |
| E0457 | CHEST SHELL (CUIRASS) |
| E0459 | CHEST WRAP |
| E0460 | NEGATIVE PRESSURE VENTILATOR; PORTABLE OR STATIONARY |
| E0461 | VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE |
| E0461 | CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK) |
| E0462 | ROCKING BED WITH OR WITHOUT SIDE RAILS |
| E0463 | PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE |
| E0463 | CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE) |
| E0464 | PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE |
| E0464 | CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK) |
| E0470 | RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE |
| E0470 | FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK |
| E0470 | (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE) |
| E0471 | RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE |
| E0471 | FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK |
| E0471 | (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE) |
| E0472 | RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE |
| E0472 | FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT |
| E0472 | ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE) |
| E0480 | PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| E0481 | INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES |
| E0482 | COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE |
| E0483 | HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES |
| E0483 | HOSES AND VEST), EACH |
| E0484 | OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH |
| E0485 | ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR |
| E0485 | NON-ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| E0486 | ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR |
| E0486 | NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| E0487 | SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES |
| E0500 | IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC |
| E0500 | VALVES; INTERNAL OR EXTERNAL POWER SOURCE |
| E0550 | HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB |
| E0550 | TREATMENTS OR OXYGEN DELIVERY |
| E0555 | HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH |
| E0555 | REGULATOR OR FLOWMETER |
| E0560 | HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR |
| E0560 | OXYGEN DELIVERY |
| E0561 | HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE |
| E0562 | HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE |
| E0565 | COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR |
| E0565 | CYLINDER DRIVEN |
| E0570 | NEBULIZER, WITH COMPRESSOR |
| E0571 | AEROSOL COMPRESSOR, BATTERY POWERED, FOR USE WITH SMALL VOLUME NEBULIZER |
| E0572 | AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE |
| E0574 | ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER |
| E0575 | NEBULIZER, ULTRASONIC, LARGE VOLUME |
| E0580 | NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH |
| E0580 | REGULATOR OR FLOWMETER |
| E0585 | NEBULIZER, WITH COMPRESSOR AND HEATER |
| E0600 | RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC |
| E0601 | CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE |
| E0602 | BREAST PUMP, MANUAL, ANY TYPE |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| E0603 | BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE |
| E0604 | BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE |
| E0605 | VAPORIZER, ROOM TYPE |
| E0606 | POSTURAL DRAINAGE BOARD |
| E0607 | HOME BLOOD GLUCOSE MONITOR |
| E0610 | PACEMAKER MONITOR, SELF-CONTAINED, (CHECKS BATTERY DEPLETION, INCLUDES AUDIBLE |
| E0610 | AND VISIBLE CHECK SYSTEMS) |
| E0615 | PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER |
| E0615 | COMPONENTS, INCLUDES DIGITAL/VISIBLE CHECK SYSTEMS |
| E0616 | IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER |
| E0617 | EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS |
| E0618 | APNEA MONITOR, WITHOUT RECORDING FEATURE |
| E0619 | APNEA MONITOR, WITH RECORDING FEATURE |
| E0620 | SKIN PIERCING DEVICE FOR COLLECTION OF CAPILLARY BLOOD, LASER, EACH |
| E0621 | SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON |
| E0625 | PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED |
| E0627 | SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM |
| E0628 | SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC |
| E0629 | SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC |
| E0630 | PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR |
| E0630 | PAD(S) |
| E0635 | PATIENT LIFT, ELECTRIC WITH SEAT OR SLING |
| E0636 | MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT |
| E0636 | ACCESSIBLE CONTROLS |
| E0637 | COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH |
| E0637 | SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS |
| E0638 | STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE |
| E0638 | STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS |
| E0639 | PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, |
| E0639 | INCLUDES ALL COMPONENTS/ACCESSORIES |
| E0640 | PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES |
| E0641 | STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE |
| E0641 | INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| E0642 | STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING |
| E0642 | PEDIATRIC |
| E0650 | PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL |
| E0651 | PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE |
| E0652 | PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE |
| E0655 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM |
| E0656 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK |
| E0657 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST |
| E0660 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG |
| E0665 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM |
| E0666 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG |
| E0667 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG |
| E0668 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM |
| E0669 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG |
| E0671 | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG |
| E0672 | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM |
| E0673 | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG |
| E0675 | PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, |
| E0675 | FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM) |
| E0676 | INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE |
| E0676 | SPECIFIED |
| E0691 | ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE |
| E0691 | PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS |
| E0692 | ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE |
| E0692 | PROTECTION, 4 FOOT PANEL |
| E0693 | ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE |
| E0693 | PROTECTION, 6 FOOT PANEL |
| E0694 | ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES |
| E0694 | BULBS/LAMPS, TIMER AND EYE PROTECTION |
| E0700 | SAFETY EQUIPMENT, DEVICE OR ACCESSORY, ANY TYPE |
| E0705 | TRANSFER DEVICE, ANY TYPE, EACH |
| E0710 | RESTRAINTS, ANY TYPE (BODY, CHEST, WRIST OR ANKLE) |
| E0720 | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| E0720 | STIMULATION |
| E0730 | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, |
| E0730 | FOR MULTIPLE NERVE STIMULATION |
| E0731 | FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE |
| E0731 | FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC) |
| E0740 | INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR AND/OR |
| E0740 | TRAINER |
| E0744 | NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS |
| E0745 | NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT |
| E0746 | ELECTROMYOGRAPHY (EMG), BIOFEEDBACK DEVICE |
| E0747 | OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL |
| E0747 | APPLICATIONS |
| E0748 | OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS |
| E0749 | OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IMPLANTED |
| E0755 | ELECTRONIC SALIVARY REFLEX STIMULATOR (INTRA-ORAL/NON-INVASIVE) |
| E0760 | OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE |
| E0761 | NON-THERMAL PULSED HIGH FREQUENCY RADIOWAVES, HIGH PEAK POWER ELECTROMAGNETIC |
| E0761 | ENERGY TREATMENT DEVICE |
| E0762 | TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL |
| E0762 | ACCESSORIES |
| E0764 | FUNCTIONAL NEUROMUSCULAR STIMULATION, TRANSCUTANEOUS STIMULATION OF SEQUENTIAL |
| E0764 | MUSCLE GROUPS OF AMBULATION WITH COMPUTER CONTROL, USED FOR WALKING BY SPINAL |
| E0764 | CORD INJURED, ENTIRE SYSTEM, AFTER COMPLETION OF TRAINING PROGRAM |
| E0765 | FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF |
| E0765 | NAUSEA AND VOMITING |
| E0769 | ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOT OTHERWISE |
| E0769 | CLASSIFIED |
| E0770 | FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR |
| E0770 | MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED |
| E0776 | IV POLE |
| E0779 | AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER |
| E0780 | AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS |
| E0781 | AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| E0781 | OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT |
| E0782 | INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., |
| E0782 | PUMP, CATHETER, CONNECTORS, ETC.) |
| E0783 | INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., |
| E0783 | PUMP, CATHETER, CONNECTORS, ETC.) |
| E0784 | EXTERNAL AMBULATORY INFUSION PUMP, INSULIN |
| E0785 | IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE |
| E0785 | INFUSION PUMP, REPLACEMENT |
| E0786 | IMPLANTABLE PROGRAMMABLE INFUSION PUMP, REPLACEMENT (EXCLUDES IMPLANTABLE |
| E0786 | INTRASPINAL CATHETER) |
| E0791 | PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL |
| E0830 | AMBULATORY TRACTION DEVICE, ALL TYPES, EACH |
| E0840 | TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION |
| E0849 | TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING |
| E0849 | TRACTION FORCE TO OTHER THAN MANDIBLE |
| E0850 | TRACTION STAND, FREE STANDING, CERVICAL TRACTION |
| E0855 | CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME |
| E0856 | CERVICAL TRACTION DEVICE, CERVICAL COLLAR WITH INFLATABLE AIR BLADDER |
| E0860 | TRACTION EQUIPMENT, OVERDOOR, CERVICAL |
| E0870 | TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G. BUCK'S) |
| E0880 | TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S) |
| E0890 | TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION |
| E0900 | TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S) |
| E0910 | TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR |
| E0911 | TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, |
| E0911 | ATTACHED TO BED, WITH GRAB BAR |
| E0912 | TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, |
| E0912 | FREE STANDING, COMPLETE WITH GRAB BAR |
| E0920 | FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS |
| E0930 | FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS |
| E0935 | CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY |
| E0936 | CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE |
| E0940 | TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| E0941 | GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE |
| E0942 | CERVICAL HEAD HARNESS/HALTER |
| E0944 | PELVIC BELT/HARNESS/BOOT |
| E0945 | EXTREMITY BELT/HARNESS |
| E0946 | FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G. BALKEN, 4 POSTER) |
| E0947 | FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION |
| E0948 | FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION |
| E0950 | WHEELCHAIR ACCESSORY, TRAY, EACH |
| E0951 | HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH |
| E0952 | TOE LOOP/HOLDER, ANY TYPE, EACH |
| E0955 | WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING |
| E0955 | HARDWARE, EACH |
| E0956 | WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED |
| E0956 | MOUNTING HARDWARE, EACH |
| E0957 | WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING |
| E0957 | HARDWARE, EACH |
| E0958 | MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH |
| E0959 | MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH |
| E0960 | WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY |
| E0960 | TYPE MOUNTING HARDWARE |
| E0961 | MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH |
| E0966 | MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH |
| E0967 | MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH |
| E0968 | COMMUNE SEAT, WHEELCHAIR |
| E0969 | NARROWING DEVICE, WHEELCHAIR |
| E0970 | NO.2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST |
| E0971 | MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH |
| E0973 | WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, |
| E0973 | EACH |
| E0974 | MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH |
| E0978 | WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH |
| E0980 | SAFETY VEST, WHEELCHAIR |
| E0981 | WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| E0982 | WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH |
| E0983 | MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO |
| E0983 | MOTORIZED WHEELCHAIR, JOYSTICK CONTROL |
| E0984 | MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO |
| E0984 | MOTORIZED WHEELCHAIR, TILLER CONTROL |
| E0985 | WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM |
| E0986 | MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH |
| E0988 | MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE, PAIR |
| E0990 | WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH |
| E0992 | MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT |
| E0994 | ARM REST, EACH |
| E0995 | WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH |
| E1002 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY |
| E1003 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR |
| E1003 | REDUCTION |
| E1004 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR |
| E1004 | REDUCTION |
| E1005 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR |
| E1005 | REDUCTION |
| E1006 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, |
| E1006 | WITHOUT SHEAR REDUCTION |
| E1007 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH |
| E1007 | MECHANICAL SHEAR REDUCTION |
| E1008 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH |
| E1008 | POWER SHEAR REDUCTION |
| E1009 | WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG |
| E1009 | ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH |
| E1010 | WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION |
| E1010 | SYSTEM, INCLUDING LEG REST, PAIR |
| E1011 | MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE |
| E1011 | DISPENSED WITH INITIAL CHAIR) |
| E1014 | RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR |
| E1015 | SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| E1016 | SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH |
| E1017 | HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, |
| E1017 | EACH |
| E1018 | HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, |
| E1018 | EACH |
| E1020 | RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR |
| E1028 | WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING |
| E1028 | HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY |
| E1029 | WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED |
| E1030 | WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED |
| E1031 | ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER |
| E1035 | MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY |
| E1035 | CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS |
| E1036 | MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, |
| E1036 | OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS |
| E1037 | TRANSPORT CHAIR, PEDIATRIC SIZE |
| E1038 | TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 |
| E1038 | POUNDS |
| E1039 | TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN |
| E1039 | 300 POUNDS |
| E1050 | FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE |
| E1050 | ELEVATING LEG RESTS |
| E1060 | FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY |
| E1060 | DETACHABLE ELEVATING LEGRESTS |
| E1070 | FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY |
| E1070 | DETACHABLE FOOTREST |
| E1083 | HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG |
| E1083 | REST |
| E1084 | HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY |
| E1084 | DETACHABLE ELEVATING LEG RESTS |
| E1085 | HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS |
| E1086 | HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE |
| E1086 | FOOTRESTS |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| E1087 | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY |
| E1087 | DETACHABLE ELEVATING LEG RESTS |
| E1088 | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, |
| E1088 | SWING AWAY DETACHABLE ELEVATING LEG RESTS |
| E1089 | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED LENGTH ARMS, SWING AWAY DETACHABLE |
| E1089 | FOOTREST |
| E1090 | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, |
| E1090 | SWING AWAY DETACHABLE FOOT RESTS |
| E1092 | WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY |
| E1092 | DETACHABLE ELEVATING LEG RESTS |
| E1093 | WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING |
| E1093 | AWAY DETACHABLE FOOTRESTS |
| E1100 | SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE |
| E1100 | ELEVATING LEG RESTS |
| E1110 | SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG |
| E1110 | REST |
| E1130 | STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE |
| E1130 | FOOTRESTS |
| E1140 | WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE |
| E1140 | FOOTRESTS |
| E1150 | WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE |
| E1150 | ELEVATING LEGRESTS |
| E1160 | WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS |
| E1161 | MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE |
| E1170 | AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING |
| E1170 | LEGRESTS |
| E1171 | AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGREST |
| E1172 | AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) WITHOUT FOOTRESTS OR |
| E1172 | LEGREST |
| E1180 | AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE |
| E1180 | FOOTRESTS |
| E1190 | AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE |
| E1190 | ELEVATING LEGRESTS |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| E1195 | HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING |
| E1195 | LEGRESTS |
| E1200 | AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST |
| E1220 | WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER, |
| E1220 | IF ANY) AND JUSTIFICATION |
| E1221 | WHEELCHAIR WITH FIXED ARM, FOOTRESTS |
| E1222 | WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS |
| E1223 | WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS |
| E1224 | WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS |
| E1225 | WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 |
| E1225 | DEGREES, BUT LESS THAN 80 DEGREES), EACH |
| E1226 | WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 |
| E1226 | DEGREES), EACH |
| E1227 | SPECIAL HEIGHT ARMS FOR WHEELCHAIR |
| E1228 | SPECIAL BACK HEIGHT FOR WHEELCHAIR |
| E1229 | WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED |
| E1230 | POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND |
| E1230 | MODEL NUMBER |
| E1231 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING |
| E1231 | SYSTEM |
| E1232 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING |
| E1232 | SYSTEM |
| E1233 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING |
| E1233 | SYSTEM |
| E1234 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING |
| E1234 | SYSTEM |
| E1235 | WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM |
| E1236 | WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM |
| E1237 | WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM |
| E1238 | WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM |
| E1239 | POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED |
| E1240 | LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY |
| E1240 | DETACHABLE, ELEVATING LEGREST |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| E1250 | LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST |
| E1260 | LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY |
| E1260 | DETACHABLE FOOTREST |
| E1270 | LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING |
| E1270 | LEGRESTS |
| E1280 | HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS |
| E1285 | HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST |
| E1290 | HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY |
| E1290 | DETACHABLE FOOTREST |
| E1295 | HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST |
| E1296 | SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR |
| E1297 | SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY |
| E1298 | SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION |
| E1300 | WHIRLPOOL, PORTABLE (OVERTUB TYPE) |
| E1310 | WHIRLPOOL, NON-PORTABLE (BUILT-IN TYPE) |
| E1340 | REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT REQUIRING THE SKILL |
| E1340 | OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES |
| E1353 | REGULATOR |
| E1354 | OXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR, |
| E1354 | ANY TYPE, REPLACEMENT ONLY, EACH |
| E1355 | STAND/RACK |
| E1356 | OXYGEN ACCESSORY, BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR, ANY TYPE, |
| E1356 | REPLACEMENT ONLY, EACH |
| E1357 | OXYGEN ACCESSORY, BATTERY CHARGER FOR PORTABLE CONCENTRATOR, ANY TYPE, |
| E1357 | REPLACEMENT ONLY, EACH |
| E1358 | OXYGEN ACCESSORY, DC POWER ADAPTER FOR PORTABLE CONCENTRATOR, ANY TYPE, |
| E1358 | REPLACEMENT ONLY, EACH |
| E1372 | IMMERSION EXTERNAL HEATER FOR NEBULIZER |
| E1390 | OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR |
| E1390 | GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE |
| E1391 | OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR |
| E1391 | GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH |
| E1392 | PORTABLE OXYGEN CONCENTRATOR, RENTAL |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|--|
| E1399 | DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS |
| E1405 | OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY |
| E1406 | OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY |
| E1634 | PERITONEAL DIALYSIS CLAMPS, EACH |
| E1700 | JAW MOTION REHABILITATION SYSTEM |
| E1701 | REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 6 |
| E1702 | REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200 |
| E1800 | DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE |
| E1800 | MATERIAL |
| E1801 | STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXTENSION AND/OR FLEXION, WITH OR |
| E1801 | WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES |
| E1802 | DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE |
| E1802 | MATERIAL |
| E1805 | DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE |
| E1805 | MATERIAL |
| E1806 | STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEXION AND/OR EXTENSION, WITH OR |
| E1806 | WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES |
| E1810 | DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE |
| E1810 | MATERIAL |
| E1811 | STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXTENSION AND/OR FLEXION, WITH OR |
| E1811 | WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES |
| E1812 | DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL |
| E1815 | DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE |
| E1815 | MATERIAL |
| E1816 | STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEXION AND/OR EXTENSION, WITH OR |
| E1816 | WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES |
| E1818 | STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, WITH OR |
| E1818 | WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES |
| E1820 | REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE |
| E1821 | REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE |
| E1821 | STRETCH DEVICE |
| E1825 | DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE |
| E1825 | MATERIAL |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| E1830 | DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE |
| E1830 | MATERIAL |
| E1831 | STATIC PROGRESSIVE STRETCH TOE DEVICE, EXTENSION AND/OR FLEXION, WITH OR |
| E1831 | WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES |
| E1840 | DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES |
| E1840 | SOFT INTERFACE MATERIAL |
| E1841 | STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH OR WITHOUT RANGE OF MOTION |
| E1841 | ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES |
| E1902 | COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION |
| E1902 | DEVICE |
| E2000 | GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC |
| E2100 | BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER |
| E2101 | BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE |
| E2120 | PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT OF INNER EAR ENDOLYMPHATIC FLUID |
| E2201 | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR |
| E2201 | EQUAL TO 20 INCHES AND LESS THAN 24 INCHES |
| E2202 | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES |
| E2203 | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 |
| E2203 | INCHES |
| E2204 | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES |
| E2205 | MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR |
| E2205 | CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH |
| E2206 | MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH |
| E2207 | WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH |
| E2208 | WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH |
| E2209 | ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH |
| E2210 | WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH |
| E2211 | MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH |
| E2212 | MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH |
| E2213 | MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), |
| E2213 | ANY TYPE, ANY SIZE, EACH |
| E2214 | MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH |
| E2215 | MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| E2216 | MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH |
| E2217 | MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH |
| E2218 | MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH |
| E2219 | MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH |
| E2220 | MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, |
| E2220 | EACH |
| E2221 | MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), |
| E2221 | ANY SIZE, EACH |
| E2222 | MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED |
| E2222 | WHEEL, ANY SIZE, EACH |
| E2223 | MANUAL WHEELCHAIR ACCESSORY, VALVE, ANY TYPE, REPLACEMENT ONLY, EACH |
| E2224 | MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH |
| E2225 | MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT |
| E2225 | ONLY, EACH |
| E2226 | MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH |
| E2227 | MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH |
| E2228 | MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH |
| E2230 | MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM |
| E2231 | MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), |
| E2231 | INCLUDES ANY TYPE MOUNTING HARDWARE |
| E2291 | BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE |
| E2292 | SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE |
| E2293 | BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING |
| E2293 | HARDWARE |
| E2294 | SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING |
| E2294 | HARDWARE |
| E2295 | MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING |
| E2295 | FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATURES |
| E2300 | POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM |
| E2301 | POWER WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM |
| E2310 | POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER |
| E2310 | AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, |
| E2310 | INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| E2310 | HARDWARE |
| E2311 | POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER |
| E2311 | AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, |
| E2311 | INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING |
| E2311 | HARDWARE |
| E2312 | POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL |
| E2312 | REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE |
| E2313 | POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, |
| E2313 | INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH |
| E2321 | POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, |
| E2321 | NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND |
| E2321 | FIXED MOUNTING HARDWARE |
| E2322 | POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL |
| E2322 | SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP |
| E2322 | SWITCH, AND FIXED MOUNTING HARDWARE |
| E2323 | POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL |
| E2323 | INTERFACE, PREFABRICATED |
| E2324 | POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE |
| E2325 | POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING |
| E2325 | ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING |
| E2325 | HARDWARE |
| E2326 | POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE |
| E2327 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, |
| E2327 | INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND |
| E2327 | FIXED MOUNTING HARDWARE |
| E2328 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, |
| E2328 | ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING |
| E2328 | HARDWARE |
| E2329 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, |
| E2329 | NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, |
| E2329 | MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE |
| E2330 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, |
| E2330 | NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| E2330 | MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE |
| E2331 | POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL |
| E2331 | RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE |
| E2340 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES |
| E2341 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES |
| E2342 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES |
| E2343 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES |
| E2351 | POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING |
| E2351 | DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE |
| E2358 | POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY, EACH |
| E2359 | POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL |
| E2359 | CELL, ABSORBED GLASSMAT) |
| E2360 | POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH |
| E2361 | POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL |
| E2361 | CELL, ABSORBED GLASSMAT) |
| E2362 | POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH |
| E2363 | POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL |
| E2363 | CELL, ABSORBED GLASSMAT) |
| E2364 | POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH |
| E2365 | POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, |
| E2365 | ABSORBED GLASSMAT) |
| E2366 | POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE |
| E2366 | BATTERY TYPE, SEALED OR NON-SEALED, EACH |
| E2367 | POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER |
| E2367 | BATTERY TYPE, SEALED OR NON-SEALED, EACH |
| E2368 | POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY |
| E2369 | POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY |
| E2370 | POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY |
| E2371 | POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, |
| E2371 | ABSORBED GLASSMAT), EACH |
| E2372 | POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH |
| E2373 | POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE |
| E2373 | JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| E2374 | POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE |
| E2374 | JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED |
| E2374 | ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY |
| E2375 | POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED |
| E2375 | ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY |
| E2376 | POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED |
| E2376 | ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY |
| E2377 | POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED |
| E2377 | ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE |
| E2381 | POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT |
| E2381 | ONLY, EACH |
| E2382 | POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, |
| E2382 | REPLACEMENT ONLY, EACH |
| E2383 | POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), |
| E2383 | ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH |
| E2384 | POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, |
| E2384 | EACH |
| E2385 | POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, |
| E2385 | REPLACEMENT ONLY, EACH |
| E2386 | POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT |
| E2386 | ONLY, EACH |
| E2387 | POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT |
| E2387 | ONLY, EACH |
| E2388 | POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, |
| E2388 | EACH |
| E2389 | POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH |
| E2390 | POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, |
| E2390 | REPLACEMENT ONLY, EACH |
| E2391 | POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY |
| E2391 | SIZE, REPLACEMENT ONLY, EACH |
| E2392 | POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED |
| E2392 | WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH |
| E2393 | POWER WHEELCHAIR ACCESSORY, VALVE FOR PNEUMATIC TIRE TUBE, ANY TYPE, |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|--|
| E2393 | REPLACEMENT ONLY, EACH |
| E2394 | POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH |
| E2394 | ONLY, EACH |
| E2395 | POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH |
| E2395 | ONLY, EACH |
| E2396 | POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH |
| E2397 | POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH |
| E2399 | POWER WHEELCHAIR ACCESSORY, NOT OTHERWISE CLASSIFIED INTERFACE, INCLUDING ALL RELATED ELECTRONICS AND ANY TYPE MOUNTING HARDWARE |
| E2399 | RELATED ELECTRONICS AND ANY TYPE MOUNTING HARDWARE |
| E2402 | NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE |
| E2500 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME |
| E2500 | THAN OR EQUAL TO 8 MINUTES RECORDING TIME |
| E2502 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME |
| E2502 | GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME |
| E2504 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME |
| E2504 | GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME |
| E2506 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME |
| E2506 | GREATER THAN 40 MINUTES RECORDING TIME |
| E2508 | SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE |
| E2508 | SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE |
| E2510 | SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS |
| E2510 | MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS |
| E2511 | SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT |
| E2511 | ASSISTANT |
| E2512 | ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM |
| E2599 | ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED |
| E2601 | GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH |
| E2602 | GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH |
| E2603 | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH |
| E2604 | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH |
| E2605 | POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH |
| E2606 | POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH |
| E2607 | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| E2607 | INCHES, ANY DEPTH |
| E2608 | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR |
| E2608 | GREATER, ANY DEPTH |
| E2609 | CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE |
| E2610 | WHEELCHAIR SEAT CUSHION, POWERED |
| E2611 | GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, |
| E2611 | INCLUDING ANY TYPE MOUNTING HARDWARE |
| E2612 | GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, |
| E2612 | INCLUDING ANY TYPE MOUNTING HARDWARE |
| E2613 | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY |
| E2613 | HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE |
| E2614 | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY |
| E2614 | HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE |
| E2615 | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 |
| E2615 | INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE |
| E2616 | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR |
| E2616 | GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE |
| E2617 | CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE |
| E2617 | MOUNTING HARDWARE |
| E2619 | REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH |
| E2620 | POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH |
| E2620 | LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE |
| E2621 | POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH |
| E2621 | 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE |
| E2622 | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, |
| E2622 | ANY DEPTH |
| E2623 | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR |
| E2623 | GREATER, ANY DEPTH |
| E2624 | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS |
| E2624 | THAN 22 INCHES, ANY DEPTH |
| E2625 | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 |
| E2625 | INCHES OR GREATER, ANY DEPTH |
| E2626 | WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|--|
| E2626 | WHEELCHAIR, BALANCED, ADJUSTABLE |
| E2627 | WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO |
| E2627 | WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE |
| E2628 | WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO |
| E2628 | WHEELCHAIR, BALANCED, RECLINING |
| E2629 | WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO |
| E2629 | WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND |
| E2629 | DISTAL JOINTS) |
| E2630 | WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM |
| E2630 | AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE |
| E2630 | SUSPENSION SUPPORT |
| E2631 | WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM |
| E2632 | WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER |
| E2632 | ARM WITH ELASTIC BALANCE CONTROL |
| E2633 | WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR |
| E8000 | GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND |
| E8000 | COMPONENTS |
| E8001 | GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND |
| E8001 | COMPONENTS |
| E8002 | GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND |
| E8002 | COMPONENTS |
| K0001 | STANDARD WHEELCHAIR |
| K0002 | STANDARD HEMI (LOW SEAT) WHEELCHAIR |
| K0003 | LIGHTWEIGHT WHEELCHAIR |
| K0004 | HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR |
| K0005 | ULTRALIGHTWEIGHT WHEELCHAIR |
| K0006 | HEAVY DUTY WHEELCHAIR |
| K0007 | EXTRA HEAVY DUTY WHEELCHAIR |
| K0009 | OTHER MANUAL WHEELCHAIR/BASE |
| K0010 | STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR |
| K0011 | STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL |
| K0011 | PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|--|
| K0011 | BRAKING |
| K0012 | LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR |
| K0014 | OTHER MOTORIZED/POWER WHEELCHAIR BASE |
| K0015 | DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH |
| K0017 | DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH |
| K0018 | DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH |
| K0019 | ARM PAD, EACH |
| K0020 | FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR |
| K0037 | HIGH MOUNT FLIP-UP FOOTREST, EACH |
| K0038 | LEG STRAP, EACH |
| K0039 | LEG STRAP, H STYLE, EACH |
| K0040 | ADJUSTABLE ANGLE FOOTPLATE, EACH |
| K0041 | LARGE SIZE FOOTPLATE, EACH |
| K0042 | STANDARD SIZE FOOTPLATE, EACH |
| K0043 | FOOTREST, LOWER EXTENSION TUBE, EACH |
| K0044 | FOOTREST, UPPER HANGER BRACKET, EACH |
| K0045 | FOOTREST, COMPLETE ASSEMBLY |
| K0046 | ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH |
| K0047 | ELEVATING LEGREST, UPPER HANGER BRACKET, EACH |
| K0050 | RATCHET ASSEMBLY |
| K0051 | CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH |
| K0052 | SWINGAWAY, DETACHABLE FOOTRESTS, EACH |
| K0053 | ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH |
| K0056 | SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH |
| K0056 | STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR |
| K0065 | SPOKE PROTECTORS, EACH |
| K0069 | REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH |
| K0070 | REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH |
| K0071 | FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH |
| K0072 | FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH |
| K0073 | CASTER PIN LOCK, EACH |
| K0077 | FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH |
| K0098 | DRIVE BELT FOR POWER WHEELCHAIR |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| K0105 | IV HANGER, EACH |
| K0108 | WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED |
| K0195 | ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE) |
| K0455 | INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION, |
| K0455 | (E.G., EPOPROSTENOL OR TREPROSTINOL) |
| K0462 | TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING REPAIRED, ANY TYPE |
| K0552 | SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH |
| K0601 | REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, |
| K0601 | 1.5 VOLT, EACH |
| K0602 | REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, |
| K0602 | 3 VOLT, EACH |
| K0603 | REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 |
| K0603 | VOLT, EACH |
| K0604 | REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 |
| K0604 | VOLT, EACH |
| K0605 | REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 |
| K0605 | VOLT, EACH |
| K0606 | AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, |
| K0606 | GARMENT TYPE |
| K0607 | REPLACEMENT BATTERY FOR AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, |
| K0607 | EACH |
| K0608 | REPLACEMENT GARMENT FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, EACH |
| K0609 | REPLACEMENT ELECTRODES FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT |
| K0609 | TYPE ONLY, EACH |
| K0669 | WHEELCHAIR ACCESSORY, WHEELCHAIR SEAT OR BACK CUSHION, DOES NOT MEET SPECIFIC |
| K0669 | CODE CRITERIA OR NO WRITTEN CODING VERIFICATION FROM DME PDAC |
| K0672 | ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS, |
| K0672 | REPLACEMENT ONLY, EACH |
| K0730 | CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM |
| K0733 | POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH |
| K0733 | (E.G., GEL CELL, ABSORBED GLASSMAT) |
| K0734 | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, |
| K0734 | ANY DEPTH |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| K0735 | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR |
| K0735 | GREATER, ANY DEPTH |
| K0736 | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS |
| K0736 | THAN 22 INCHES, ANY DEPTH |
| K0737 | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 |
| K0737 | INCHES OR GREATER, ANY DEPTH |
| K0738 | PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE |
| K0738 | OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, |
| K0738 | HUMIDIFIER, CANNULA OR MASK, AND TUBING |
| K0739 | REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN |
| K0739 | EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES |
| K0740 | REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A |
| K0740 | TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES |
| K0741 | PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL, INCLUDES PORTABLE CONTAINER, REGULATOR, |
| K0741 | FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING, FOR CLUSTER HEADACHES |
| K0742 | PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT, FOR CLUSTER |
| K0742 | HEADACHES, FOR INITIAL MONTHS SUPPLY OR TO REPLACE USED CONTENTS |
| K0743 | SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS |
| K0744 | ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD |
| K0744 | SIZE 16 SQUARE INCHES OR LESS |
| K0745 | ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD |
| K0745 | SIZE MORE THAN 16 SQUARE INCHES BUT LESS THAN OR EQUAL TO 48 SQUARE INCHES |
| K0746 | ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD |
| K0746 | SIZE GREATER THAN 48 SQUARE INCHES |
| K0800 | POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND |
| K0800 | INCLUDING 300 POUNDS |
| K0801 | POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 |
| K0801 | POUNDS |
| K0802 | POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO |
| K0802 | 600 POUNDS |
| K0806 | POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND |
| K0806 | INCLUDING 300 POUNDS |
| K0807 | POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| K0807 | POUNDS |
| K0808 | POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO |
| K0808 | 600 POUNDS |
| K0812 | POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED |
| K0813 | POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, |
| K0813 | PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS |
| K0814 | POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT |
| K0814 | CAPACITY UP TO AND INCLUDING 300 POUNDS |
| K0815 | POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT |
| K0815 | CAPACITY UP TO AND INCLUDING 300 POUNDS |
| K0816 | POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP |
| K0816 | TO AND INCLUDING 300 POUNDS |
| K0820 | POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT |
| K0820 | WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS |
| K0821 | POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT |
| K0821 | CAPACITY UP TO AND INCLUDING 300 POUNDS |
| K0822 | POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT |
| K0822 | CAPACITY UP TO AND INCLUDING 300 POUNDS |
| K0823 | POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP |
| K0823 | TO AND INCLUDING 300 POUNDS |
| K0824 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT |
| K0824 | CAPACITY 301 TO 450 POUNDS |
| K0825 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY |
| K0825 | 301 TO 450 POUNDS |
| K0826 | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT |
| K0826 | WEIGHT CAPACITY 451 TO 600 POUNDS |
| K0827 | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT |
| K0827 | CAPACITY 451 TO 600 POUNDS |
| K0828 | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT |
| K0828 | WEIGHT CAPACITY 601 POUNDS OR MORE |
| K0829 | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 |
| K0829 | POUNDS OR MORE |
| K0830 | POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| K0830 | PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS |
| K0831 | POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT |
| K0831 | WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS |
| K0835 | POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, |
| K0835 | PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS |
| K0836 | POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, |
| K0836 | PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS |
| K0837 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID |
| K0837 | SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS |
| K0838 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, |
| K0838 | PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS |
| K0839 | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID |
| K0839 | SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS |
| K0840 | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID |
| K0840 | SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE |
| K0841 | POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID |
| K0841 | SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS |
| K0842 | POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, |
| K0842 | PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS |
| K0843 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID |
| K0843 | SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS |
| K0848 | POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT |
| K0848 | CAPACITY UP TO AND INCLUDING 300 POUNDS |
| K0849 | POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP |
| K0849 | TO AND INCLUDING 300 POUNDS |
| K0850 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT |
| K0850 | CAPACITY 301 TO 450 POUNDS |
| K0851 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY |
| K0851 | 301 TO 450 POUNDS |
| K0852 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT |
| K0852 | WEIGHT CAPACITY 451 TO 600 POUNDS |
| K0853 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT |
| K0853 | CAPACITY 451 TO 600 POUNDS |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| K0854 | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT |
| K0854 | WEIGHT CAPACITY 601 POUNDS OR MORE |
| K0855 | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT |
| K0855 | CAPACITY 601 POUNDS OR MORE |
| K0856 | POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, |
| K0856 | PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS |
| K0857 | POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, |
| K0857 | PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS |
| K0858 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID |
| K0858 | SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS |
| K0859 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, |
| K0859 | PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS |
| K0860 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID |
| K0860 | SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS |
| K0861 | POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID |
| K0861 | SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS |
| K0862 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID |
| K0862 | SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS |
| K0863 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID |
| K0863 | SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS |
| K0864 | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID |
| K0864 | SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE |
| K0868 | POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT |
| K0868 | CAPACITY UP TO AND INCLUDING 300 POUNDS |
| K0869 | POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP |
| K0869 | TO AND INCLUDING 300 POUNDS |
| K0870 | POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT |
| K0870 | CAPACITY 301 TO 450 POUNDS |
| K0871 | POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT |
| K0871 | WEIGHT CAPACITY 451 TO 600 POUNDS |
| K0877 | POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, |
| K0877 | PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS |
| K0878 | POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
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| K0878 | PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS |
| K0879 | POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID |
| K0879 | SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS |
| K0880 | POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID |
| K0880 | SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS |
| K0884 | POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID |
| K0884 | SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS |
| K0885 | POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, |
| K0885 | PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS |
| K0886 | POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID |
| K0886 | SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS |
| K0890 | POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID |
| K0890 | SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS |
| K0891 | POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID |
| K0891 | SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS |
| K0898 | POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED |
| K0899 | POWER MOBILITY DEVICE, NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA |
| L0112 | CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT |
| L0112 | INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTION JOINT, CUSTOM FABRICATED |
| L0113 | CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, WITH OR WITHOUT JOINT, WITH OR |
| L0113 | WITHOUT SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L0120 | CERVICAL, FLEXIBLE, NON-ADJUSTABLE (FOAM COLLAR) |
| L0130 | CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT |
| L0140 | CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR) |
| L0150 | CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH |
| L0150 | MANDIBULAR/OCCIPITAL PIECE) |
| L0160 | CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT |
| L0170 | CERVICAL, COLLAR, MOLDED TO PATIENT MODEL |
| L0172 | CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO PIECE |
| L0174 | CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC |
| L0174 | EXTENSION |
| L0180 | CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| L0190 | CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE |
| L0190 | CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES) |
| L0200 | CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE |
| L0200 | CERVICAL BARS, AND THORACIC EXTENSION |
| L0210 | THORACIC, RIB BELT |
| L0220 | THORACIC, RIB BELT, CUSTOM FABRICATED |
| L0430 | SPINAL ORTHOSIS, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH INTERFACE MATERIAL, |
| L0430 | CUSTOM FITTED (DEWALL POSTURE PROTECTOR ONLY) |
| L0450 | TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES |
| L0450 | INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID |
| L0450 | STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, |
| L0450 | INCLUDES FITTING AND ADJUSTMENT |
| L0452 | TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES |
| L0452 | INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID |
| L0452 | STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, CUSTOM FABRICATED |
| L0454 | TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO |
| L0454 | ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, |
| L0454 | PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH |
| L0454 | RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, |
| L0454 | INCLUDES FITTING AND ADJUSTMENT |
| L0456 | TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL |
| L0456 | AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND |
| L0456 | TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN |
| L0456 | THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE |
| L0456 | INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES |
| L0456 | FITTING AND ADJUSTMENT |
| L0458 | TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC |
| L0458 | SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST |
| L0458 | INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO |
| L0458 | THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, |
| L0458 | AND TRANVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND |
| L0458 | STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES |
| L0458 | FITTING AND ADJUSTMENT |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| L0460 | TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC |
| L0460 | SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST |
| L0460 | INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO |
| L0460 | THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, |
| L0460 | CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING |
| L0460 | PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, |
| L0460 | INCLUDES FITTING AND ADJUSTMENT |
| L0462 | TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC |
| L0462 | SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST |
| L0462 | INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO |
| L0462 | THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, |
| L0462 | CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING |
| L0462 | PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, |
| L0462 | INCLUDES FITTING AND ADJUSTMENT |
| L0464 | TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC |
| L0464 | SHELLS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST |
| L0464 | INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO THE |
| L0464 | STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, |
| L0464 | AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND |
| L0464 | STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES |
| L0464 | FITTING AND ADJUSTMENT |
| L0466 | TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON |
| L0466 | WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL |
| L0466 | PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, |
| L0466 | INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND |
| L0466 | ADJUSTMENT |
| L0468 | TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT |
| L0468 | ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL |
| L0468 | JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND |
| L0468 | LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, AND CORONAL |
| L0468 | PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, |
| L0468 | INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND |
| L0468 | ADJUSTMENT |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| L0470 | TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON |
| L0470 | WITH STRAPS, CLOSURES AND PADDING EXTENDS FROM SACROCOCCYGEAL JUNCTION TO |
| L0470 | SCAPULA, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME |
| L0470 | PIECES, ROTATIONAL STRENGTH PROVIDED BY SUBCLAVICULAR EXTENSIONS, RESTRICTS |
| L0470 | GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PROVIDES |
| L0470 | INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES |
| L0470 | FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L0472 | TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME |
| L0472 | EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS (ONE |
| L0472 | PUBIC AND ONE STERNAL), POSTERIOR AND LATERAL PADS WITH STRAPS AND CLOSURES, |
| L0472 | LIMITS SPINAL FLEXION, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND |
| L0472 | TRANSVERSE PLANES, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, |
| L0472 | INCLUDES FITTING AND ADJUSTMENT |
| L0480 | TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, |
| L0480 | WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL |
| L0480 | JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM |
| L0480 | SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS |
| L0480 | GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A |
| L0480 | CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED |
| L0482 | TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, |
| L0482 | MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION |
| L0482 | AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS |
| L0482 | PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK |
| L0482 | MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER |
| L0482 | OR CAD-CAM MODEL, CUSTOM FABRICATED |
| L0484 | TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, |
| L0484 | WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL |
| L0484 | JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM |
| L0484 | SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING |
| L0484 | PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE |
| L0484 | PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED |
| L0486 | TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, |
| L0486 | MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| L0486 | AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS |
| L0486 | PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, |
| L0486 | RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, |
| L0486 | INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED |
| L0488 | TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, |
| L0488 | MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION |
| L0488 | AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS |
| L0488 | PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK |
| L0488 | MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PREFABRICATED, INCLUDES |
| L0488 | FITTING AND ADJUSTMENT |
| L0490 | TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING |
| L0490 | REINFORCED ANTERIOR, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM |
| L0490 | SACROCOCCYGEAL JUNCTION AND TERMINATES AT OR BEFORE THE T-9 VERTEBRA, ANTERIOR |
| L0490 | EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, ANTERIOR OPENING, RESTRICTS GROSS |
| L0490 | TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, PREFABRICATED, INCLUDES FITTING |
| L0490 | AND ADJUSTMENT |
| L0491 | TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID |
| L0491 | PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND |
| L0491 | TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE |
| L0491 | SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE |
| L0491 | SAGITTAL AND CORONAL PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING |
| L0491 | PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, |
| L0491 | INCLUDES FITTING AND ADJUSTMENT |
| L0492 | TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID |
| L0492 | PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND |
| L0492 | TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE |
| L0492 | SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE |
| L0492 | SAGITTAL AND CORONAL PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING |
| L0492 | PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, |
| L0492 | INCLUDES FITTING AND ADJUSTMENT |
| L0621 | SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION |
| L0621 | ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS |
| L0621 | ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| L0622 | SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION |
| L0622 | ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS |
| L0622 | ABDOMEN DESIGN, CUSTOM FABRICATED |
| L0623 | SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID |
| L0623 | PANELS OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT, |
| L0623 | INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, |
| L0623 | INCLUDES FITTING AND ADJUSTMENT |
| L0624 | SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID |
| L0624 | PANELS PLACED OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC |
| L0624 | JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM |
| L0624 | FABRICATED |
| L0625 | LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 |
| L0625 | TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE |
| L0625 | INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN |
| L0625 | DESIGN, SHOULDER STRAPS, STAYS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L0626 | LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR |
| L0626 | EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO |
| L0626 | REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE |
| L0626 | PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, |
| L0626 | INCLUDES FITTING AND ADJUSTMENT |
| L0627 | LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, |
| L0627 | POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY |
| L0627 | PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, |
| L0627 | MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, |
| L0627 | INCLUDES FITTING AND ADJUSTMENT |
| L0628 | LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR |
| L0628 | EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY |
| L0628 | PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, |
| L0628 | MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, |
| L0628 | INCLUDES FITTING AND ADJUSTMENT |
| L0629 | LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR |
| L0629 | EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY |
| L0629 | PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| L0629 | MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED |
| L0630 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), |
| L0630 | POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES |
| L0630 | INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES |
| L0630 | STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS |
| L0630 | ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L0631 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR |
| L0631 | PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, |
| L0631 | PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, |
| L0631 | INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS |
| L0631 | ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L0632 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR |
| L0632 | PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, |
| L0632 | PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, |
| L0632 | INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS |
| L0632 | ABDOMEN DESIGN, CUSTOM FABRICATED |
| L0633 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR |
| L0633 | FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, |
| L0633 | LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY |
| L0633 | PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY |
| L0633 | INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, |
| L0633 | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L0634 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR |
| L0634 | FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, |
| L0634 | LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES |
| L0634 | INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, |
| L0634 | CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN |
| L0634 | DESIGN, CUSTOM FABRICATED |
| L0635 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID |
| L0635 | POSTERIOR FRAME/PANEL(S), LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, |
| L0635 | POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL |
| L0635 | STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY |
| L0635 | PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| L0635 | INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, |
| L0635 | INCLUDES FITTING AND ADJUSTMENT |
| L0636 | LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID |
| L0636 | POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, |
| L0636 | POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL |
| L0636 | STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY |
| L0636 | PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY |
| L0636 | INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED |
| L0637 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND |
| L0637 | POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 |
| L0637 | VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES |
| L0637 | INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, |
| L0637 | CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, |
| L0637 | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L0638 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND |
| L0638 | POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 |
| L0638 | VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES |
| L0638 | INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, |
| L0638 | CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, |
| L0638 | CUSTOM FABRICATED |
| L0639 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), |
| L0639 | POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR |
| L0639 | EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO |
| L0639 | REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY |
| L0639 | OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, |
| L0639 | MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES |
| L0639 | FITTING AND ADJUSTMENT |
| L0640 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), |
| L0640 | POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR |
| L0640 | EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO |
| L0640 | REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY |
| L0640 | OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, |
| L0640 | MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|--|
| L0700 | CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL |
| L0700 | CONTROL, MOLDED TO PATIENT MODEL, (MINERVA TYPE) |
| L0710 | CTLSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH |
| L0710 | INTERFACE MATERIAL, (MINERVA TYPE) |
| L0810 | HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST |
| L0820 | HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET |
| L0830 | HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS |
| L0859 | ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS |
| L0859 | AND PINS, ANY MATERIAL |
| L0861 | ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL |
| L0970 | TLSO, CORSET FRONT |
| L0972 | LSO, CORSET FRONT |
| L0974 | TLSO, FULL CORSET |
| L0976 | LSO, FULL CORSET |
| L0978 | AXILLARY CRUTCH EXTENSION |
| L0980 | PERONEAL STRAPS, PAIR |
| L0982 | STOCKING SUPPORTER GRIPS, SET OF FOUR (4) |
| L0984 | PROTECTIVE BODY SOCK, EACH |
| L0999 | ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED |
| L1000 | CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF |
| L1000 | FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL |
| L1001 | CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, |
| L1001 | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L1005 | TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND |
| L1005 | ADJUSTMENT |
| L1010 | ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) OR SCOLIOSIS |
| L1010 | ORTHOSIS, AXILLA SLING |
| L1020 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD |
| L1025 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING |
| L1030 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD |
| L1040 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD |
| L1050 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD |
| L1060 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| L1070 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING |
| L1080 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER |
| L1085 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL |
| L1085 | EXTENSIONS |
| L1090 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING |
| L1100 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER |
| L1110 | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, |
| L1110 | MOLDED TO PATIENT MODEL |
| L1120 | ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH |
| L1200 | THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL |
| L1200 | ORTHOSIS ONLY |
| L1210 | ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION |
| L1220 | ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION |
| L1230 | ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE |
| L1240 | ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD |
| L1250 | ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD |
| L1260 | ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD |
| L1270 | ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD |
| L1280 | ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC), EACH |
| L1290 | ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD |
| L1300 | OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL |
| L1310 | OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET |
| L1499 | SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED |
| L1500 | THORACIC-HIP-KNEE-ANKLE ORTHOSIS (THKAO), MOBILITY FRAME (NEWINGTON, PARAPODIUM |
| L1500 | TYPES) |
| L1510 | THKAO, STANDING FRAME, WITH OR WITHOUT TRAY AND ACCESSORIES |
| L1520 | THKAO, SWIVEL WALKER |
| L1600 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH |
| L1600 | COVER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L1610 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), |
| L1610 | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L1620 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), |
| L1620 | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| L1630 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE), |
| L1630 | CUSTOM-FABRICATED |
| L1640 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER |
| L1640 | BAR, THIGH CUFFS, CUSTOM-FABRICATED |
| L1650 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED |
| L1650 | TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L1652 | HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, |
| L1652 | ADULT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, ANY TYPE |
| L1660 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, |
| L1660 | INCLUDES FITTING AND ADJUSTMENT |
| L1680 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, |
| L1680 | ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM |
| L1680 | FABRICATED |
| L1685 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, |
| L1685 | CUSTOM FABRICATED |
| L1686 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, |
| L1686 | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L1690 | COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION |
| L1690 | AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L1700 | LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM-FABRICATED |
| L1710 | LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED |
| L1720 | LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM-FABRICATED |
| L1730 | LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM-FABRICATED |
| L1755 | LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM-FABRICATED |
| L1800 | KNEE ORTHOSIS, ELASTIC WITH STAYS, PREFABRICATED, INCLUDES FITTING AND |
| L1800 | ADJUSTMENT |
| L1810 | KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, INCLUDES FITTING AND |
| L1810 | ADJUSTMENT |
| L1815 | KNEE ORTHOSIS, ELASTIC OR OTHER ELASTIC TYPE MATERIAL WITH CONDYLAR PAD(S), |
| L1815 | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L1820 | KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR |
| L1820 | CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L1825 | KNEE ORTHOSIS, ELASTIC KNEE CAP, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| L1830 | KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, INCLUDES |
| L1830 | FITTING AND ADJUSTMENT |
| L1831 | KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED, |
| L1831 | INCLUDES FITTING AND ADJUSTMENT |
| L1832 | KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL |
| L1832 | ORTHOSIS, RIGID SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L1834 | KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM-FABRICATED |
| L1836 | KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, |
| L1836 | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L1840 | KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM |
| L1840 | FABRICATED |
| L1843 | KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND |
| L1843 | EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION |
| L1843 | CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, INCLUDES |
| L1843 | FITTING AND ADJUSTMENT |
| L1844 | KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND |
| L1844 | EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION |
| L1844 | CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED |
| L1845 | KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND |
| L1845 | EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION |
| L1845 | CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, INCLUDES |
| L1845 | FITTING AND ADJUSTMENT |
| L1846 | KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND |
| L1846 | EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION |
| L1846 | CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED |
| L1847 | KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR |
| L1847 | SUPPORT CHAMBER(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L1850 | KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L1860 | KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, |
| L1860 | CUSTOM-FABRICATED (SK) |
| L1900 | ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, |
| L1900 | CUSTOM-FABRICATED |
| L1901 | ANKLE ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G. |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| L1901 | NEOPRENE, LYCRA) |
| L1902 | ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING AND |
| L1902 | ADJUSTMENT |
| L1904 | ANKLE FOOT ORTHOSIS, MOLDED ANKLE GAUNTLET, CUSTOM-FABRICATED |
| L1906 | ANKLE FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED, INCLUDES |
| L1906 | FITTING AND ADJUSTMENT |
| L1907 | AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM |
| L1907 | FABRICATED |
| L1910 | ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, |
| L1910 | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L1920 | ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR |
| L1920 | PERLSTEIN TYPE), CUSTOM-FABRICATED |
| L1930 | ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING |
| L1930 | AND ADJUSTMENT |
| L1932 | AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, |
| L1932 | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L1940 | ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED |
| L1945 | ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), |
| L1945 | CUSTOM-FABRICATED |
| L1950 | ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), |
| L1950 | PLASTIC, CUSTOM-FABRICATED |
| L1951 | ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), |
| L1951 | PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L1960 | ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED |
| L1970 | ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED |
| L1971 | ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, |
| L1971 | INCLUDES FITTING AND ADJUSTMENT |
| L1980 | ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, |
| L1980 | CALF BAND/CUFF (SINGLE BAR 'BK' ORTHOSIS), CUSTOM-FABRICATED |
| L1990 | ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, |
| L1990 | CALF BAND/CUFF (DOUBLE BAR 'BK' ORTHOSIS), CUSTOM-FABRICATED |
| L2000 | KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, |
| L2000 | THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|--|
| L2005 | KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE |
| L2005 | CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, ANY TYPE ACTIVATION, INCLUDES |
| L2005 | ANKLE JOINT, ANY TYPE, CUSTOM FABRICATED |
| L2010 | KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND |
| L2010 | CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, |
| L2010 | CUSTOM-FABRICATED |
| L2020 | KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND |
| L2020 | CALF BANDS/CUFFS (DOUBLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED |
| L2030 | KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND |
| L2030 | CALF BANDS/CUFFS, (DOUBLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM |
| L2030 | FABRICATED |
| L2034 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE |
| L2034 | MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTION |
| L2034 | ANKLE, CUSTOM FABRICATED |
| L2035 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE |
| L2035 | MOTION ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L2036 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE |
| L2036 | MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED |
| L2037 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE |
| L2037 | MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED |
| L2038 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, |
| L2038 | MULTI-AXIS ANKLE, CUSTOM FABRICATED |
| L2040 | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, |
| L2040 | PELVIC BAND/BELT, CUSTOM FABRICATED |
| L2050 | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP |
| L2050 | JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED |
| L2060 | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, BALL |
| L2060 | BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED |
| L2070 | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS, |
| L2070 | PELVIC BAND/BELT, CUSTOM FABRICATED |
| L2080 | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP |
| L2080 | JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED |
| L2090 | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|--|
| L2090 | BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED |
| L2106 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED |
| L2106 | THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED |
| L2108 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED |
| L2108 | CUSTOM-FABRICATED |
| L2112 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L2112 | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L2114 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L2114 | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L2116 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L2116 | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L2126 | KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED |
| L2126 | THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED |
| L2128 | KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED |
| L2128 | CUSTOM-FABRICATED |
| L2132 | KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L2132 | INCLUDES FITTING AND ADJUSTMENT |
| L2134 | KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L2134 | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L2136 | KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L2136 | INCLUDES FITTING AND ADJUSTMENT |
| L2180 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS |
| L2180 | JOINTS |
| L2182 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT |
| L2184 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT |
| L2186 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE |
| L2186 | LERMAN TYPE |
| L2188 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM |
| L2190 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT |
| L2192 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT |
| L2192 | FLANGE, AND PELVIC BELT |
| L2200 | ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT |
| L2210 | ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------|--|
| L2210 | JOINT |
| L2220 | ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, |
| L2220 | EACH JOINT |
| L2230 | ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT |
| L2232 | ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE |
| L2232 | FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS ONLY |
| L2240 | ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT |
| L2250 | ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP |
| L2250 | ATTACHMENT |
| L2260 | ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE) |
| L2265 | ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP |
| L2270 | ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ('T') STRAP, PADDED/LINED |
| L2270 | OR MALLEOLUS PAD |
| L2275 | ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, |
| L2275 | PADDED/LINED |
| L2280 | ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT |
| L2300 | ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), |
| L2300 | JOINTED, ADJUSTABLE |
| L2310 | ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT |
| L2320 | ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS |
| L2320 | ONLY |
| L2330 | ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM |
| L2330 | FABRICATED ORTHOSIS ONLY |
| L2335 | ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND |
| L2340 | ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL |
| L2350 | ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT |
| L2350 | MODEL, (USED FOR 'PTB' 'AFO' ORTHOSES) |
| L2360 | ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK |
| L2370 | ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM |
| L2375 | ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID |
| L2375 | STIRRUP |
| L2380 | ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT |
| L2385 | ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| L2387 | ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE |
| L2387 | ANKLE FOOT ORTHOSIS, EACH JOINT |
| L2390 | ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT |
| L2395 | ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT |
| L2397 | ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE |
| L2405 | ADDITION TO KNEE JOINT, DROP LOCK, EACH |
| L2415 | ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR |
| L2415 | EQUAL), ANY MATERIAL, EACH JOINT |
| L2425 | ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH |
| L2425 | JOINT |
| L2430 | ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, |
| L2430 | EACH JOINT |
| L2492 | ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING |
| L2500 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT |
| L2500 | BEARING, RING |
| L2510 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, MOLDED |
| L2510 | TO PATIENT MODEL |
| L2520 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, |
| L2520 | CUSTOM FITTED |
| L2525 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW |
| L2525 | M-L BRIM MOLDED TO PATIENT MODEL |
| L2526 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW |
| L2526 | M-L BRIM, CUSTOM FITTED |
| L2530 | ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED |
| L2540 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT |
| L2540 | MODEL |
| L2550 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF |
| L2570 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO |
| L2570 | POSITION JOINT, EACH |
| L2580 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING |
| L2600 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST |
| L2600 | BEARING, FREE, EACH |
| L2610 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|--|
| L2610 | BEARING, LOCK, EACH |
| L2620 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH |
| L2622 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH |
| L2624 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, |
| L2624 | EXTENSION, ABDUCTION CONTROL, EACH |
| L2627 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, |
| L2627 | RECIPROCATING HIP JOINT AND CABLES |
| L2628 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP |
| L2628 | JOINT AND CABLES |
| L2630 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL |
| L2640 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL |
| L2650 | ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH |
| L2660 | ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND |
| L2670 | ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS |
| L2680 | ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS |
| L2750 | ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR |
| L2755 | ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL |
| L2755 | HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATED |
| L2755 | ORTHOSIS ONLY |
| L2760 | ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR |
| L2760 | LINEAL ADJUSTMENT FOR GROWTH) |
| L2768 | ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR |
| L2770 | ADDITION TO LOWER EXTREMITY ORTHOSIS, ANY MATERIAL - PER BAR OR JOINT |
| L2780 | ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR |
| L2785 | ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH |
| L2795 | ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP |
| L2800 | ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL |
| L2800 | PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY |
| L2810 | ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD |
| L2820 | ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW |
| L2820 | KNEE SECTION |
| L2830 | ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE |
| L2830 | KNEE SECTION |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| L2840 | ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, |
| L2840 | EACH |
| L2850 | ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, |
| L2850 | EACH |
| L2860 | ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION |
| L2860 | STYLE MECHANISM, EACH |
| L2861 | ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION |
| L2861 | STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH |
| L2999 | LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED |
| L3000 | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL, |
| L3000 | EACH |
| L3001 | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH |
| L3002 | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH |
| L3003 | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH |
| L3010 | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, |
| L3010 | EACH |
| L3020 | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL |
| L3020 | SUPPORT, EACH |
| L3030 | FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH |
| L3031 | FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH |
| L3031 | STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, EACH |
| L3040 | FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH |
| L3050 | FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH |
| L3060 | FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL, EACH |
| L3070 | FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH |
| L3080 | FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH |
| L3090 | FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, |
| L3090 | EACH |
| L3100 | HALLUS-VALGUS NIGHT DYNAMIC SPLINT |
| L3140 | FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES |
| L3150 | FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES |
| L3160 | FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE |
| L3170 | FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, EACH |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| L3201 | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT |
| L3202 | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD |
| L3203 | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR |
| L3204 | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT |
| L3206 | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD |
| L3207 | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR |
| L3208 | SURGICAL BOOT, EACH, INFANT |
| L3209 | SURGICAL BOOT, EACH, CHILD |
| L3211 | SURGICAL BOOT, EACH, JUNIOR |
| L3212 | BENESCH BOOT, PAIR, INFANT |
| L3213 | BENESCH BOOT, PAIR, CHILD |
| L3214 | BENESCH BOOT, PAIR, JUNIOR |
| L3215 | ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH |
| L3216 | ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH |
| L3217 | ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH |
| L3219 | ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH |
| L3221 | ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH |
| L3222 | ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH |
| L3224 | ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE |
| L3224 | (ORTHOSIS) |
| L3225 | ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE |
| L3225 | (ORTHOSIS) |
| L3230 | ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH |
| L3250 | ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, |
| L3250 | EACH |
| L3251 | FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH |
| L3252 | FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, |
| L3252 | EACH |
| L3253 | FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH |
| L3254 | NON-STANDARD SIZE OR WIDTH |
| L3255 | NON-STANDARD SIZE OR LENGTH |
| L3257 | ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE |
| L3260 | SURGICAL BOOT/SHOE, EACH |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|--|
| L3265 | PLASTAZOTE SANDAL, EACH |
| L3300 | LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH |
| L3310 | LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH |
| L3320 | LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH |
| L3330 | LIFT, ELEVATION, METAL EXTENSION (SKATE) |
| L3332 | LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH |
| L3334 | LIFT, ELEVATION, HEEL, PER INCH |
| L3340 | HEEL WEDGE, SACH |
| L3350 | HEEL WEDGE |
| L3360 | SOLE WEDGE, OUTSIDE SOLE |
| L3370 | SOLE WEDGE, BETWEEN SOLE |
| L3380 | CLUBFOOT WEDGE |
| L3390 | OUTFLARE WEDGE |
| L3400 | METATARSAL BAR WEDGE, ROCKER |
| L3410 | METATARSAL BAR WEDGE, BETWEEN SOLE |
| L3420 | FULL SOLE AND HEEL WEDGE, BETWEEN SOLE |
| L3430 | HEEL, COUNTER, PLASTIC REINFORCED |
| L3440 | HEEL, COUNTER, LEATHER REINFORCED |
| L3450 | HEEL, SACH CUSHION TYPE |
| L3455 | HEEL, NEW LEATHER, STANDARD |
| L3460 | HEEL, NEW RUBBER, STANDARD |
| L3465 | HEEL, THOMAS WITH WEDGE |
| L3470 | HEEL, THOMAS EXTENDED TO BALL |
| L3480 | HEEL, PAD AND DEPRESSION FOR SPUR |
| L3485 | HEEL, PAD, REMOVABLE FOR SPUR |
| L3500 | ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER |
| L3510 | ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER |
| L3520 | ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER |
| L3530 | ORTHOPEDIC SHOE ADDITION, SOLE, HALF |
| L3540 | ORTHOPEDIC SHOE ADDITION, SOLE, FULL |
| L3550 | ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD |
| L3560 | ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE |
| L3570 | ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS) |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| L3580 | ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE |
| L3590 | ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER |
| L3595 | ORTHOPEDIC SHOE ADDITION, MARCH BAR |
| L3600 | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING |
| L3610 | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW |
| L3620 | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING |
| L3630 | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW |
| L3640 | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT |
| L3640 | (RIVETON), BOTH SHOES |
| L3649 | ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED |
| L3650 | SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, |
| L3650 | INCLUDES FITTING AND ADJUSTMENT |
| L3651 | SHOULDER ORTHOSIS, SINGLE SHOULDER, ELASTIC, PREFABRICATED, INCLUDES FITTING |
| L3651 | AND ADJUSTMENT (E.G. NEOPRENE, LYCRA) |
| L3652 | SHOULDER ORTHOSIS, DOUBLE SHOULDER, ELASTIC, PREFABRICATED, INCLUDES FITTING |
| L3652 | AND ADJUSTMENT (E.G. NEOPRENE, LYCRA) |
| L3660 | SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND |
| L3660 | WEBBING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3670 | SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, |
| L3670 | INCLUDES FITTING AND ADJUSTMENT |
| L3671 | SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT |
| L3671 | INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3672 | SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT |
| L3672 | AND SUPPORT BAR, WITHOUT JOINTS, MAY INLCUDE SOFT INTERFACE, STRAPS, CUSTOM |
| L3672 | FABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3673 | SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT |
| L3673 | AND SUPPORT BAR, INCLUDES NONTORSION JOINT/TURNBUCKLE, MAY INCLUDE SOFT |
| L3673 | INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3674 | SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT |
| L3674 | AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/TURNBUCKLE, MAY INCLUDE SOFT |
| L3674 | INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3675 | SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR |
| L3675 | EQUAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| L3677 | SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT |
| L3677 | INTERFACE, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3700 | ELBOW ORTHOSIS, ELASTIC WITH STAYS, PREFABRICATED, INCLUDES FITTING AND |
| L3700 | ADJUSTMENT |
| L3701 | ELBOW ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G. |
| L3701 | NEOPRENE, LYCRA) |
| L3702 | ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM |
| L3702 | FABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3710 | ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, INCLUDES FITTING AND |
| L3710 | ADJUSTMENT |
| L3720 | ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, |
| L3720 | CUSTOM-FABRICATED |
| L3730 | ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION |
| L3730 | ASSIST, CUSTOM-FABRICATED |
| L3740 | ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK |
| L3740 | WITH ACTIVE CONTROL, CUSTOM-FABRICATED |
| L3760 | ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, |
| L3760 | INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE |
| L3762 | ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, |
| L3762 | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3763 | ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, |
| L3763 | STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3764 | ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC |
| L3764 | BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, |
| L3764 | INCLUDES FITTING AND ADJUSTMENT |
| L3765 | ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT |
| L3765 | INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3766 | ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, |
| L3766 | ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM |
| L3766 | FABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3806 | WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), |
| L3806 | TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, |
| L3806 | STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| L3807 | WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, INCLUDES FITTING |
| L3807 | AND ADJUSTMENTS, ANY TYPE |
| L3808 | WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE |
| L3808 | MATERIAL; STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3890 | ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE |
| L3890 | TORSION STYLE MECHANISM, EACH |
| L3891 | ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE |
| L3891 | TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH |
| L3900 | WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ |
| L3900 | FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM-FABRICATED |
| L3901 | WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ |
| L3901 | FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM-FABRICATED |
| L3904 | WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM-FABRICATED |
| L3905 | WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, |
| L3905 | TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES |
| L3905 | FITTING AND ADJUSTMENT |
| L3906 | WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM |
| L3906 | FABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3908 | WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, |
| L3908 | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3909 | WRIST ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G. |
| L3909 | NEOPRENE, LYCRA) |
| L3911 | WRIST HAND FINGER ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND |
| L3911 | ADJUSTMENT (E.G. NEOPRENE, LYCRA) |
| L3912 | HAND FINGER ORTHOSIS, FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, |
| L3912 | INCLUDES FITTING AND ADJUSTMENT |
| L3913 | HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, |
| L3913 | CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3915 | WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, |
| L3915 | TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, INCLUDES |
| L3915 | FITTING AND ADJUSTMENT |
| L3917 | HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, INCLUDES FITTING |
| L3917 | AND ADJUSTMENT |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| L3919 | HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM |
| L3919 | FABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3921 | HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, |
| L3921 | TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES |
| L3921 | FITTING AND ADJUSTMENT |
| L3923 | HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, |
| L3923 | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3925 | FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), |
| L3925 | NON TORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT INTERFACE |
| L3925 | MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3927 | FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), |
| L3927 | WITHOUT JOINT/SPRING, EXTENSION/FLEXION (E.G. STATIC OR RING TYPE), MAY INCLUDE |
| L3927 | SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3929 | HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, |
| L3929 | ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, |
| L3929 | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3931 | WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), |
| L3931 | TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, |
| L3931 | STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3933 | FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, |
| L3933 | INCLUDES FITTING AND ADJUSTMENT |
| L3935 | FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM |
| L3935 | FABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3956 | ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT |
| L3960 | SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, |
| L3960 | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3961 | SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY |
| L3961 | INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND |
| L3961 | ADJUSTMENT |
| L3962 | SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERBS PALSEY DESIGN, |
| L3962 | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3964 | SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, |
| L3964 | ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| L3965 | SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, |
| L3965 | ADJUSTABLE RANCHO TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3966 | SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, |
| L3966 | RECLINING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3967 | SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), |
| L3967 | THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, |
| L3967 | STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3968 | SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, |
| L3968 | FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS), |
| L3968 | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3969 | SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND |
| L3969 | SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION |
| L3969 | SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3970 | SEO, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM |
| L3971 | SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE |
| L3971 | NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, |
| L3971 | STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3972 | SEO, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC |
| L3972 | BALANCE CONTROL |
| L3973 | SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), |
| L3973 | THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, |
| L3973 | ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM |
| L3973 | FABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3974 | SEO, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR |
| L3975 | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, |
| L3975 | MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND |
| L3975 | ADJUSTMENT |
| L3976 | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE |
| L3976 | DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT |
| L3976 | INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3977 | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR |
| L3977 | MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, |
| L3977 | STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| L3978 | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE |
| L3978 | DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION |
| L3978 | JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM |
| L3978 | FABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L3980 | UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND |
| L3980 | ADJUSTMENT |
| L3982 | UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES |
| L3982 | FITTING AND ADJUSTMENT |
| L3984 | UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND |
| L3984 | ADJUSTMENT |
| L3995 | ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH |
| L3999 | UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED |
| L4000 | REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLSO OR SO) |
| L4002 | REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE |
| L4010 | REPLACE TRILATERAL SOCKET BRIM |
| L4020 | REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL |
| L4030 | REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED |
| L4040 | REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY |
| L4045 | REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY |
| L4050 | REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY |
| L4055 | REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY |
| L4060 | REPLACE HIGH ROLL CUFF |
| L4070 | REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO |
| L4080 | REPLACE METAL BANDS KAFO, PROXIMAL THIGH |
| L4090 | REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH |
| L4100 | REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH |
| L4110 | REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH |
| L4130 | REPLACE PRETIBIAL SHELL |
| L4205 | REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES |
| L4210 | REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS |
| L4350 | ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE |
| L4350 | (E.G., PNEUMATIC, GEL), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L4360 | WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------|---|
| L4360 | INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L4370 | PNEUMATIC FULL LEG SPLINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L4380 | PNEUMATIC KNEE SPLINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L4386 | WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE |
| L4386 | MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L4392 | REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO |
| L4394 | REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT |
| L4396 | STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, |
| L4396 | ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, |
| L4396 | PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L4398 | FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, INCLUDES FITTING |
| L4398 | AND ADJUSTMENT |
| L4631 | ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, |
| L4631 | ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER |
| L4631 | MATERIAL, INCLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED |
| J0133 | INJECTION, ACYCLOVIR, 5 MG |
| J0285 | INJECTION, AMPHOTERICIN B, 50 MG |
| J0287 | INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG |
| J0288 | INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG |
| J0289 | INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG |
| J0895 | INJECTION, DEFEROXAMINE MESYLATE, 500 MG |
| J1170 | INJECTION, HYDROMORPHONE, UP TO 4 MG |
| J1250 | INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG |
| J1265 | INJECTION, DOPAMINE HCL, 40 MG |
| J1325 | INJECTION, EPOPROSTENOL, 0.5 MG |
| J1455 | INJECTION, FOSCARNET SODIUM, PER 1000 MG |
| J1457 | INJECTION, GALLIUM NITRATE, 1 MG |
| J1559 | INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG |
| J1561 | INJECTION, IMMUNE GLOBULIN, (GAMUNEX/GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------|--|
| J1562 | INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG |
| J1570 | INJECTION, GANCICLOVIR SODIUM, 500 MG |
| J1817 | INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS |
| J2175 | INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG |
| J2260 | INJECTION, MILRINONE LACTATE, 5 MG |
| J2270 | INJECTION, MORPHINE SULFATE, UP TO 10 MG |
| J2271 | INJECTION, MORPHINE SULFATE, 100MG |
| J2275 | INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG |
| J2278 | INJECTION, ZICONOTIDE, 1 MICROGRAM |
| J3010 | INJECTION, FENTANYL CITRATE, 0.1 MG |
| J3285 | INJECTION, TREPROSTINIL, 1 MG |
| J7799 | NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME |
| J9000 | INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG |
| J9040 | INJECTION, BLEOMYCIN SULFATE, 15 UNITS |
| J9065 | INJECTION, CLADRIBINE, PER 1 MG |
| J9100 | INJECTION, CYTARABINE, 100 MG |
| J9190 | INJECTION, FLUOROURACIL, 500 MG |
| J9200 | INJECTION, FLOXURIDINE, 500 MG |
| J9360 | INJECTION, VINBLASTINE SULFATE, 1 MG |
| J9370 | VINCRISTINE SULFATE, 1 MG |
| J2920 | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG |
| J2930 | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG |
| J7500 | AZATHIOPRINE, ORAL, 50 MG |
| J7501 | AZATHIOPRINE, PARENTERAL, 100 MG |
| J7502 | CYCLOSPORINE, ORAL, 100 MG |
| J7504 | LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG |
| J7505 | MUROMONAB-CD3, PARENTERAL, 5 MG |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------|---|
| J7506 | PREDNISONE, ORAL, PER 5MG |
| J7507 | TACROLIMUS, ORAL, PER 1 MG |
| J7509 | METHYLPREDNISOLONE ORAL, PER 4 MG |
| J7510 | PREDNISOLONE ORAL, PER 5 MG |
| J7511 | LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG |
| J7513 | DACLIZUMAB, PARENTERAL, 25 MG |
| J7515 | CYCLOSPORINE, ORAL, 25 MG |
| J7516 | CYCLOSPORIN, PARENTERAL, 250 MG |
| J7517 | MYCOPHENOLATE MOFETIL, ORAL, 250 MG |
| J7518 | MYCOPHENOLIC ACID, ORAL, 180 MG |
| J7520 | SIROLIMUS, ORAL, 1 MG |
| J7525 | TACROLIMUS, PARENTERAL, 5 MG |
| J7599 | IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED |
| J8530 | CYCLOPHOSPHAMIDE; ORAL, 25 MG |
| J8561 | EVEROLIMUS, ORAL, 0.25 MG |
| J8610 | METHOTREXATE; ORAL, 2.5 MG |
| Q0510 | PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRUG(S), FIRST MONTH FOLLOWING TRANSPLANT |
| Q0511 | PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR THE FIRST PRESCRIPTION IN A 30-DAY PERIOD |
| Q0512 | PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR A SUBSEQUENT PRESCRIPTION IN A 30-DAY PERIOD |
| J1459 | INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG |
| J1557 | INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------|--|
| J1561 | INJECTION, IMMUNE GLOBULIN, (GAMUNEX/GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG |
| J1566 | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG |
| J1568 | INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG |
| J1569 | INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED, (E.G. LIQUID), 500 MG |
| J1572 | INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG |
| J1573 | INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML |
| J1599 | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG |
| J2791 | INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU |
| J2545 | PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG |
| J7604 | ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM |
| J7605 | ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS |
| J7606 | FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS |
| J7607 | LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG |
| J7608 | ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------------|---|
| J7609 | ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG |
| J7610 | ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG |
| J7611 | ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG |
| J7612 | LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG |
| J7613 | ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG |
| J7614 | LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG |
| J7615 | LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG |
| J7620 | ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME |
| J7622 | BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM |
| J7624 | BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM |
| J7626 | BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG |
| J7627 | BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG |
| J7628 | BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM |
| J7629 | BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------|---|
| J7631 | CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS |
| J7632 | CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS |
| J7634 | BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MILLIGRAM |
| J7635 | ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM |
| J7636 | ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM |
| J7637 | DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM |
| J7638 | DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM |
| J7639 | DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM |
| J7640 | FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS |
| J7641 | FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM |
| J7642 | GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM |
| J7643 | GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM |
| J7644 | IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM |
| J7645 | IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------|--|
| J7647 | ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM |
| J7650 | ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM |
| J7657 | ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM |
| J7660 | ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM |
| J7667 | METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, CONCENTRATED FORM, PER 10 MILLIGRAMS |
| J7669 | METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS |
| J7670 | METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS |
| J7676 | PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG |
| J7680 | TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM |
| J7681 | TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM |
| J7682 | TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS |
| J7683 | TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM |
| J7684 | TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM |
| J7685 | TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------|--|
| J7686 | TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG |
| J7699 | NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME |
| Q0513 | PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); PER 30 DAYS |
| Q0514 | PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); PER 90 DAYS |
| Q4074 | ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 20 MICROGRAMS |
| J8498 | ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED |
| J8597 | ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED |
| J8999 | PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS |
| Q0511 | PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR THE FIRST PRESCRIPTION IN A 30-DAY PERIOD |
| Q0512 | PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR A SUBSEQUENT PRESCRIPTION IN A 30-DAY PERIOD |
| J8501 | APREPITANT, ORAL, 5 MG |
| J8540 | DEXAMETHASONE, ORAL, 0.25 MG |
| J8650 | NABILONE, ORAL, 1 MG |
| Q0162 | ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN |
| Q0163 | DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN |
| Q0164 | PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------|--|
| Q0165 | PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN |
| Q0166 | GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN |
| Q0167 | DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN |
| Q0168 | DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN |
| Q0169 | PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN |
| Q0170 | PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN |
| Q0171 | CHLORPROMAZINE HYDROCHLORIDE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN |
| Q0172 | CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN |
| Q0173 | TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------|--|
| Q0174 | THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN |
| Q0175 | PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN |
| Q0176 | PERPHENAZINE, 8MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN |
| Q0177 | HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN |
| Q0178 | HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN |
| Q0180 | DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN |
| Q0181 | UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN |
| Q0511 | PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR THE FIRST PRESCRIPTION IN A 30-DAY PERIOD |
| Q0512 | PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR A SUBSEQUENT PRESCRIPTION IN A 30-DAY PERIOD |
| V2020 | |
| V2100 | |

| List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X). | |
|---|-------------------------|
| HCPC | Long Description |
| V2101 | |
| V2102 | |
| V2103 | |
| V2104 | |
| V2105 | |
| V2106 | |
| V2107 | |
| V2108 | |
| V2109 | |
| V2110 | |
| V2111 | |
| V2112 | |
| V2113 | |
| V2114 | |
| V2115 | |
| V2118 | |
| V2121 | |
| V2200 | |
| V2201 | |
| V2202 | |
| V2203 | |
| V2204 | |
| V2205 | |
| V2206 | |
| V2207 | |
| V2208 | |
| V2209 | |
| V2210 | |

| List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X). | |
|---|-------------------------|
| HCPC | Long Description |
| V2211 | |
| V2212 | |
| V2213 | |
| V2214 | |
| V2215 | |
| V2218 | |
| V2219 | |
| V2220 | |
| V2221 | |
| V2300 | |
| V2301 | |
| V2302 | |
| V2303 | |
| V2304 | |
| V2305 | |
| V2306 | |
| V2307 | |
| V2308 | |
| V2309 | |
| V2310 | |
| V2311 | |
| V2312 | |
| V2313 | |
| V2314 | |
| V2315 | |
| V2318 | |
| V2319 | |
| V2320 | |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------|------------------|
| V2321 | |
| V2410 | |
| V2430 | |
| V2500 | |
| V2501 | |
| V2502 | |
| V2503 | |
| V2510 | |
| V2511 | |
| V2512 | |
| V2513 | |
| V2520 | |
| V2521 | |
| V2522 | |
| V2523 | |
| V2530 | |
| V2531 | |
| V2623 | |
| V2624 | |
| V2625 | |
| V2626 | |
| V2627 | |
| V2628 | |
| V2630 | |
| V2631 | |
| V2632 | |
| V2700 | |
| V2710 | |

List of HCPCS codes A4000-A9999, B4034-B999, and J and Q codes that occur during an inpatient stay (Bill Type 011X, 018X, 021X, 028X).

| HCPC | Long Description |
|-------|------------------|
| V2715 | |
| V2718 | |
| V2730 | |
| V2744 | |
| V2745 | |
| V2750 | |
| V2755 | |
| V2760 | |
| V2762 | |
| V2770 | |
| V2780 | |
| V2782 | |
| V2783 | |
| V2784 | |
| V2786 | |