



## PROVIDER BULLETIN

BT 200528

NOVEMBER 15, 2005

**To: All Providers**

**Subject: New 2006 Healthcare Common Procedure Coding System Codes**

### Overview

The purpose of this bulletin is to introduce the 2006 annual Healthcare Common Procedure Coding System (HCPCS) code and modifier updates that will be added to the IndianaAIM claims processing system January 1, 2006. This bulletin includes the following information:

- Table 1: A listing of new alpha-numeric and Current Procedural Terminology (CPT®) codes and modifiers.
- Table 2: A listing of deleted codes with the appropriate replacement codes.

The Centers for Medicare and Medicaid Services (CMS) publishes alpha-numeric codes in October, on the alpha-numeric HCPCS file on the CMS Web site. The physician fee schedule and alpha-numeric code set-up dates can be found at <http://www.cms.hhs.gov/providers/pufdownload/>.

The OMPP is reviewing new codes, and will notify providers of coverage decisions in a forthcoming Indiana Health Coverage Programs (IHCP) provider bulletin. Deleted codes or modifiers will be denied if billed for claims with service dates after December 31, 2005.

Direct questions about the content of this bulletin to Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

### New 2006 HCPCS Codes

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
0089T	Actigraphy testing, recording, analysis and interpretation (minimum of three-day recording)
0090T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, cervical
0091T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar

*Current Procedural Terminology © 2004 American Medical Association. All Rights Reserved.*

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
0092T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); each additional interspace (list separately in addition to code for primary procedure)
0093T	Removal of total disc arthroplasty, anterior approach; single interspace, cervical
0094T	Removal of total disc arthroplasty, anterior approach; single interspace, lumbar
0095T	Removal of total disc arthroplasty, anterior approach; each additional interspace (list separately in addition to code for primary procedure)
0096T	Revision of total disc arthroplasty, anterior approach; single interspace, cervical
0097T	Revision of total disc arthroplasty, anterior approach; single interspace, lumbar
0098T	Revision of total disc arthroplasty, anterior approach; each additional interspace (list separately in addition to code for primary procedure)
0099T	Implantation of intrastromal corneal ring segments
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle
0103T	Holotranscobalamin, quantitative
0104T	Inert gas rebreathing for cardiac output measurement; during rest
0105T	Inert gas rebreathing for cardiac output measurement; during exercise
0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation
0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation
0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia
0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia
0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation
0111T	Long-chain (C20-22) omega-3 fatty acids in red blood cell (RBC) membranes
0115T	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, initial 15 minutes, with assessment, and intervention if provided; initial encounter
0116T	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, initial 15 minutes, with assessment, and intervention if provided; subsequent encounter
0117T	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, initial 15 minutes, with assessment, and intervention if provided; each additional 15 minutes (list separately in addition to code for primary service)
0120T	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma
0123T	Fistulization of sclera for glaucoma, through ciliary body

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Procedure Code	Description
0124T	Conjunctival incision with posterior juxtasclear placement of pharmacological agent (does not include supply of medication)
0126T	Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment
0130T	Validated, statistically reliable, randomized, controlled, single-patient clinical investigation of FDA-approved chronic care drugs, provided by a pharmacist, interpretation and report to the prescribing health care professional
0133T	Upper gastrointestinal endoscopy, including esophagus, stomach, and either the duodenum and/or jejunum as appropriate, with injection of implant material into and along the muscle of the lower esophageal sphincter (e.g., for treatment of gastroesophageal reflux disease)
0135T	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy
0137T	Biopsy, prostate, needle, saturation sampling for prostate mapping
0140T	Exhaled breath condensate pH
0141T	Pancreatic islet cell transplantation through portal vein, percutaneous
0142T	Pancreatic islet cell transplantation through portal vein, open
0143T	Laparoscopy, surgical, pancreatic islet cell transplantation through portal vein
0144T	Computed tomography, heart, without contrast material, including image post processing and quantitative evaluation of coronary calcium
0145T	Computed tomography, heart, without contrast material followed by contrast material(s) and further sections, including cardiac gating and 3d image post processing; cardiac structure and morphology
0146T	Computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), without quantitative evaluation of coronary calcium
0147T	Computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), with quantitative evaluation of coronary calcium
0148T	Cardiac structure and morphology and computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), without quantitative evaluation of coronary calcium
0149T	Cardiac structure and morphology and computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts), with quantitative evaluation of coronary calcium
0150T	Cardiac structure and morphology in congenital heart disease
0151T	Computed tomography, heart, without contrast material followed by contrast material(s) and further sections, including cardiac gating and 3-D image post processing; function evaluation (left and right ventricular function, ejection fraction and segmental wall motion)
0152T	Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; chest radiograph(s) (list separately in addition to code for primary procedure)
0153T	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation and instrument calibration

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
0154T	Non-invasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report
1003F	Level of activity assessed
1004F	Clinical symptoms of volume overload (excess) assessed
1005F	Asthma symptoms evaluated (includes physician documentation of numeric frequency of symptoms or patient completion of an asthma assessment tool/survey/questionnaire)
1006F	Osteoarthritis symptoms and functional status assessed (may include the use of a standardized scale or the completion of an assessment questionnaire, such as the SF-36, AAOS hip & knee questionnaire)
1007F	Use of anti-inflammatory or analgesic over-the-counter (OTC) medications for symptom relief assessed
1008F	Gastrointestinal and renal risk factors assessed for patients on prescribed or OTC non-steroidal anti-inflammatory drug (NSAID)
2001F	Weight recorded
2002F	Clinical signs of volume overload (excess) assessed
2003F	Auscultation of the heart performed
2004F	Initial examination of the involved joint(s) (includes visual inspection, palpation, range of motion)
3000F	Blood pressure $\leq$ 140/90 mm Hg
3002F	Blood pressure $>$ 140/90 mm Hg
4003F	Patient education, written/oral, appropriate for patients with heart failure performed
4012F	Warfarin therapy prescribed
4014F	Written discharge instructions provided to heart failure patients discharged home. (instructions include all of the following components: activity level, diet, discharge medications, follow-up appointment, weight monitoring, what to do if symptoms worsen)
4015F	Persistent asthma, long term control medication [inhaled corticosteroids or an acceptable alternative treatment, (cromolyn sodium, leukotriene modifier, nedocromil, or sustained release theophylline)], prescribed
4016F	Anti-inflammatory/analgesic agent prescribed
4017F	Gastrointestinal prophylaxis for NSAID use prescribed
4018F	Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy prescribed
01965	Anesthesia for incomplete or missed abortion procedures
01966	Anesthesia for induced abortion procedures
15040	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less
15110	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children
15111	Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children
15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
15130	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children
15131	Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
15135	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children
15136	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
15150	Tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or less
15151	Tissue cultured epidermal autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (list separately in addition to code for primary procedure)
15152	Tissue cultured epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
15155	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
15156	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (list separately in addition to code for primary procedure)
15157	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
15170	Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children
15171	Acellular dermal replacement, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
15175	Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children
15176	Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
15300	Allograft skin for temporary wound closure, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
15301	Allograft skin for temporary wound closure, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
15320	Allograft skin for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children
15321	Allograft skin for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
15330	Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children
15331	Acellular dermal allograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
15335	Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children
15336	Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
15340	Tissue cultured allogeneic skin substitute; first 25 sq cm or less
15341	Tissue cultured allogeneic skin substitute; each additional 25 sq cm
15360	Tissue cultured allogeneic dermal substitute; trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children
15361	Tissue cultured allogeneic dermal substitute; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
15365	Tissue cultured allogeneic dermal substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children
15366	Tissue cultured allogeneic dermal substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
15420	Xenograft skin (dermal), for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children
15421	Xenograft skin (dermal), for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
15430	Acellular xenograft implant; first 100 sq cm or less, or one percent of body area of infants and children

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
15431	Acellular xenograft implant; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic
22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral
22523	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (e.g., kyphoplasty); thoracic
22524	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (e.g., kyphoplasty); lumbar
22525	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (e.g., kyphoplasty); each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure)
28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia
32503	Resection of apical lung tumor (e.g., pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)
32504	Resection of apical lung tumor (e.g., pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction
33507	Repair of anomalous (e.g., intramural) aortic origin of coronary artery by unroofing or translocation
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (e.g., ventricular remodeling, SVR, saver, Dor procedures)
33768	Anastomosis, cavopulmonary, second superior vena cava (list separately in addition to primary procedure)
33880	Endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
33881	Endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension
33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (list separately in addition to code for primary procedure)

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta
33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral
33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision
33925	Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass
33926	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass
36598	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel
37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (list separately in addition to code for primary mechanical thrombectomy procedure)
37186	Secondary percutaneous transluminal thrombectomy (e.g., nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (list separately in addition to code for primary procedure)
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy
37718	Ligation, division, and stripping, short saphenous vein
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components)
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component only
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port components

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)
44186	Laparoscopy, surgical; jejunostomy (e.g., for decompression or feeding)
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube
44188	Laparoscopy, surgical, colostomy or skin level cecostomy
44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (list separately in addition to primary procedure)
44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy
45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (e.g., colo-anal anastomosis), with creation of colonic reservoir (e.g., J-pouch), with diverting enterostomy, when performed
45400	Laparoscopy, surgical; proctopexy (for prolapse)
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection
45499	Unlisted laparoscopy procedure, rectum
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic
46505	Chemodenervation of internal anal sphincter
46710	Repair of ileoanal pouch fistula/sinus (e.g., perineal or vaginal), pouch advancement; transperineal approach
46712	Repair of ileoanal pouch fistula/sinus (e.g., perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach
50250	Ablation, open, one or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound, if performed
50382	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation
50384	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation
50387	Removal and replacement of externally accessible transnephric ureteral stent (e.g., external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation
50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (e.g., with concurrent indwelling ureteral stent)
50592	Ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency
51999	Unlisted laparoscopy procedure, bladder
57295	Revision (including removal) of prosthetic vaginal graft, vaginal approach
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (list separately in addition to code for primary procedure)

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
61630	Balloon angioplasty, intracranial (e.g., atherosclerotic stenosis), percutaneous
61635	Transcatheter placement of intravascular stent(s), intracranial (e.g., atherosclerotic stenosis), including balloon angioplasty, if performed
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (list separately in addition to code for primary procedure)
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (list separately in addition to code for primary procedure)
64650	Chemodenervation of eccrine glands; both axillae
64653	Chemodenervation of eccrine glands; other area(s) (e.g., scalp, face, neck), per day
75956	Endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
75957	Endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation
75959	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not requiring image postprocessing on an independent workstation
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation
77421	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy
77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking
77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)
80195	Sirolimus
82271	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; other sources
82272	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative, feces, single specimen (e.g., from digital rectal exam)
83037	Hemoglobin; glycosylated (A1c) by device cleared by FDA for home use
83631	Lactoferrin, fecal; quantitative
83695	Lipoprotein (a)

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
83700	Lipoprotein, blood; electrophoretic separation and quantitation
83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (e.g., electrophoresis, ultracentrifugation)
83704	Lipoprotein, blood; quantitation of lipoprotein particle numbers and lipoprotein particle subclasses (e.g., by nuclear magnetic resonance spectroscopy)
83900	Molecular diagnostics; amplification of patient nucleic acid, multiplex, first two nucleic acid sequences
83907	Molecular diagnostics; lysis of cells prior to nucleic acid extraction (e.g., stool specimens, paraffin embedded tissue)
83908	Molecular diagnostics; signal amplification of patient nucleic acid, each nucleic acid sequence
83909	Molecular diagnostics; separation and identification by high resolution technique (e.g., capillary electrophoresis)
83914	Mutation identification by enzymatic ligation or primer extension, single segment, each segment (e.g., oligonucleotide ligation assay (OLA), single base chain extension (SBCE), or allele-specific primer extension (ASPE))
86200	Cyclic citrullinated peptide (CCP), antibody
86355	B cells, total count
86357	Natural killer (NK) cells, total count
86367	Stem cells (i.e., CD34), total count
86480	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response
86923	Compatibility test each unit; electronic
86960	Volume reduction of blood or blood product (e.g., red blood cells or platelets), each unit
87209	Smear, primary source with interpretation; complex special stain (e.g., trichrome, iron hemotoxylin) for ova and parasites
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics
88333	Pathology consultation during surgery; cytologic examination (e.g., touch prep, squash prep), initial site
88334	Pathology consultation during surgery; cytologic examination (e.g., touch prep, squash prep), each additional site
88384	Array-based evaluation of multiple molecular probes; 11 through 50 probes
88385	Array-based evaluation of multiple molecular probes; 51 through 250 probes
88386	Array-based evaluation of multiple molecular probes; 251 through 500 probes
89049	Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report
90649	Human papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use
90714	Tetanus and diphtheria toxoids (TD) adsorbed, preservative free, for use in individuals 7 years or older, for intramuscular use
90736	Zoster (shingles) vaccine, live, for subcutaneous injection

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
90760	Intravenous infusion, hydration; initial, up to 1 hour
90761	Intravenous infusion, hydration; each additional hour, up to 8 hours (list separately in addition to code for primary procedure)
90765	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
90766	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour, up to 8 hours (list separately in addition to code for primary procedure)
90767	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (list separately in addition to code for primary procedure)
90768	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (list separately in addition to code for primary procedure)
90772	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
90773	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intra-arterial
90774	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
90775	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (list separately in addition to code for primary procedure)
90779	Unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection or infusion
91022	Duodenal motility (manometric) study
92626	Evaluation of auditory rehabilitation status; first hour
92627	Evaluation of auditory rehabilitation status; each additional 15 minutes (list separately in addition to code for primary procedure)
92630	Auditory rehabilitation; pre-lingual hearing loss
92633	Auditory rehabilitation; post-lingual hearing loss
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for up to 72 hours; physician interpretation and report
95865	Needle electromyography; larynx
95866	Needle electromyography; hemidiaphragm
95873	Electrical stimulation for guidance in conjunction with chemodenervation (list separately in addition to code for primary procedure)
95874	Needle electromyography for guidance in conjunction with chemodenervation (list separately in addition to code for primary procedure)
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI), administered by a computer, with qualified health care professional interpretation and report
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96118	Neuropsychological testing (e.g., Halstead-Reitan neuropsychological battery, Wechsler memory scales and Wisconsin card sorting test), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96119	Neuropsychological testing (e.g., Halstead-Reitan neuropsychological battery, Wechsler memory scales and Wisconsin card sorting test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96120	Neuropsychological testing (e.g., Wisconsin card sorting test), administered by a computer, with qualified health care professional interpretation and report
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (list separately in addition to code for primary procedure)
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
96415	Chemotherapy administration, intravenous infusion technique; each additional hour, 1 to 8 hours (list separately in addition to code for primary procedure)
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/ drug), up to 1 hour (list separately in addition to code for primary procedure)
96521	Refilling and maintenance of portable pump
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (e.g., intravenous, intra-arterial)
96523	Irrigation of implanted venous access device for drug delivery systems
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/ family) each 30 minutes; 2-4 patients

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/ family) each 30 minutes; 5-8 patients
99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service
99053	Service(s) provided between 10:00 pm and 8:00 am at 24-hour facility, in addition to basic service
99060	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service
99143	Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; under 5 years of age, first 30 minutes intra-service time
99144	Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; age 5 years or older, first 30 minutes intra-service time
99145	Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intra-service time (list separately in addition to code for primary service)
99148	Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; under 5 years of age, first 30 minutes intra-service time
99149	Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; age 5 years or older, first 30 minutes intra-service time
99150	Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intra-service time (list separately in addition to code for primary service)
99300	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)
*99304	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity
*99305	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity
*99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
*99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision making
*99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; a expanded problem focused examination; medical decision making of low complexity
*99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; detailed examination; medical decision making of moderate complexity
*99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity
*99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making that is of low to moderate complexity
*99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components:
*99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components:
*99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components:
*99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components:
*99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components:
*99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components:
*99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components:
*99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components:
*99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components:
99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (e.g., assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
99340	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (e.g., assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
A0998	Ambulance response and treatment, no transport
A4218	Sterile saline or water, metered dose dispenser, 10 ml
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
A4363	Ostomy clamp, any type, replacement only, each
A4411	Ostomy skin barrier, solid 4 x 4 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
A4604	Tubing with integrated heating element for use with positive airway pressure device
A5120	Skin barrier, wipes or swabs, each
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
A6457	Tubular dressing with or without elastic, any width, per linear yard
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

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
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
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
A6549	Gradient compression stocking, not otherwise specified
A9275	Home glucose disposable monitor, includes test strips
A9281	Reaching/grabbing device, any type, any length, each
A9282	Wig, any type, each
A9535	Injection, methylene blue, 1 ml
A9536	Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries
A9537	Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 millicuries
A9542	Indium in-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries
A9544	Iodine I-131 tositumomab, diagnostic, per study dose
A9545	Iodine I-131 tositumomab, therapeutic, per treatment dose
A9546	Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 millicurie
A9548	Indium In-111 pentetate, diagnostic, per 0.5 millicurie
A9549	Technetium Tc-99m arcitumomab, diagnostic, per study dose, up to 25 millicuries
A9550	Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicurie
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 millicuries
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries
A9553	Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries
A9554	Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries
A9555	Rubidium RB-82, diagnostic, per study dose, up to 60 millicuries
A9556	Gallium Ga-67 citrate, diagnostic, per millicurie
A9557	Technetium Tc-99m biccisate, diagnostic, per study dose, up to 25 millicuries
A9558	Xenon Xe-133 gas, diagnostic, per 10 millicuries

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
A9559	Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 millicuries
A9561	Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries
A9562	Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries
A9563	Sodium phosphate P32, therapeutic, per millicurie
A9564	Chromic phosphate P32 suspension, therapeutic, per millicurie
A9565	Indium In-111 pentetretotide, diagnostic, per millicurie
A9566	Technetium Tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries
A9567	Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries
A9698	Non-radioactive contrast imaging material, not otherwise classified, per study
B4185	Parenteral nutrition solution, per 10 grams lipids
E0170	Commode chair with integrated seat lift mechanism, electric, any type
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type
E0172	Seat lift mechanism placed over or on top of toilet, any type
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment
E0641	Standing frame system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels
E0642	Standing frame system, mobile (dynamic stander), any size including pediatric
E0705	Transfer board or device, any type, each
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories
E0764	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar
E1392	Portable oxygen concentrator, rental
E1812	Dynamic knee, extension/flexion device with active resistance control
E2207	Wheelchair accessory, crutch and cane holder, each
E2208	Wheelchair accessory, cylinder tank carrier, each
E2209	Wheelchair accessory, arm trough, 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

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), 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
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, each
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated 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 only, each
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each
G0372	Physician service required to establish and document the need for a power mobility device (use in addition to primary evaluation and management code)
G0378	Hospital observation service, per hour
G0379	Direct admission of patient for hospital observation care
*G9041	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, self care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment), community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment modification analysis, work task analysis), direct one-on-one contact by the provider, each 15 minutes
*G9042	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, self care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment), community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment modification analysis, work task analysis), direct one-on-one contact by the provider, each 15 minutes
*G9043	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, self care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment), community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment modification analysis, work task analysis), direct one-on-one contact by the provider, each 15 minutes

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
*G9044	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, self care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment), community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment modification analysis, work task analysis), direct one-on-one contact by the provider, each 15 minutes
J0132	Injection, acetylcysteine, 100 mg
J0133	Injection, acyclovir, 5 mg
J0278	Injection, amikacin sulfate, 100 mg
J0365	Injection, aprotonin, 10,000 kiu
J0480	Injection, basiliximab, 20 mg
J0795	Injection, corticorelin ovine triflutate, 1 microgram
J0881	Injection, darbepoetin alfa, 1 microgram (for non-ESRD use)
J0882	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units
J0886	Injection, epoetin alfa, 1000 units (for ESRD on dialysis)
J1162	Injection, digoxin immune fab (ovine), per vial
J1265	Injection, dopamine HCL, 40 mg
J1430	Injection, ethanolamine oleate, 100 mg
J1451	Injection, fomepizole, 15 mg
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), 500 mg
J1567	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), 500 mg
J1640	Injection, hemin, 1 mg
J1675	Injection, histrelin acetate, 10 micrograms
J1751	Injection, iron dextran 165, 50 mg
J1752	Injection, iron dextran 267, 50 mg
J1945	Injection, lepirudin, 50 mg
J2278	Injection, ziconotide, 1 microgram
J2325	Injection, nesiritide, 0.1 mg
J2425	Injection, palifermin, 50 micrograms
J2503	Injection, pegaptanib sodium, 0.3 mg
J2504	Injection, pegademase bovine, 25 IU
J2513	Injection, pentastarch, 10% solution, 100 ml
J2805	Injection, sincalide, 5 micrograms
J2850	Injection, secretin, synthetic, human, 1 microgram
J3285	Injection, treprostinil, 1 mg
J3355	Injection, urofollitropin, 75 IU

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
J3471	Injection, hyaluronidase, ovine, preservative free, per 1 USP unit (up to 999 USP units)
J3472	Injection, hyaluronidase, ovine, preservative free, per 1000 USP units
J7188	Injection, von Willebrand factor complex, human, IU
J7189	Factor VIIA (antihemophilic factor, recombinant), per 1 microgram
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies
J7318	Hyaluronan (sodium hyaluronate) or derivative, intra-articular injection, 1 mg
J7341	Dermal (substitute) tissue of non-human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, non-compounded inhalation solution, administered through DME
J7627	Budesonide, powder, compounded for inhalation solution, administered through DME, unit dose form, up to 0.5 mg
J7640	Formoterol, inhalation solution administered through DME, unit dose form, 12 micrograms
J8498	Antiemetic drug, rectal/suppository, not otherwise specified
J8515	Cabergoline, oral, 0.25 mg
J8540	Dexamethasone, oral, 0.25 mg
J8597	Antiemetic drug, oral, not otherwise specified
J9025	Injection, azacitidine, 1 mg
J9027	Injection, clofarabine, 1 mg
J9175	Injection, Elliotts' B solution, 1 ml
J9225	Histrelin implant, 50 mg
J9264	Injection, paclitaxel protein-bound particles, 1 mg
L0491	TLSO, sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
L0492	TLSO, sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
L0621	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment
L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated
L0623	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated
L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment
L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0627	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0628	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0629	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated
L0630	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0631	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0632	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated
L0633	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0634	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
L0635	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0636	Lumbar sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated
L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0638	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated
L0639	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0640	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material
L2034	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint
L3671	Shoulder orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3672	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3673	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, includes nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
L3763	Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3764	Elbow wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3765	Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3766	Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3905	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3913	Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3921	Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3933	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment
L3935	Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment
L3961	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3967	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3971	Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3973	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3975	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3976	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3977	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3978	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment

Table 1 – New 2006 HCPCS Codes

<b>Procedure Code</b>	<b>Description</b>
L5703	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type
L5971	All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power
L6884	Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material
L7600	Prosthetic donning sleeve, any material, each
L8609	Artificial cornea
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each
L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each
L8680	Implantable neurostimulator electrode, each
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator
L8682	Implantable neurostimulator radiofrequency receiver
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
L8689	External recharging system for implanted neurostimulator, replacement only
Q0480	Driver for use with pneumatic ventricular assist device, replacement only
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only
Q0484	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0485	Monitor control cable for use with electric ventricular assist device, replacement only
Q0486	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only
Q0487	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only
Q0488	Power pack base for use with electric ventricular assist device, replacement only
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only
Q0490	Emergency power source for use with electric ventricular assist device, replacement only
Q0491	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only
Q0492	Emergency power supply cable for use with electric ventricular assist device, replacement only
Q0493	Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacement only
Q0494	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0496	Battery for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0497	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0498	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0499	Belt/vest for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0500	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0501	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0502	Mobility cart for pneumatic ventricular assist device, replacement only
Q0503	Battery for pneumatic ventricular assist device, replacement only, each
Q0504	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type
Q0505	Miscellaneous supply or accessory for use with ventricular assist device
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following implant

Table 1 – New 2006 HCPCS Codes

Procedure Code	Description
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
Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days
Q0514	Pharmacy dispensing fee for inhalation drug(s); per 90 days
Q0515	Injection, sermorelin acetate, 1 microgram
QB	Physician providing service in a rural HPSA
QQ	Claim submitted with a written statement of intent
QU	Physician providing service in an urban HPSA
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap, including microvascular anastomosis and closure of donor site, unilateral
S2075	Laparoscopy, surgical; repair incisional or ventral hernia
S2076	Laparoscopy, surgical; repair umbilical hernia
S2077	Laparoscopy, surgical; implantation of mesh or other prosthesis for incisional or ventral hernia repair (list separately in addition to code for incisional or ventral hernia repair)
S2078	Laparoscopic supracervical hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
S2079	Laparoscopic esophagomyotomy (Heller type)
S2114	Arthroscopy, shoulder, surgical; tenodesis of biceps
S2117	Arthroereisis, subtalar
S3626	Maternal serum quadruple marker screen including alpha-fetoprotein (AFP), estriol, human chorionic gonadotropin (HCG) and inhibin A
S3854	Gene expression profiling panel for use in the management of breast cancer treatment
V2788	Presbyopia correcting function of intraocular lens

*\* Descriptions were truncated by the Centers for Medicare and Medicaid Services reporting system. The full description for these codes will appear in the 2006 CPT codebook.*

## Deleted 2006 HCPCS Codes

Table 2 – Deleted 2006 HCPCS Codes

Procedure Code	Description	Replacement Code
0010T	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response	86480
0020T	Extracorporeal shock wave therapy; involving plantar fascia	Non-covered code, no replacement

Table 2 – Deleted 2006 HCPCS Codes

Procedure Code	Description	Replacement Code
0023T	Infectious agent drug susceptibility phenotype prediction using genotypic comparison to known genotypic/phenotypic database, HIV1	87900
0033T	Endovascular repair of descending thoracic aortic aneurysm, pseudoaneurysm or dissection; involving coverage of left subclavian artery origin, initial endoprosthesis	33880
0034T	Endovascular repair of descending thoracic aortic aneurysm, pseudoaneurysm or dissection; not involving coverage of left subclavian artery origin, initial endoprosthesis	33881
0035T	Placement of proximal or distal extension prosthesis for endovascular repair of descending thoracic aortic aneurysm, pseudoaneurysm or dissection; initial extension	33883, 33886
0036T	Placement of proximal or distal extension prosthesis for endovascular repair of descending thoracic aortic aneurysm, pseudoaneurysm or dissection; each additional extension (list separately in addition to code for primary procedure)	33884, 33886
0037T	Open subclavian to carotid artery transposition performed in conjunction with endovascular thoracic aneurysm repair, by neck incision, unilateral	33889
0038T	Endovascular repair of descending thoracic aortic aneurysm, pseudoaneurysm or dissection involving coverage of left subclavian artery origin, initial endoprosthesis, radiological supervision and interpretation	75956
0039T	Endovascular repair of descending thoracic aortic aneurysm, pseudoaneurysm or dissection not involving coverage of left subclavian artery origin, initial endoprosthesis, radiological supervision and interpretation	75957
0040T	Placement of proximal or distal extension prosthesis for endovascular repair of descending thoracic aortic aneurysm, pseudoaneurysm or dissection, each extension, radiological supervision and interpretation	75958, 75959
01964	Anesthesia for abortion procedures	01965, 01966
15342	Application of bilaminar skin substitute/neodermis; 25 sq cm	15420, 15430
15343	Application of bilaminar skin substitute/neodermis; each additional 25 sq cm (list separately in addition to code for primary procedure)	15420, 15430
15350	Application of allograft, skin; 100 sq cm or less	15300, 15320
15351	Application of allograft, skin; each additional 100 sq cm (list separately in addition to code for primary procedure)	15301, 15321
15810	Salabrasion; 20 sq cm or less	Non-covered code, no replacement
15811	Salabrasion; over 20 sq cm	Non-covered code, no replacement
16010	Dressings and/or debridement, initial or subsequent; under anesthesia, small	Use appropriate CPT Integumentary System code

Table 2 – Deleted 2006 HCPCS Codes

Procedure Code	Description	Replacement Code
16015	Dressings and/or debridement, initial or subsequent; under anesthesia, medium or large, or with major debridement	Use appropriate CPT Integumentary System code
21493	Closed treatment of hyoid fracture; without manipulation	Use appropriate CPT Musculoskeletal System code
21494	Closed treatment of hyoid fracture; with manipulation	Use appropriate CPT Musculoskeletal System code
31585	Treatment of closed laryngeal fracture; without manipulation	Use appropriate CPT Respiratory System code
31586	Treatment of closed laryngeal fracture; with closed manipulative reduction	Use appropriate CPT Respiratory System code
32520	Resection of lung; with resection of chest wall	32503
32522	Resection of lung; with reconstruction of chest wall, without prosthesis	32504
32525	Resection of lung; with major reconstruction of chest wall, with prosthesis	32504
33918	Repair of pulmonary atresia with ventricular septal defect, by unifocalization of pulmonary arteries; without cardiopulmonary bypass	33925
33919	Repair of pulmonary atresia with ventricular septal defect, by unifocalization of pulmonary arteries; with cardiopulmonary bypass	33926
37720	Ligation and division and complete stripping of long or short saphenous veins	37718, 37722
37730	Ligation and division and complete stripping of long and short saphenous veins	37718, 37720
42325	Fistulization of sublingual salivary cyst (ranula);	Use appropriate CPT Digestive System code
42326	Fistulization of sublingual salivary cyst (ranula); with prosthesis	Use appropriate CPT Digestive System code
43638	Gastrectomy, partial, proximal, thoracic or abdominal approach including esophagogastrostomy, with vagotomy;	Use appropriate CPT Digestive System code
43639	Gastrectomy, partial, proximal, thoracic or abdominal approach including esophagogastrostomy, with vagotomy; with pyloroplasty or pyloromyotomy	Use appropriate CPT Digestive System code
44200	Laparoscopy, surgical; enterolysis (freeing of intestinal adhesion) (separate procedure)	44180
44201	Laparoscopy, surgical; jejunostomy (e.g., for decompression or feeding)	44186

Table 2 – Deleted 2006 HCPCS Codes

Procedure Code	Description	Replacement Code
44239	Unlisted laparoscopy procedure, rectum	45499
69410	Focal application of phase control substance, middle ear (baffle technique)	Use appropriate CPT Auditory System code
76375	Coronal, sagittal, multiplanar, oblique, 3-dimensional and/ or holographic reconstruction of computed tomography, magnetic resonance imaging, or other tomographic modality	76377, 76377
78160	Plasma radioiron disappearance (turnover) rate	Use appropriate CPT Radiology code
78162	Radioiron oral absorption	Use appropriate CPT Radiology code
78170	Radioiron red cell utilization	Use appropriate CPT Radiology code
78172	Chelatable iron for estimation of total body iron	Use appropriate CPT Radiology code
78455	Venous thrombosis study (e.g., radioactive fibrinogen)	Use appropriate CPT Radiology code
82273	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; other sources	82271, 88272
83715	Lipoprotein, blood; electrophoretic separation and quantitation	83700
83716	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (e.g., electrophoresis, nuclear magnetic resonance, ultracentrifugation)	83701, 87304
86064	B cells, total count	86355
86379	Natural killer (NK) cells, total count	86357
86585	Skin test; tuberculosis, tine test	Code deleted, no replacement
86587	Stem cells (i.e., CD34), total count	86367
90780	Intravenous infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour	90765
90781	Intravenous infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; each additional hour, up to eight (8) hours (list separately in addition to code for primary procedure)	90766
90782	Therapeutic, prophylactic or diagnostic injection (specify material injected); subcutaneous or intramuscular	90772
90783	Therapeutic, prophylactic or diagnostic injection (specify material injected); intra-arterial	90773

Table 2 – Deleted 2006 HCPCS Codes

Procedure Code	Description	Replacement Code
90784	Therapeutic, prophylactic or diagnostic injection (specify material injected); intravenous	90774
90788	Intramuscular injection of antibiotic (specify)	90772
90799	Unlisted therapeutic, prophylactic or diagnostic injection	90779
90871	Electroconvulsive therapy (includes necessary monitoring); multiple seizures, per day	Non-covered code, no replacement
90939	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator dilution method, hook-up; transcutaneous measurement and disconnection	90940
92330	Prescription, fitting, and supply of ocular prosthesis (artificial eye), with medical supervision of adaptation	Use appropriate HCPCS V code
92335	Prescription of ocular prosthesis (artificial eye) and direction of fitting and supply by independent technician, with medical supervision of adaptation	Use appropriate HCPCS V code
92390	Supply of spectacles, except prosthesis for aphakia and low vision aids	Use appropriate HCPCS V code
92391	Supply of contact lenses, except prosthesis for aphakia	Use appropriate HCPCS V code
92392	Supply of low vision aids (a low vision aid is any lens or device used to aid or improve visual function in a person whose vision cannot be normalized by conventional spectacle correction. (Includes reading additions up to 4d)	Use appropriate HCPCS V code
92393	Supply of ocular prosthesis (artificial eye)	Use appropriate HCPCS V code
92395	Supply of permanent prosthesis for aphakia; spectacles	Use appropriate HCPCS V code
92396	Supply of permanent prosthesis for aphakia; contact lenses	Use appropriate HCPCS V code
92510	Aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing, therapeutic services) with or without speech processor programming	92626, 92627, 92630, 92633
95858	Tensilon test for myasthenia gravis; with electromyographic recording	Use appropriate CPT Medicine code
96100	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI) with interpretation and report, per hour	96101
96115	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation and report, per hour	96116
96117	Neuropsychological testing battery (e.g., Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour	96118

Table 2 – Deleted 2006 HCPCS Codes

Procedure Code	Description	Replacement Code
96400	Chemotherapy administration, subcutaneous or intramuscular, with or without local anesthesia	96401, 96402
96408	Chemotherapy administration, intravenous; push technique	96409
96410	Chemotherapy administration, intravenous; infusion technique, up to one hour	96413
96412	Chemotherapy administration, intravenous; infusion technique, one to 8 hours, each additional hour (list separately in addition to code for primary procedure)	96415
96414	Chemotherapy administration, intravenous; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	96416
96520	Refilling and maintenance of portable pump	96521
96530	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (e.g., intravenous, intra-arterial)	96522
96545	Provision of chemotherapy agent	Use appropriate CPT Medicine code
97020	Application of a modality to one or more areas; microwave	Use appropriate CPT Medicine code
97504	Orthotic(s) fitting and training, upper extremity(ies), lower extremity(ies), and/or trunk, each 15 minutes	97760
97520	Prosthetic training, upper and/or lower extremities, each 15 minutes	97761
97703	Checkout for orthotic/prosthetic use, established patient, each 15 minutes	97762
99052	Services requested between 10:00 pm and 8:00 am in addition to basic service	Non-covered code, no replacement
99054	Services requested on Sundays and holidays in addition to basic service	Non-covered code, no replacement
99141	Sedation with or without analgesia (conscious sedation); intravenous, intramuscular or inhalation	99143, 99144, 99145, 99148, 99149, 99150
99142	Sedation with or without analgesia (conscious sedation); oral, rectal and/or intranasal	99143, 99144, 99145, 99148, 99149, 99150
99261	Follow-up inpatient consultation for an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity	Use appropriate CPT Evaluation and Management code
99262	Follow-up inpatient consultation for an established patient which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity	Use appropriate CPT Evaluation and Management code

Table 2 – Deleted 2006 HCPCS Codes

Procedure Code	Description	Replacement Code
99263	Follow-up inpatient consultation for an established patient which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity	Use appropriate CPT Evaluation and Management code
99271	Confirmatory consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making	Use appropriate CPT Evaluation and Management code
99272	Confirmatory consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making	Use appropriate CPT Evaluation and Management code
99273	Confirmatory consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity	Use appropriate CPT Evaluation and Management code
99274	Confirmatory consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity	Use appropriate CPT Evaluation and Management code
99275	Confirmatory consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity	Use appropriate CPT Evaluation and Management code
99301	Evaluation and management of a new or established patient involving an annual nursing facility assessment which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making that is straight forward or of low complexity	Use appropriate CPT Evaluation and Management code
99302	Evaluation and management of a new or established patient involving a nursing facility assessment which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making of moderate to high complexity	Use appropriate CPT Evaluation and Management code
99303	Evaluation and management of a new or established patient involving a nursing facility assessment at the time of initial admission or readmission to the facility, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate to high complexity	99305, 99306
99311	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity	99308

Table 2 – Deleted 2006 HCPCS Codes

Procedure Code	Description	Replacement Code
99312	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity	99309
99313	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate to high complexity	99310
99321	Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: a problem focused history; a problem focused examination; and medical decision making that is straight forward or of low complexity	Use appropriate CPT Evaluation and Management code
99322	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity	Use appropriate CPT Evaluation and Management code
99323	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of high complexity	Use appropriate CPT Evaluation and Management code
99331	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straight forward or of low complexity	Use appropriate CPT Evaluation and Management code
99332	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity	Use appropriate CPT Evaluation and Management code
99333	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity	Use appropriate CPT Evaluation and Management code
A4254	Replacement battery, any type, for use with medically necessary home blood glucose monitor owned by patient, each	A4233
A4260	Levonorgestrel (contraceptive) implants system, including implants and supplies	J7306
A4643	Supply of additional high dose contrast material(s) during magnetic resonance imaging, e.g., gadoteridol injection	Use appropriate HCPCS code.
A4644	Supply of low osmolar contrast material (100-199 mgs of iodine)	Q9945 or Q9946
A4645	Supply of low osmolar contrast material (200-299 mgs of iodine)	Q9947 or Q9948
A4646	Supply of low osmolar contrast material (300-399 mgs of iodine)	Q9949 or Q9950

Table 2 – Deleted 2006 HCPCS Codes

Procedure Code	Description	Replacement Code
A4647	Supply of paramagnetic contrast material, e.g., gadolinium	Q9952
A4656	Needle, any size, each	Non-covered code, no replacement
A5119	Skin barrier, wipes or swabs, per box 50	A5120
A5509	For diabetics only, direct formed, molded to foot with external heat source (i.e., heat gun) multiple density insert (s), prefabricated, per shoe	A5512
A5511	For diabetics only, custom-molded from model of patient's foot, multiple density insert(s), custom-fabricated, per shoe	A5513
A6551	Canister set for negative pressure wound therapy electrical pump, stationary or portable, each	Use appropriate HCPCS A code.
A9511	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc-99m, depreotide, per mci	Non-covered code, no replacement
A9513	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc-99m mebrofenin, per mci	Non-covered code, no replacement
A9514	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc-99m pyrophosphate, per mci	Non-covered code, no replacement
A9515	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc-99m pentetate, per mci	Non-covered code, no replacement
A9519	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc-99m macroaggregated albumin, per mci	Non-covered code, no replacement
A9520	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc-99m sulfur colloid, per mci	Non-covered code, no replacement
A9522	Supply of radiopharmaceutical diagnostic imaging agent, indium-111 ibritumomab tiuxetan, per mci	Non-covered code, no replacement
A9523	Supply of radiopharmaceutical therapeutic imaging agent, yttrium 90 ibritumomab tiuxetan, per mci	Non-covered code, no replacement
A9525	Supply of low or iso-osmolar contrast material, 10 mg of iodine	Non-covered code, no replacement
A9533	Supply of radiopharmaceutical diagnostic imaging agent, I-131 tositumomab, per millicurie	Non-covered code, no replacement
A9534	Supply of radiopharmaceutical therapeutic imaging agent, I-131 tositumomab, per millicurie	Non-covered code, no replacement
B4184	Parenteral nutrition solution; lipids, 10% with administration set (500 ml = 1 unit)	B4185
B4186	Parenteral nutrition solution, lipids, 20% with administration set (500 ml = 1 unit)	B4185
C1080	Supply of radiopharmaceutical diagnostic imaging agent, I-131 tositumomab, per dose	A9544
C1081	Supply of radiopharmaceutical therapeutic imaging agent, I-131 tositumomab, per dose	A9545

Table 2 – Deleted 2006 HCPCS Codes

Procedure Code	Description	Replacement Code
C1082	Supply of radiopharmaceutical diagnostic imaging agent, indium-111 ibritumomab tiuxetan, per dose	A9542
C1083	Supply of radiopharmaceutical therapeutic imaging agent, yttrium 90 ibritumomab tiuxetan, per dose	A9543
E0169	Commode chair with seat lift mechanism	E0170, E0171
E0752	Implantable neurostimulator electrode, each	L8680
E0754	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator	L8681
E0756	Implantable neurostimulator pulse generator	L8685, L8686, L8687, L8688
E0757	Implantable neurostimulator radiofrequency receiver	L8682
E0758	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	L8683
E0759	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	L8684
E0953	Pneumatic tire, each	Non-covered, no replacement
E0954	Semi-pneumatic caster, each	E2219
E0972	Wheelchair accessory, transfer board or device, each	E0705
E0996	Tire, solid, each	E2220
E1000	Tire, pneumatic caster	Non-covered, no replacement
E1001	Wheel, single	E2224
E1019	Wheelchair accessory, power seating system, heavy duty feature, patient weight capacity greater than 250 pounds and less than or equal to 400 pounds	Non-covered code, no replacement
E1021	Wheelchair accessory, power seating system, extra heavy duty feature, weight capacity greater than 400 pounds	Non-covered code, no replacement
E1025	Lateral thoracic support, non-contoured, for pediatric wheelchair, each (includes hardware)	Use appropriate HCPCS E code
E1026	Lateral thoracic support, contoured, for pediatric wheelchair, each (includes hardware)	Use appropriate HCPCS E code
E1027	Lateral/anterior support, for pediatric wheelchair, each (includes hardware)	Use appropriate HCPCS E code
E1210	Motorized wheelchair, fixed full length arms, swing away detachable elevating leg rests	Non-covered code, no replacement
E1211	Motorized wheelchair, detachable arms desk or full length swing away, detachable elevating leg rest	Non-covered code, no replacement
E1212	Motorized wheelchair, fixed full length arms, swing away detachable foot rests	Non-covered code, no replacement

Table 2 – Deleted 2006 HCPCS Codes

Procedure Code	Description	Replacement Code
E1213	Motorized wheelchair, detachable arms, desk or full length, swing away detachable foot rests	Non-covered code, no replacement
E1239	Power wheelchair, pediatric size, not otherwise specified	Use appropriate HCPCS E code
G0030	PET myocardial perfusion imaging, (following previous PET, G0030-G0047); single study, rest or stress (exercise and/or pharmacologic)	Non-covered code, no replacement
G0031	PET myocardial perfusion imaging, (following previous PET, G0030-G0047); multiple studies, rest or stress (exercise and/or pharmacologic)	Non-covered code, no replacement
G0032	PET myocardial perfusion imaging, (following rest spect, 78464); single study, rest or stress (exercise and/or pharmacologic)	Non-covered code, no replacement
G0033	PET myocardial perfusion imaging, (following rest spect, 78464); multiple studies, rest or stress (exercise and/or pharmacologic)	Non-covered code, no replacement
G0034	PET myocardial perfusion imaging, (following stress spect, 78465); single study, rest or stress (exercise and/or pharmacologic)	Non-covered code, no replacement
G0035	PET myocardial perfusion imaging, (following stress spect, 78465); multiple studies, rest or stress (exercise and/or pharmacologic)	Non-covered code, no replacement
G0036	PET myocardial perfusion imaging, (following coronary angiography, 93510-93529); single study, rest or stress (exercise and/or pharmacologic)	Non-covered code, no replacement
G0037	PET myocardial perfusion imaging, (following coronary angiography, 93510-93529); multiple studies, rest or stress (exercise and/or pharmacologic)	Non-covered code, no replacement
G0038	PET myocardial perfusion imaging, (following stress planar myocardial perfusion, 78460); single study, rest or stress (exercise and/or pharmacologic)	Non-covered code, no replacement
G0039	PET myocardial perfusion imaging, (following stress planar myocardial perfusion, 78460); multiple studies, rest or stress (exercise and/or pharmacologic)	Non-covered code, no replacement
G0040	PET myocardial perfusion imaging, (following stress echocardiogram, 93350); single study, rest or stress (exercise and/or pharmacologic)	Non-covered code, no replacement
G0041	PET myocardial perfusion imaging, (following stress echocardiogram, 93350); multiple studies, rest or stress (exercise and/or pharmacologic)	Non-covered code, no replacement
G0042	PET myocardial perfusion imaging, (following stress nuclear ventriculogram, 78481 or 78483); single study, rest or stress (exercise and/or pharmacologic)	Non-covered code, no replacement
G0043	PET myocardial perfusion imaging, (following stress nuclear ventriculogram, 78481 or 78483); multiple studies, rest or stress (exercise and/or pharmacologic)	Non-covered code, no replacement
G0044	PET myocardial perfusion imaging, (following rest ECG, 93000); single study, rest or stress (exercise and/or pharmacologic)	Non-covered code, no replacement
G0045	PET myocardial perfusion imaging, (following rest ECG, 93000); multiple studies, rest or stress (exercise and/or pharmacologic)	Non-covered code, no replacement

Table 2 – Deleted 2006 HCPCS Codes

Procedure Code	Description	Replacement Code
G0046	PET myocardial perfusion imaging, (following stress ECG, 93015); single study, rest or stress (exercise and/or pharmacologic)	Non-covered code, no replacement
G0047	PET myocardial perfusion imaging, (following stress ECG, 93015); multiple studies, rest or stress (exercise and/or pharmacologic)	Non-covered code, no replacement
G0110	NETT pulm-rehab; education/skills training, individual	Non-covered code, no replacement
G0111	NETT pulm-rehab; education/skills training, group	Non-covered code, no replacement
G0112	NETT pulm-rehab; nutritional guidance, initial	Non-covered code, no replacement
G0113	NETT pulm-rehab; nutritional guidance, subsequent	Non-covered code, no replacement
G0114	NETT pulm-rehab; psychosocial consultation	Non-covered code, no replacement
G0115	NETT pulm-rehab; psychological testing	Non-covered code, no replacement
G0116	NETT pulm-rehab; psychosocial counseling	Non-covered code, no replacement
G0125	PET imaging regional or whole body; single pulmonary nodule	Non-covered code, no replacement
G0210	PET imaging whole body; diagnosis; lung cancer, non-small cell	Non-covered code, no replacement
G0211	PET imaging whole body; initial staging; lung cancer; non-small cell (replaces G0126)	Non-covered code, no replacement
G0212	PET imaging whole body; restaging; lung cancer; non-small	Non-covered code, no replacement
G0213	PET imaging whole body; diagnosis; colorectal	Non-covered code, no replacement
G0214	PET imaging whole body; initial staging; colorectal	Non-covered code, no replacement
G0215	PET imaging whole body; restaging; colorectal cancer (replaces G0163)	Non-covered code, no replacement
G0216	PET imaging whole body; diagnosis; melanoma	Non-covered code, no replacement
G0217	PET imaging whole body; initial staging; melanoma	Non-covered code, no replacement
G0218	PET imaging whole body; restaging; melanoma (replaces G0165)	Non-covered code, no replacement
G0220	PET imaging whole body; diagnosis; lymphoma	Non-covered code, no replacement
G0221	PET imaging whole body; initial staging; lymphoma (replaces G0164)	Non-covered code, no replacement

Table 2 – Deleted 2006 HCPCS Codes

Procedure Code	Description	Replacement Code
G0222	PET imaging whole body; restaging; lymphoma (replaces G0164)	Non-covered code, no replacement
G0223	PET imaging whole body or regional; diagnosis; head and neck cancer; excluding thyroid and CNS cancers	Non-covered code, no replacement
G0224	PET imaging whole body or regional; initial staging; head and neck cancer; excluding thyroid and CNS cancers	Non-covered code, no replacement
G0225	PET imaging whole body or regional; restaging; head and neck cancer, excluding thyroid and CNS cancers	Non-covered code, no replacement
G0226	PET imaging whole body; diagnosis; esophageal cancer	Non-covered code, no replacement
G0227	PET imaging whole body; initial staging; esophageal cancer	Non-covered code, no replacement
G0228	PET imaging whole body; restaging; esophageal cancer	Non-covered code, no replacement
G0229	PET imaging; metabolic brain imaging for pre-surgical evaluation of refractory seizures	Non-covered code, no replacement
G0230	PET imaging; metabolic assessment for myocardial viability following inconclusive spect study	Non-covered code, no replacement
G0231	PET, whole body, for recurrence of colorectal or colorectal metastatic cancer; gamma cameras only	Non-covered code, no replacement
G0232	PET, whole body, for staging and characterization of lymphoma; gamma cameras only	Non-covered code, no replacement
G0233	PET, whole body, for recurrence of melanoma or melanoma metastatic cancer; gamma cameras only	Non-covered code, no replacement
G0234	PET, regional or whole body, for solitary pulmonary nodule following ct or for initial staging of pathologically diagnosed non-small cell lung cancer; gamma cameras only	Non-covered code, no replacement
G0242	Multi-source photon stereotactic radiosurgery (cobalt 60 multi-source converging beams) plan, including dose volume histograms for target and critical structure tolerances, plan optimization performed for highly conformal distributions, plan positional ac	77301
G0244	Observation care provided by a facility to a patient with CHF, chest pain, or asthma, minimum eight hours	Non-covered code, no replacement
G0252	PET imaging, full and partial-ring pet scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	Non-covered code, no replacement
G0253	PET imaging for breast cancer, full and partial-ring pet scanners only, staging/restaging of local regional recurrence or distant metastases (i.e., staging/restaging after or prior to course of treatment)	Non-covered code, no replacement
G0254	PET imaging for breast cancer, full and partial- ring pet scanners only, evaluation of response to treatment, performed during course of treatment	Non-covered code, no replacement

Table 2 – Deleted 2006 HCPCS Codes

Procedure Code	Description	Replacement Code
G0258	Intravenous infusion during separately payable observation stay, per observation stay (must be reported with G0244)	Non-covered code, no replacement
G0263	Direct admission of patient with diagnosis of congestive heart failure, chest pain or asthma for observation services that meet all criteria for G0244	Non-covered code, no replacement
G0264	Initial nursing assessment of patient directly admitted to observation with diagnosis other than CHF, chest pain or asthma or patient directly admitted to observation with diagnosis of CHF, chest pain or asthma when the observation stay does not qualify for	Non-covered code, no replacement
G0279	Extracorporeal shock wave therapy; involving elbow epicondylitis	Non-covered code, no replacement
G0280	Extracorporeal shock wave therapy; involving other than elbow epicondylitis or plantar fasciitis	Non-covered code, no replacement
G0296	PET imaging, full and partial ring pet scanner only, for restaging of previously treated thyroid cancer of follicular cell origin following negative I-131 whole body scan	Non-covered code, no replacement
G0336	PET imaging, brain imaging for the differential diagnosis of Alzheimer's disease with aberrant features vs fronto-temporal dementia	Non-covered code, no replacement
G0338	Linear-accelerator-based stereotactic radiosurgery plan, including dose volume histograms for target and critical structure tolerances, plan optimization performed for highly conformal distributions, plan positional accuracy and dose verification, all les	77301
G0345	Intravenous infusion, hydration; initial, up to one hour	Non-covered code, no replacement
G0346	Each additional hour, up to eight (8) hours (list separately in addition to code for primary procedure)	Non-covered code, no replacement
G0347	Intravenous infusion, for therapeutic/diagnostic (specify substance or drug); initial, up to one hour	Non-covered code, no replacement
G0348	Each additional hour, up to eight (8) hours (list separately in addition to code for primary procedure and report in conjunction with G0347)	Non-covered code, no replacement
G0349	Additional sequential infusion, up to one hour (list separately in addition to code for primary procedure)	Non-covered code, no replacement
G0350	Concurrent infusion (list separately in addition to code for primary procedure) report only once per substance/drug regardless of duration, report G0350 in conjunction with G0345	Non-covered code, no replacement
G0351	Therapeutic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Non-covered code, no replacement
G0353	Intravenous push, single or initial substance/drug	Non-covered code, no replacement
G0354	Each additional sequential intravenous push (list separately in addition to code for primary procedure)	Non-covered code, no replacement
G0355	Chemotherapy administration, subcutaneous or intramuscular non-hormonal antineoplastic	Non-covered code, no replacement

Table 2 – Deleted 2006 HCPCS Codes

Procedure Code	Description	Replacement Code
G0356	Hormonal anti-neoplastic	Non-covered code, no replacement
G0357	Intravenous, push technique, single or initial substance/drug	Non-covered code, no replacement
G0358	Intravenous, push technique, each additional substance/drug (list separately in addition to code for primary procedure)	Non-covered code, no replacement
G0359	Chemotherapy administration, intravenous infusion technique; up to one hour, single or initial substance/drug	Non-covered code, no replacement
G0360	Each additional hour, one to eight (8) hours (list separately in addition to code for primary procedure) use G0360 in conjunction with G0359	Non-covered code, no replacement
G0361	Initiation of prolonged chemotherapy infusion (more than eight hours), requiring use of a portable or implantable pump	Non-covered code, no replacement
G0362	Each additional sequential infusion (different substance/drug), up to one hour (use with G0359)	Non-covered code, no replacement
G0363	Irrigation of implanted venous access device for drug delivery systems (do not report G0363 if an injection or infusion is provided on the same day)	Non-covered code, no replacement
G0369	Pharmacy supply fee for initial immunosuppressive drug(s) first month following transplant	Non-covered code, no replacement
G0370	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s)	Non-covered code, no replacement
G0371	Pharmacy dispensing fee for inhalation drug(s); per 30 days	Non-covered code, no replacement
G0374	Pharmacy dispensing fee for inhalation drug(s); per 90 days	Non-covered code, no replacement
J0880	Injection, darbepoetin alfa, 5 mcg	J0881, J0882
J1563	Injection, immune globulin, intravenous, 1g	J1566, J1567
J1564	Injection, immune globulin, intravenous, 10 mg	J1566, J1567
J1750	Injection, iron dextran, 50 mg	J1751, J1752
J2324	Injection, nesiritide, 0.25 mg	J2325
J7051	Sterile saline or water, up to 5 cc	Use appropriate HCPCS J code
J7317	Sodium hyaluronate, per 20 to 25 mg dose for intra-articular injection	J7318
J7320	Hylan G-F 20, 16 mg, for intra articular injection	J7318
J7616	Albuterol, up to 5 mg and ipratropium bromide, up to 1 mg, compounded inhalation solution, administered through DME	J7620
J7617	Levalbuterol, up to 2.5 mg and ipratropium bromide, up to 1 mg, compounded inhalation solution, administered through DME	Use appropriate HCPCS J code
K0064	Zero pressure tube (flat free inserts), any size, each	E2213
K0066	Solid tire, any size, each	Non-covered code, no replacement

Table 2 – Deleted 2006 HCPCS Codes

Procedure Code	Description	Replacement Code
K0067	Pneumatic tire, any size, each	E2211
K0068	Pneumatic tire tube, each	Non-covered code, no replacement
K0074	Pneumatic caster tire, any size, each	E2214
K0075	Semi-pneumatic caster tire, any size, each	Non-covered code, no replacement
K0076	Solid caster tire, any size, each	Non-covered code, no replacement
K0078	Pneumatic caster tire tube, each	Non-covered code, no replacement
K0102	Crutch and cane holder, each	Non-covered code, no replacement
K0104	Cylinder tank carrier, each	Non-covered code, no replacement
K0106	Arm trough, each	E2209
K0415	Prescription antiemetic drug, oral, per 1 mg, for use in conjunction with oral anti-cancer drug, not otherwise specified	Non-covered code, no replacement
K0416	Prescription antiemetic drug, rectal, per 1 mg, for use in conjunction with oral anti-cancer drug, not otherwise specified	Non-covered code, no replacement
K0452	Wheelchair bearings, any type	Non-covered code, no replacement
K0600	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	Non-covered code, no replacement
K0618	TLSO, sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal places, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	L0491
K0619	TLSO, sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal places, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	L0492
K0620	Tubular elastic dressing, any width, per linear yard	A6457

Table 2 – Deleted 2006 HCPCS Codes

Procedure Code	Description	Replacement Code
K0628	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of Shore a 35 durometer or 3/16 inch material of Shore A 40 (or higher), prefabricated, each	A5512
K0629	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher, includes arch filler and other shaping material, custom fabricated, each	A5513
K0630	SO, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	L0621
K0631	SO, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	L0622
K0632	SO, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	L0623
K0633	SO, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	L0624
K0634	LO, flexible, provides lumbar support, posterior extends from L1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated	L0625
K0635	LO, sagittal control, with rigid posterior panel(s), posterior extends from L1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	L0626
K0636	LO, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	L0627
K0637	LSO, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	L0628
K0638	LSO, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated	L0629

Table 2 – Deleted 2006 HCPCS Codes

Procedure Code	Description	Replacement Code
K0639	LSO, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	L0630
K0640	LSO, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	L0631
K0641	LSO, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	L0632
K0642	LSO, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen, prefabricated, includes fitting and adjustment	L0633
K0643	LSO, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	L0634
K0644	LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	L0635
K0645	LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	L0636
K0646	LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	L0637

Table 2 – Deleted 2006 HCPCS Codes

Procedure Code	Description	Replacement Code
K0647	LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	L0638
K0648	LSO, sagittal-coronal control, rigid shell(s)/panel(s) posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid plastic and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment	L0639
K0649	LSO, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid plastic and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	L0640
K0670	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	E1392
K0671	Portable oxygen concentrator, rental	E1392
K0731	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	L8623
K0732	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each	L8624
L0860	Addition to halo procedures, magnetic resonance image compatible system	L0859
L1750	Legg Perthes orthosis, Legg Perthes sling (Sam Brown type), prefabricated, includes fitting and adjustment	A4565
L2039	Knee ankle foot orthosis, full plastic, single upright, poly-axial hinge, medial lateral rotation control, with or without free motion ankle, custom fabricated	Use appropriate HCPCS L code
L3963	Shoulder elbow wrist hand orthosis, molded shoulder, arm, forearm and wrist, with articulating elbow joint, custom-fabricated	Use appropriate HCPCS L code
L8100	Gradient compression stocking, below knee, 18-30 mmHg, each	A6530
L8110	Gradient compression stocking, below knee, 30-40 mmHg, each	A6531
L8120	Gradient compression stocking, below knee, 40-50 mmHg, each	A6532
L8130	Gradient compression stocking, thigh length, 18-30 mmHg, each	A6533
L8140	Gradient compression stocking, thigh length, 30-40 mmHg, each	A6534
L8150	Gradient compression stocking, thigh length, 40-50 mmHg, each	A6535
L8160	Gradient compression stocking, full length/chap style, 18-30 mmHg, each	A6536
L8170	Gradient compression stocking, full length/chap style, 30-40 mmHg, each	A6537
L8180	Gradient compression stocking, full length/chap style, 40-50 mmHg each	A6538

Table 2 – Deleted 2006 HCPCS Codes

Procedure Code	Description	Replacement Code
L8190	Gradient compression stocking, waist length, 18-30 mmHg, each	A6539
L8195	Gradient compression stocking, waist length, 30-40 mmHg, each	A6540
L8200	Gradient compression stocking, waist length, 40-50 mmHg, each	A6541
L8210	Gradient compression stocking, custom made	A6542
L8220	Gradient compression stocking, lymphedema	A6543
L8230	Gradient compression stocking, garter belt	A6544
L8239	Gradient compression stocking, not otherwise specified	A6549
L8620	Lithium ion battery for use with cochlear implant device, replacement, each	L8623, L8624
Q0136	Injection, epoetin alpha, (for non ESRD use), per 1000 units	J0885
Q0137	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	J0881
Q0187	Factor VIIa (coagulation factor, recombinant) per 1.2 mg	J7189
Q1001	New technology intraocular lens category 1 as defined in Federal Register notice, Vol. 65, dated May 3, 2000	Use appropriate HCPCS V code
Q1002	New technology intraocular lens category 2 as defined in Federal Register notice, Vol. 65, dated May 3, 2000	Use appropriate HCPCS V code
Q2001	Oral, cabergoline, 0.5 mg	Non-covered code, no replacement
Q2002	Injection, Elliotts B solution, per ml	J9175
Q2003	Injection, aprotinin, 10,000 kiu	J0365
Q2005	Injection, corticorelin ovine triflutate, per dose	J0795
Q2006	Injection, digoxin immune fab (ovine), per vial	J1162
Q2007	Injection, ethanolamine oleate, 100 mg	J1430
Q2008	Injection, fomepizole, 15 mg	J1451
Q2011	Injection, hemin, per 1 mg	J1640
Q2012	Injection, pegademase bovine, 25 IU	J2504
Q2013	Injection, pentastarch, 10% solution, per 100 ml	J2513
Q2014	Injection, sermorelin acetate, 0.5 mg	Q0515
Q2018	Injection, urofollitropin, 75 IU	J3355
Q2019	Injection, basiliximab, 20 mg	J0480
Q2020	Injection, histrelin acetate, 10 mg	J1675
Q2021	Injection, lepirudin, 50 mg	J1945
Q2022	Von Willebrand factor complex, human, per IU	J7188
Q3000	Supply of radiopharmaceutical diagnostic imaging agent, rubidium RB-82, per dose	A9555
Q3002	Supply of radiopharmaceutical diagnostic imaging agent, gallium Ga 67, per mci	A9556

Table 2 – Deleted 2006 HCPCS Codes

Procedure Code	Description	Replacement Code
Q3003	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m bicisate, per unit dose	A9557
Q3004	Supply of radiopharmaceutical diagnostic imaging agent, xenon Xe 133, per 10 mci	A9558
Q3005	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc-99m mertiatide, per mci	A9562
Q3006	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m gluceptate, per 5 mci	A9550
Q3007	Supply of radiopharmaceutical diagnostic imaging agent, sodium phosphate P32, per mci	A9563
Q3008	Supply of radiopharmaceutical diagnostic imaging agent, indium 111-in pentetretotide, per 3 mci	A9565
Q3009	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m oxidronate, per mci	A9561
Q3010	Supply of radiopharmaceutical diagnostic imaging agent, technetium Tc 99m - labeled red blood cells, per mci	A9560
Q3011	Supply of radiopharmaceutical diagnostic imaging agent, chromic phosphate P32 suspension, per mci	A9563
Q3012	Supply of oral radiopharmaceutical diagnostic imaging agent, cyanocobalamin cobalt Co-57, per 0.5 mci	A9546
Q4054	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	J0882
Q4055	Injection, epoetin alfa, 1000 units (for ESRD on dialysis)	J0886
Q4075	Injection, acyclovir, 5 mg	J0133
Q4076	Injection, dopamine HCl, 40 mg	J1265
Q4077	Injection, trestonil, 1 mg	J3285
Q9941	Injection, immune globulin, intravenous, lyophilized, 1g	J1566
Q9942	Injection, immune globulin, intravenous, lyophilized, 10 mg	J1566
Q9943	Injection, immune globulin, intravenous, non-lyophilized, 1g	J1567
Q9944	Injection, immune globulin, intravenous, non-lyophilized, 10 mg	J1567
S0016	Injection, amikacin sulfate, 500 mg	S0072
S0071	Injection, acyclovir sodium, 50 mg	J0133
S0072	Injection, amikacin sulfate, 100 mg	J0278
S0107	Injection, omalizumab, 25 mg	J2357
S0114	Injection, trestonil sodium, 0.5 mg	J3285
S0118	Injection, ziconotide, for intrathecal infusion, 1 mcg	J2278
S0158	Injection, laronidase, 0.58 mg	J1931
S0159	Injection, agalsidase beta, 35 mg	J0180
S0168	Injection, azacitidine, 100 mg	J9025

Table 2 – Deleted 2006 HCPCS Codes

Procedure Code	Description	Replacement Code
S0173	Dexamethasone, oral, 4 mg	J8540
S2082	Laparoscopy, surgical; gastric restrictive procedure, adjustable gastric band (includes placement of subcutaneous port)	43770
S2090	Ablation, open, one or more renal tumor(s); cryosurgical	50250
S2091	Ablation, percutaneous, one or more renal tumor(s); cryosurgical	0135T
S2215	Upper gastrointestinal endoscopy, including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with injection of implant material into and along the muscle of the lower esophageal sphincter for treatment of gastroesophageal reflux	Non-covered code, no replacement
S8004	Radioimmunopharmaceutical localization of targeted cells; whole body	78804
S8095	Wig (for medically-induced or congenital hair loss)	Non-covered code, no replacement
S8434	Interim post-operative orthotic device for upper extremity, custom made	Use appropriate HCPCS code
T2006	Ambulance response and treatment, no transport	Non-covered code, no replacement

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