

Changes: 2008 HCPCS/CPT Codes

HCPCS Codes	Description
A4206	Syringe with needle, sterile, 1 cc or less, each
A5105	Urinary suspensory with leg bag, with or without tube, each
A9516	Iodine I-123 sodium iodide, diagnostic, per 100 microcuries, up to 999 microcuries
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)
E0705	Transfer device, any type, each
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories
E1818	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories
E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware
G0380	Level I hospital emergency department visit provided in a type B Emergency Department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR §489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)

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HCPCS Codes	Description
G0381	Level 2 hospital emergency department visit provided in a type B Emergency Department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR §489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)
G0382	Level 3 hospital emergency department visit provided in a type B Emergency Department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR §489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)
G0383	Level 4 hospital emergency department visit provided in a type B Emergency Department; (the ED must meet at least one of the following requirements; (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is help out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR §489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)

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HCPCS Codes	Description
G0384	Level 5 hospital emergency department visit provided in a type B Emergency Department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR §489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)
J0702	Injection, Betamethasone Acetate 3mg and Betamethasone Sodium Phosphate 3 mg
J1562	Injection, Immune Globulin (Vivaglobin), 100 mg
J1566	Injection, Immune Globulin, intravenous, lyophilized (e.g. powder), not otherwise specified, 500 mg
J2545	Pentamidine Isethionate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 300 mg
J3487	Injection, Zoledronic Acid (Zometa), 1 mg
J7187	Injection, Von Willebrand Factor Complex (Humate-P), per IU VWF:RCO
J7608	Acetylcysteine, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per gram
J7631	Cromolyn Sodium, inhalation solution, FDA-approved final product non-compounded, administered through DME, unit dose form, per 10 milligrams
J7639	Dornase Alpha, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram
J9225	Histrelin Implant (Vantas), 50 mg
L3806	Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment
L7360	Six volt battery, each
L7362	Battery charger, six volt, each
L7364	Twelve volt battery, each
L7366	Battery charger, twelve volt, each
Q4080	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms

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CPT Codes	CPT Codes	CPT Codes	CPT Codes	CPT Codes
0505F	3088F	22842	26735	28585
0507F	3089F	22843	26746	28615
1040F	3090F	22844	26765	28645
1050F	3091F	22845	26785	28675
1055F	3092F	22846	27248	29855
2000F	3093F	22847	27511	29856
2010F	3095F	22848	27513	29866
2014F	4000F	22851	27514	33517
2019F	4001F	23515	27519	33518
2020F	4009F	23615	27535	33519
2021F	4037F	23616	27540	33521
2022F	4040F	23630	27556	33522
2024F	4045F	23670	27557	33523
2026F	4051F	23680	27558	35600
2027F	0068T	24545	27766	36660
2029F	0069T	24546	27784	38792
2030F	0070T	24575	27792	43760
2031F	0087T	24579	27808	43761
3014F	0145T	24635	27810	43770
3044F	0146T	24665	27814	43771
3045F	0147T	24666	27822	43772
3060F	0148T	24670	27823	43773
3061F	0149T	24675	27826	43774
3062F	0150T	24685	27827	43848
3066F	0151T	25515	27828	44300
3072F	01931	25525	27829	49568
3073F	11008	25526	27832	51797
3074F	17110	25545	28415	57284
3075F	17111	25574	28420	57500
3077F	20930	25575	28445	61210
3078F	20931	25628	28465	64834
3079F	20936	26615	28485	64835
3082F	20937	26650	28505	64836
3083F	20938	26665	28525	67227
3084F	22840	26685	28555	67228
3085F	22841	26715		

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CPT Codes	CPT Codes	CPT Codes
70496	90283	93533
70498	90287	95004
71275	90288	95024
72191	90291	95027
73206	90296	96101
73706	90371	96118
74175	90713	99148
75635	90375	99304
75984	90376	99305
76506	90378	99306
77371	90379	99307
77372	90384	99308
77432	90385	99309
78600	90386	99310
78601	90389	99318
78605	90477	
78606	90656	
78607	90658	
78811	90698	
78812	90700	
78813	90702	
78814	90703	
78815	90713	
78816	90714	
80048	90715	
82272	90718	
83898	90732	
83900	90760	
83901	92135	
83908	93505	
86885	93510	
86886	93511	
88380	93514	
89320	93527	
89321	93528	
90281	93530	

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