SNF HCPCS HELP FILE

HCPCS Code	HCPCS Description The file is sorted in ascending HCPCS code order, numbers before letters. Note that this is a PDF file. To search and jump to a code, click on the 'binoculars' icon on the PDF meno bar instead of the browser 'edit' tool. When the pop up menu screen appears, type the HCPCS code to find the related line in the table.	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	Part B Price Method	Part B Price Code	Last Updated October 24, 2002 Comments Click anywhere in this block to see a file that contains a description of data elements and coding.
0001T	Endovas repr abdo ao aneurys	No		0	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
0002T	Endovas repr abdo ao aneurys	No		0	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
0003T	Cervicography	No		0	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
0005T	Perc cath stent/brain cv art	No		0	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
0006T	Perc cath stent/brain cv art	No		0	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
0007T	Perc cath stent/brain cv art	No		0	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
0008T	Upper gi endoscopy w/suture	No		0	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
0009T	Endometrial cryoablation	No		0	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
0010T	Tb test, gamma interferon	No		0	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
0012T	Osteochondral knee autograft	No		0	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
0013T	Osteochondral knee allograft	No		0	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
0014T	Meniscal transplant, knee	No		0	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
0016T	Thermotx choroid vasc lesion	No		0	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
0017T	Photocoagulat macular drusen	No		0	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
0018T	Transcranial magnetic stimul	No		0	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
0019T	Extracorp shock wave tx, ms	No		0	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
0020T	Extracorp shock wave tx, ft	No		0	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
0021T	Fetal oximetry, trnsvag/cerv	No		0	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
0023T	Phenotype drug test, hiv 1	Yes		0	NA		Code Effective 1/1/2002 SNF or rendering provider may bill
0024T	Transcath cardiac reduction	No		0	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.

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0025T	Ultrasonic pachymetry	No		0	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
0026T	Measure remnant lipoproteins	No		0	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
0029T	Therapy	Yes					Code effective 1/1/2003. SNFs must bill this therapy service.
00100	ANESTH, SALIVARY GLAND	No		0	NA		Physician billing to Carrier
00102	ANESTH, REPAIR OF CLEFT LIP	No		0	NA		Physician billing to Carrier
00103	ANESTH, BLEPHAROPLASTY	No		0	NA		Physician billing to Carrier
00104	ANESTH, ELECTROSHOCK	No		0	NA		Physician billing to Carrier
00120	ANESTH, EAR SURGERY	No		0	NA		Physician billing to Carrier
00124	ANESTH, EAR EXAM	No		0	NA		Physician billing to Carrier
00126	ANESTH, TYMPANOTOMY	No		0	NA		Physician billing to Carrier
00140	ANESTH, PROCEDURES ON EYE	No		0	NA		Physician billing to Carrier
00142	ANESTH, LENS SURGERY	No		0	NA		Physician billing to Carrier
00144	ANESTH, CORNEAL TRANSPLANT	No		0	NA		Physician billing to Carrier
00145	ANESTH, VITREORETINAL SURG	No		0	NA		Physician billing to Carrier
00147	ANESTH, IRIDECTOMY	No		0	NA		Physician billing to Carrier
00148	ANESTH, EYE EXAM	No		0	NA		Physician billing to Carrier
00160	ANESTH, NOSE/SINUS SURGERY	No		0	NA		Physician billing to Carrier
00162	ANESTH, NOSE/SINUS SURGERY	No		0	NA		Physician billing to Carrier
00164	ANESTH, BIOPSY OF NOSE	No		0	NA		Physician billing to Carrier
00170	ANESTH, PROCEDURE ON MOUTH	No		0	NA		Physician billing to Carrier
00172	ANESTH, CLEFT PALATE REPAIR	No		0	NA		Physician billing to Carrier
00174	ANESTH, PHARYNGEAL SURGERY	No		0	NA		Physician billing to Carrier
00176	ANESTH, PHARYNGEAL SURGERY	No		0	NA		Physician billing to Carrier
00190	ANESTH, FACE/SKULL BONE SURG	No		0	NA		Physician billing to Carrier
00192	ANESTH, FACIAL BONE SURGERY	No		0	NA		Physician billing to Carrier
00210	ANESTH, OPEN HEAD SURGERY	No		0	NA		Physician billing to Carrier
00212	ANESTH, SKULL DRAINAGE	No		0	NA		Physician billing to Carrier
00214	ANESTH, SKULL DRAINAGE	No		0	NA		Physician billing to Carrier
00215	ANESTH, SKULL REPAIR/FRACT	No		0	NA		Physician billing to Carrier
00216	ANESTH, HEAD VESSEL SURGERY	No		0	NA		Physician billing to Carrier
00218	ANESTH, SPECIAL HEAD SURGERY	No		0	NA		Physician billing to Carrier
00220	Anesth, intrcrn nerve	No		0	NA		Physician billing to Carrier
00222	ANESTH, HEAD NERVE SURGERY	No		0	NA		Physician billing to Carrier
00300	ANESTH, HEAD/NECK/PTRUNK	No		0	NA		Physician billing to Carrier
00320	ANESTH, NECK ORGAN SURGERY	No		0	NA		Physician billing to Carrier
00322	ANESTH, BIOPSY OF THYROID	No		0	NA		Physician billing to Carrier
00350	ANESTH, NECK VESSEL SURGERY	No		0	NA		Physician billing to Carrier

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00352	ANESTH, NECK VESSEL SURGERY	No		0	NA		Physician billing to Carrier
00400	ANESTH, SKIN, EXT/PER/ATRUNK	No		0	NA		Physician billing to Carrier
00402	ANESTH, SURGERY OF BREAST	No		0	NA		Physician billing to Carrier
00404	ANESTH, SURGERY OF BREAST	No		0	NA		Physician billing to Carrier
00406	ANESTH, SURGERY OF BREAST	No		0	NA		Physician billing to Carrier
00410	ANESTH, CORRECT HEART RHYTHM	No		0	NA		Physician billing to Carrier
00450	ANESTH, SURGERY OF SHOULDER	No		0	NA		Physician billing to Carrier
00452	ANESTH, SURGERY OF SHOULDER	No		0	NA		Physician billing to Carrier
00454	ANESTH, COLLAR BONE BIOPSY	No		0	NA		Physician billing to Carrier
00470	ANESTH, REMOVAL OF RIB	No		0	NA		Physician billing to Carrier
00472	ANESTH, CHEST WALL REPAIR	No		0	NA		Physician billing to Carrier
00474	ANESTH, SURGERY OF RIB(S)	No		0	NA		Physician billing to Carrier
00500	ANESTH, ESOPHAGEAL SURGERY	No		0	NA		Physician billing to Carrier
00520	ANESTH, CHEST PROCEDURE	No		0	NA		Physician billing to Carrier
00522	ANESTH, CHEST LINING BIOPSY	No		0	NA		Physician billing to Carrier
00524	ANESTH, CHEST DRAINAGE	No		0	NA		Physician billing to Carrier
00528	ANESTH, CHEST PARTITION VIEW	No		0	NA		Physician billing to Carrier
00530	ANESTH, PACEMAKER INSERTION	No		0	NA		Physician billing to Carrier
00532	ANESTH, VASCULAR ACCESS	No		0	NA		Physician billing to Carrier
00534	ANESTH, CARDIOVERTER/DEFIB	No		0	NA		Physician billing to Carrier
00537	ANESTH, CARDIAC ELECTROPHYS	No		0	NA		Physician billing to Carrier
00540	ANESTH, CHEST SURGERY	No		0	NA		Physician billing to Carrier
00542	ANESTH, RELEASE OF LUNG	No		0	NA		Physician billing to Carrier
00544	ANESTH, CHEST LINING REMOVAL	No		0	NA		Physician billing to Carrier
00546	ANESTH, LUNG,CHEST WALL SURG	No		0	NA		Physician billing to Carrier
00548	ANESTH, TRACHEA,BRONCHI SURG	No		0	NA		Physician billing to Carrier
00550	ANESTH, STERNAL DEBRIDEMENT	No		0	NA		Physician billing to Carrier
00560	ANESTH, OPEN HEART SURGERY	No		0	NA		Physician billing to Carrier
00562	ANESTH, OPEN HEART SURGERY	No		0	NA		Physician billing to Carrier
00563	ANESTH, HEART PROC W/PUMP	No		0	NA		Physician billing to Carrier
00566	ANESTH, CABG W/O PUMP	No		0	NA		Physician billing to Carrier
00580	ANESTH HEART/LUNG TRANSPLANT	No		0	NA		Physician billing to Carrier
00600	ANESTH, SPINE, CORD SURGERY	No		0	NA		Physician billing to Carrier
00604	ANESTH, SITTING PROCEDURE	No		0	NA		Physician billing to Carrier
00620	ANESTH, SPINE, CORD SURGERY	No		0	NA		Physician billing to Carrier
00622	ANESTH, REMOVAL OF NERVES	No		0	NA		Physician billing to Carrier
00630	ANESTH, SPINE, CORD SURGERY	No		0	NA		Physician billing to Carrier
00632	ANESTH, REMOVAL OF NERVES	No		0	NA		Physician billing to Carrier
00634	ANESTH FOR CHEMONUCLEOLYSIS	No		0	NA		Physician billing to Carrier
00635	ANESTH, LUMBAR PUNCTURE	No		0	NA		Physician billing to Carrier

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00670	ANESTH, SPINE, CORD SURGERY	No		0	NA		Physician billing to Carrier
00700	ANESTH, ABDOMINAL WALL SURG	No		0	NA		Physician billing to Carrier
00702	ANESTH, FOR LIVER BIOPSY	No		0	NA		Physician billing to Carrier
00730	ANESTH, ABDOMINAL WALL SURG	No		0	NA		Physician billing to Carrier
00740	ANESTH, UPPER GI VISUALIZE	No		0	NA		Physician billing to Carrier
00750	ANESTH, REPAIR OF HERNIA	No		0	NA		Physician billing to Carrier
00752	ANESTH, REPAIR OF HERNIA	No		0	NA		Physician billing to Carrier
00754	ANESTH, REPAIR OF HERNIA	No		0	NA		Physician billing to Carrier
00756	ANESTH, REPAIR OF HERNIA	No		0	NA		Physician billing to Carrier
00770	ANESTH, BLOOD VESSEL REPAIR	No		0	NA		Physician billing to Carrier
00790	ANESTH, SURG UPPER ABDOMEN	No		0	NA		Physician billing to Carrier
00792	ANESTH, HEMORR/EXCISE LIVER	No		0	NA		Physician billing to Carrier
00794	ANESTH, PANCREAS REMOVAL	No		0	NA		Physician billing to Carrier
00796	ANESTH, FOR LIVER TRANSPLANT	No		0	NA		Physician billing to Carrier
00797	Anesth, surgery for obesity	No		0	NA		Code Effective 1/1/2002 Physician may bill
00800	ANESTH, ABDOMINAL WALL SURG	No		0	NA		Physician billing to Carrier
00802	ANESTH, FAT LAYER REMOVAL	No		0	NA		Physician billing to Carrier
00810	ANESTH, LOW INTESTINE SCOPE	No		0	NA		Physician billing to Carrier
00820	ANESTH, ABDOMINAL WALL SURG	No		0	NA		Physician billing to Carrier
00830	ANESTH, REPAIR OF HERNIA	No		0	NA		Physician billing to Carrier
00832	ANESTH, REPAIR OF HERNIA	No		0	NA		Physician billing to Carrier
00840	ANESTH, SURG LOWER ABDOMEN	No		0	NA		Physician billing to Carrier
00842	ANESTH, AMNIOCENTESIS	No		0	NA		Physician billing to Carrier
00844	ANESTH, PELVIS SURGERY	No		0	NA		Physician billing to Carrier
00846	ANESTH, HYSTERECTOMY	No		0	NA		Physician billing to Carrier
00848	ANESTH, PELVIC ORGAN SURG	No		0	NA		Physician billing to Carrier
00850	ANESTH, CESAREAN SECTION	No		0	NA		Discontinue after 12/31/2001 Physician billing to Carrier
00851	Anesth, tubal ligation	No		0	NA		Code Effective 1/1/2002 Physician may bill
00855	ANESTH, HYSTERECTOMY	No		0	NA		Discontinue after 12/31/2001 Physician billing to Carrier
00857	ANALGESIA, LABOR & C-SECTION	No		0	NA		Discontinue after 12/31/2001 Physician billing to Carrier
00860	ANESTH, SURGERY OF ABDOMEN	No		0	NA		SNFs cannot be paid for this service.
00862	ANESTH, KIDNEY/URETER SURG	No		0	NA		SNFs cannot be paid for this service.
00864	ANESTH, REMOVAL OF BLADDER	No		0	NA		Discontinue after 12/31/2001 Physician billing to Carrier
00865	ANESTH, REMOVAL OF PROSTATE	No		0	NA		SNFs cannot be paid for this service.

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00866	ANESTH, REMOVAL OF ADRENAL	No		0	NA		SNFs cannot be paid for this service.
00868	ANESTH, KIDNEY TRANSPLANT	No		0	NA		SNFs cannot be paid for this service.
00869	Anesth, vasectomy	No		0	NA		Code Effective 1/1/2002 Physician may bill
00870	ANESTH, BLADDER STONE SURG	No		0	NA		Physician billing to Carrier
00872	ANESTH KIDNEY STONE DESTRUCT	No		0	NA		Physician billing to Carrier
00873	ANESTH KIDNEY STONE DESTRUCT	No		0	NA		Physician billing to Carrier
00880	ANESTH, ABDOMEN VESSEL SURG	No		0	NA		Physician billing to Carrier
00882	ANESTH, MAJOR VEIN LIGATION	No		0	NA		Physician billing to Carrier
00884	ANESTH, MAJOR VEIN REVISION	No		0	NA		Physician billing to Carrier
00902	ANESTH, ANORECTAL SURGERY	No		0	NA		Physician billing to Carrier
00904	ANESTH, PERINEAL SURGERY	No		0	NA		Physician billing to Carrier
00906	ANESTH, REMOVAL OF VULVA	No		0	NA		Physician billing to Carrier
00908	ANESTH, REMOVAL OF PROSTATE	No		0	NA		Physician billing to Carrier
00910	ANESTH, BLADDER SURGERY	No		0	NA		Physician billing to Carrier
00912	ANESTH, BLADDER TUMOR SURG	No		0	NA		Physician billing to Carrier
00914	ANESTH, REMOVAL OF PROSTATE	No		0	NA		Physician billing to Carrier
00916	ANESTH, BLEEDING CONTROL	No		0	NA		Physician billing to Carrier
00918	ANESTH, STONE REMOVAL	No		0	NA		Physician billing to Carrier
00920	ANESTH, GENITALIA SURGERY	No		0	NA		Physician billing to Carrier
00922	ANESTH, SPERM DUCT SURGERY	No		0	NA		Physician billing to Carrier
00924	ANESTH, TESTIS EXPLORATION	No		0	NA		Physician billing to Carrier
00926	ANESTH, REMOVAL OF TESTIS	No		0	NA		Physician billing to Carrier
00928	ANESTH, REMOVAL OF TESTIS	No		0	NA		Physician billing to Carrier
00930	ANESTH, TESTIS SUSPENSION	No		0	NA		Physician billing to Carrier
00932	ANESTH, AMPUTATION OF PENIS	No		0	NA		Physician billing to Carrier
00934	ANESTH, PENIS, NODES REMOVAL	No		0	NA		Physician billing to Carrier
00936	ANESTH, PENIS, NODES REMOVAL	No		0	NA		Physician billing to Carrier
00938	ANESTH, INSERT PENIS DEVICE	No		0	NA		Physician billing to Carrier
00940	ANESTH, VAGINAL PROCEDURES	No		0	NA		Physician billing to Carrier
00942	ANESTH, SURG ON VAG/URETHAL	No		0	NA		Physician billing to Carrier
00944	ANESTH, VAGINAL HYSTERECTOMY	No		0	NA		Physician billing to Carrier
00946	ANESTH, VAGINAL DELIVERY	No		0	NA		Discontinue after 12/31/2001 Physician billing to Carrier
00948	ANESTH, REPAIR OF CERVIX	No		0	NA		Physician billing to Carrier
00950	ANESTH, VAGINAL ENDOSCOPY	No		0	NA		Physician billing to Carrier
00952	ANESTH, HYSTEROSCOPE/GRAPH	No		0	NA		Physician billing to Carrier
00955	ANALGESIA, VAGINAL DELIVERY	No		0	NA		Discontinue after 12/31/2001 Physician billing to Carrier
01112	ANESTH, BONE ASPIRATE/BX	No		0	NA		Physician billing to Carrier

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01120	ANESTH, PELVIS SURGERY	No		0	NA		Physician billing to Carrier
01130	ANESTH, BODY CAST PROCEDURE	No		0	NA		Physician billing to Carrier
01140	ANESTH, AMPUTATION AT PELVIS	No		0	NA		Physician billing to Carrier
01150	ANESTH, PELVIC TUMOR SURGERY	No		0	NA		Physician billing to Carrier
01160	ANESTH, PELVIS PROCEDURE	No		0	NA		Physician billing to Carrier
01170	ANESTH, PELVIS SURGERY	No		0	NA		Physician billing to Carrier
01180	ANESTH, PELVIS NERVE REMOVAL	No		0	NA		Physician billing to Carrier
01190	ANESTH, PELVIS NERVE REMOVAL	No		0	NA		Physician billing to Carrier
01200	ANESTH, HIP JOINT PROCEDURE	No		0	NA		Physician billing to Carrier
01202	ANESTH, ARTHROSCOPY OF HIP	No		0	NA		Physician billing to Carrier
01210	ANESTH, HIP JOINT SURGERY	No		0	NA		Physician billing to Carrier
01212	ANESTH, HIP DISARTICULATION	No		0	NA		Physician billing to Carrier
01214	Anesth, hip arthroplasty	No		0	NA		Physician billing to Carrier
01215	ANESTH, REVISE HIP REPAIR	No		0	NA		Physician billing to Carrier
01220	ANESTH, PROCEDURE ON FEMUR	No		0	NA		Physician billing to Carrier
01230	ANESTH, SURGERY OF FEMUR	No		0	NA		Physician billing to Carrier
01232	ANESTH, AMPUTATION OF FEMUR	No		0	NA		Physician billing to Carrier
01234	ANESTH, RADICAL FEMUR SURG	No		0	NA		Physician billing to Carrier
01250	ANESTH, UPPER LEG SURGERY	No		0	NA		Physician billing to Carrier
01260	ANESTH, UPPER LEG VEINS SURG	No		0	NA		Physician billing to Carrier
01270	ANESTH, THIGH ARTERIES SURG	No		0	NA		Physician billing to Carrier
01272	ANESTH, FEMORAL ARTERY SURG	No		0	NA		Physician billing to Carrier
01274	ANESTH, FEMORAL EMBOLECTOMY	No		0	NA		Physician billing to Carrier
01320	ANESTH, KNEE AREA SURGERY	No		0	NA		Physician billing to Carrier
01340	ANESTH, KNEE AREA PROCEDURE	No		0	NA		Physician billing to Carrier
01360	ANESTH, KNEE AREA SURGERY	No		0	NA		Physician billing to Carrier
01380	ANESTH, KNEE JOINT PROCEDURE	No		0	NA		Physician billing to Carrier
01382	ANESTH, KNEE ARTHROSCOPY	No		0	NA		Physician billing to Carrier
01390	ANESTH, KNEE AREA PROCEDURE	No		0	NA		Physician billing to Carrier
01392	ANESTH, KNEE AREA SURGERY	No		0	NA		Physician billing to Carrier
01400	ANESTH, KNEE JOINT SURGERY	No		0	NA		Physician billing to Carrier
01402	Anesth, knee arthroplasty	No		0	NA		Physician billing to Carrier
01404	ANESTH, AMPUTATION AT KNEE	No		0	NA		Physician billing to Carrier
01420	ANESTH, KNEE JOINT CASTING	No		0	NA		Physician billing to Carrier
01430	ANESTH, KNEE VEINS SURGERY	No		0	NA		Physician billing to Carrier
01432	ANESTH, KNEE VESSEL SURG	No		0	NA		Physician billing to Carrier
01440	ANESTH, KNEE ARTERIES SURG	No		0	NA		Physician billing to Carrier
01442	ANESTH, KNEE ARTERY SURG	No		0	NA		Physician billing to Carrier
01444	ANESTH, KNEE ARTERY REPAIR	No		0	NA		Physician billing to Carrier
01462	ANESTH, LOWER LEG PROCEDURE	No		0	NA		Physician billing to Carrier

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01464	ANESTH, ANKLE ARTHROSCOPY	No		0	NA		Physician billing to Carrier
01470	ANESTH, LOWER LEG SURGERY	No		0	NA		Physician billing to Carrier
01472	ANESTH, ACHILLES TENDON SURG	No		0	NA		Physician billing to Carrier
01474	ANESTH, LOWER LEG SURGERY	No		0	NA		Physician billing to Carrier
01480	ANESTH, LOWER LEG BONE SURG	No		0	NA		Physician billing to Carrier
01482	ANESTH, RADICAL LEG SURGERY	No		0	NA		Physician billing to Carrier
01484	ANESTH, LOWER LEG REVISION	No		0	NA		Physician billing to Carrier
01486	ANESTH, ANKLE REPLACEMENT	No		0	NA		Physician billing to Carrier
01490	ANESTH, LOWER LEG CASTING	No		0	NA		Physician billing to Carrier
01500	ANESTH, LEG ARTERIES SURG	No		0	NA		Physician billing to Carrier
01502	ANESTH, LWR LEG EMBOLECTOMY	No		0	NA		Physician billing to Carrier
01520	ANESTH, LOWER LEG VEIN SURG	No		0	NA		Physician billing to Carrier
01522	ANESTH, LOWER LEG VEIN SURG	No		0	NA		Physician billing to Carrier
01610	ANESTH, SURGERY OF SHOULDER	No		0	NA		Physician billing to Carrier
01620	ANESTH, SHOULDER PROCEDURE	No		0	NA		Physician billing to Carrier
01622	ANESTH, SHOULDER ARTHROSCOPY	No		0	NA		Physician billing to Carrier
01630	ANESTH, SURGERY OF SHOULDER	No		0	NA		Physician billing to Carrier
01632	ANESTH, SURGERY OF SHOULDER	No		0	NA		Physician billing to Carrier
01634	ANESTH, SHOULDER JOINT AMPUT	No		0	NA		Physician billing to Carrier
01636	ANESTH, FOREQUARTER AMPUT	No		0	NA		Physician billing to Carrier
01638	ANESTH, SHOULDER REPLACEMENT	No		0	NA		Physician billing to Carrier
01650	ANESTH, SHOULDER ARTERY SURG	No		0	NA		Physician billing to Carrier
01652	ANESTH, SHOULDER VESSEL SURG	No		0	NA		Physician billing to Carrier
01654	ANESTH, SHOULDER VESSEL SURG	No		0	NA		Physician billing to Carrier
01656	ANESTH, ARM-LEG VESSEL SURG	No		0	NA		Physician billing to Carrier
01670	ANESTH, SHOULDER VEIN SURG	No		0	NA		Physician billing to Carrier
01680	ANESTH, SHOULDER CASTING	No		0	NA		Physician billing to Carrier
01682	ANESTH, AIRPLANE CAST	No		0	NA		Physician billing to Carrier
01710	ANESTH, ELBOW AREA SURGERY	No		0	NA		Physician billing to Carrier
01712	ANESTH, UPPR ARM TENDON SURG	No		0	NA		Physician billing to Carrier
01714	ANESTH, UPPR ARM TENDON SURG	No		0	NA		Physician billing to Carrier
01716	ANESTH, BICEPS TENDON REPAIR	No		0	NA		Physician billing to Carrier
01730	ANESTH, UPPR ARM PROCEDURE	No		0	NA		Physician billing to Carrier
01732	ANESTH, ELBOW ARTHROSCOPY	No		0	NA		Physician billing to Carrier
01740	ANESTH, UPPER ARM SURGERY	No		0	NA		Physician billing to Carrier
01742	ANESTH, HUMERUS SURGERY	No		0	NA		Physician billing to Carrier
01744	ANESTH, HUMERUS REPAIR	No		0	NA		Physician billing to Carrier
01756	ANESTH, RADICAL HUMERUS SURG	No		0	NA		Physician billing to Carrier
01758	ANESTH, HUMERAL LESION SURG	No		0	NA		Physician billing to Carrier
01760	ANESTH, ELBOW REPLACEMENT	No		0	NA		Physician billing to Carrier

SNF HCPCS HELP FILE

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01770	ANESTH, UPPR ARM ARTERY SURG	No		0	NA		Physician billing to Carrier
01772	ANESTH, UPPR ARM EMBOLECTOMY	No		0	NA		Physician billing to Carrier
01780	ANESTH, UPPER ARM VEIN SURG	No		0	NA		Physician billing to Carrier
01782	ANESTH, UPPR ARM VEIN REPAIR	No		0	NA		Physician billing to Carrier
01810	ANESTH, LOWER ARM SURGERY	No		0	NA		Physician billing to Carrier
01820	ANESTH, LOWER ARM PROCEDURE	No		0	NA		Physician billing to Carrier
01830	ANESTH, LOWER ARM SURGERY	No		0	NA		Physician billing to Carrier
01832	ANESTH, WRIST REPLACEMENT	No		0	NA		Physician billing to Carrier
01840	ANESTH, LWR ARM ARTERY SURG	No		0	NA		Physician billing to Carrier
01842	ANESTH, LWR ARM EMBOLECTOMY	No		0	NA		Physician billing to Carrier
01844	ANESTH, VASCULAR SHUNT SURG	No		0	NA		Physician billing to Carrier
01850	ANESTH, LOWER ARM VEIN SURG	No		0	NA		Physician billing to Carrier
01852	ANESTH, LWR ARM VEIN REPAIR	No		0	NA		Physician billing to Carrier
01860	ANESTH, LOWER ARM CASTING	No		0	NA		Physician billing to Carrier
01904	ANESTH, SKULL X-RAY INJECT	No		0	NA		Discontinue after 12/31/2001 Physician billing to Carrier
01905	Anes, spine inject, x-ray/re	No		0	NA		Code Effective 1/1/2002 Physician may bill
01906	ANESTH, LUMBAR MYELOGRAPHY	No		0	NA		Discontinue after 12/31/2001 Physician billing to Carrier
01908	ANESTH, CERVICAL MYELOGRAPHY	No		0	NA		Discontinue after 12/31/2001 Physician billing to Carrier
01910	ANESTH, SKULL MYELOGRAPHY	No		0	NA		Discontinue after 12/31/2001 Physician billing to Carrier
01912	ANESTH, LUMBAR DISKOGRAPHY	No		0	NA		Discontinue after 12/31/2001 Physician billing to Carrier
01914	ANESTH, CERVICAL DISKOGRAPHY	No		0	NA		Discontinue after 12/31/2001 Physician billing to Carrier
01916	Anesth, dx arteriography	No		0	NA		Physician billing to Carrier
01918	ANESTH, LIMB ARTERIOGRAM	No		0	NA		Discontinue after 12/31/2001 Physician billing to Carrier
01920	ANESTH, CATHETERIZE HEART	No		0	NA		Physician billing to Carrier
01921	ANESTH, VESSEL SURGERY	No		0	NA		Discontinue after 12/31/2001 Physician billing to Carrier
01922	ANESTH, CAT OR MRI SCAN	No		0	NA		Physician billing to Carrier
01924	Anes, ther interven rad, art	No		0	NA		Code Effective 1/1/2002 Physician may bill
01925	Anes, ther interven rad, car	No		0	NA		Code Effective 1/1/2002 Physician may bill

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01926	Anes, tx interv rad hrt/cran	No		0	NA		Code Effective 1/1/2002 Physician may bill
01930	Anes, ther interven rad, vei	No		0	NA		Code Effective 1/1/2002 Physician may bill
01931	Anes, ther interven rad, tip	No		0	NA		Code Effective 1/1/2002 Physician may bill
01932	Anes, tx interv rad, th vein	No		0	NA		Code Effective 1/1/2002 Physician may bill
01933	Anes, tx interv rad, cran v	No		0	NA		Code Effective 1/1/2002 Physician may bill
01951	Anesth, burn, less 4 percent	No		0	NA		Physician billing to Carrier
01952	Anesth, burn, 4-9 percent	No		0	NA		Physician billing to Carrier
01953	ANESTH, BURN, EACH 9 PERCENT	No		0	NA		Physician billing to Carrier
01960	Anesth, vaginal delivery	No		0	NA		Code Effective 1/1/2002 Physician may bill
01961	Anesth, cs delivery	No		0	NA		Code Effective 1/1/2002 Physician may bill
01962	Anesth, emer hysterectomy	No		0	NA		Code Effective 1/1/2002 Physician may bill
01963	Anesth, cs hysterectomy	No		0	NA		Code Effective 1/1/2002 Physician may bill
01964	Anesth, abortion procedures	No		0	NA		Code Effective 1/1/2002 Physician may bill
01967	Anesth/analg, vag delivery	No		0	NA		Code Effective 1/1/2002 Physician may bill
01968	Anes/analg cs deliver add-on	No		0	NA		Code Effective 1/1/2002 Physician may bill
01969	Anesth/analg cs hyst add-on	No		0	NA		Code Effective 1/1/2002 Physician may bill
01990	SUPPORT FOR ORGAN DONOR	No		0	NA		Physician billing to Carrier
01995	REGIONAL ANESTHESIA, LIMB	No		0	NA		Physician billing to Carrier
01996	MANAGE DAILY DRUG THERAPY	No		0	NA		Physician billing to Carrier
01999	UNLISTED ANESTH PROCEDURE	No		0	NA		Physician billing to Carrier
10021	Fna w/o image	No	SNF 516.3 SNF 260	1	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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10022	Fna w/image	No	SNF 516.3 SNF 260	1	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
10040	Acne surgery	Yes	SNF 516.3 SNF 260	0	NA		Physician billing to Carrier
10060	DRAINAGE OF SKIN ABSCESS	Yes	SNF 516.3 SNF 260	0	NA		Physician billing to Carrier
10061	DRAINAGE OF SKIN ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
10080	DRAINAGE OF PILONIDAL CYST	Yes	SNF 516.3 SNF 260	0	NA		Physician billing to Carrier
10081	DRAINAGE OF PILONIDAL CYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
10120	REMOVE FOREIGN BODY	Yes	SNF 516.3 SNF 260	0	NA		Physician billing to Carrier
10121	REMOVE FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
10140	DRAINAGE OF HEMATOMA/FLUID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
10160	PUNCTURE DRAINAGE OF LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
10180	COMPLEX DRAINAGE, WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11000	DEBRIDE INFECTED SKIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11001	DEBRIDE INFECTED SKIN ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11010	DEBRIDE SKIN, FX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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11011	DEBRIDE SKIN/MUSCLE, FX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11012	DEBRIDE SKIN/MUSCLE/BONE, FX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11040	DEBRIDE SKIN, PARTIAL	Yes	SNF 516 SNF532 SNF 260	0	Fee		Physician billing to Carrier
11041	DEBRIDE SKIN, FULL	Yes	SNF 516 SNF532 SNF 260	0	Fee		Physician billing to Carrier
11042	DEBRIDE SKIN/TISSUE	Yes	SNF 516 SNF532 SNF 260	0	Fee		Physician billing to Carrier
11043	DEBRIDE TISSUE/MUSCLE	Yes	SNF 516 SNF532 SNF 260	0	Fee		Physician billing to Carrier
11044	DEBRIDE TISSUE/MUSCLE/BONE	Yes	SNF 516 SNF532 SNF 260	0	Fee		Physician billing to Carrier
11055	TRIM SKIN LESION	Yes	SNF 516 SNF 260	0	NA		Physician billing to Carrier
11056	TRIM SKIN LESIONS, 2 TO 4	Yes	SNF 516 SNF 260	0	NA		Physician billing to Carrier
11057	TRIM SKIN LESIONS, OVER 4	Yes	SNF 516 SNF 260	0	NA		Physician billing to Carrier
11100	BIOPSY OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11101	BIOPSY, SKIN ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11200	REMOVAL OF SKIN TAGS	Yes	SNF 516 SNF 260	0	NA		Physician billing to Carrier
11201	REMOVE SKIN TAGS ADD-ON	No	SNF 516 SNF 260	0	NA		Part B - Non covered for SNF. Physician may bil
11300	SHAVE SKIN LESION	Yes	SNF 516 SNF 260	0	NA		Physician billing to Carrier

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11301	SHAVE SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11302	SHAVE SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11303	SHAVE SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11305	SHAVE SKIN LESION	Yes	SNF 516 SNF 260	0	NA		Physician billing to Carrier
11306	SHAVE SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11307	SHAVE SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11308	SHAVE SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11310	SHAVE SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11311	SHAVE SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11312	SHAVE SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11313	SHAVE SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11400	REMOVAL OF SKIN LESION	Yes	SNF 516 SNF 260	0	NA		Physician billing to Carrier
11401	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11402	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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11403	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11404	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11406	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11420	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11421	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11422	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11423	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11424	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11426	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11440	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11441	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11442	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11443	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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11444	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11446	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11450	REMOVAL, SWEAT GLAND LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11451	REMOVAL, SWEAT GLAND LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11462	REMOVAL, SWEAT GLAND LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11463	REMOVAL, SWEAT GLAND LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11470	REMOVAL, SWEAT GLAND LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11471	REMOVAL, SWEAT GLAND LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11600	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11601	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11602	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11603	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11604	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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11606	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11620	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11621	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11622	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11623	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11624	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11626	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11640	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11641	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11642	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11643	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11644	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11646	REMOVAL OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11719	TRIM NAIL(S)	Yes	SNF 516	0	NA		Physician billing to Carrier

SNF HCPCS HELP FILE

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11720	DEBRIDE NAIL, 1-5	Yes	SNF 516	0	NA		Physician billing to Carrier
11721	DEBRIDE NAIL, 6 OR MORE	Yes	SNF 516	0	NA		Physician billing to Carrier
11730	REMOVAL OF NAIL PLATE	No	SNF 516.3 SNF 260	0	NA		Physician billing to Carrier
11732	REMOVE NAIL PLATE, ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11740	DRAIN BLOOD FROM UNDER NAIL	Yes	SNF 516	0	NA		Physician billing to Carrier
11750	REMOVAL OF NAIL BED	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11752	REMOVE NAIL BED/FINGER TIP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11755	BIOPSY, NAIL UNIT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11760	REPAIR OF NAIL BED	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11762	RECONSTRUCTION OF NAIL BED	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11765	EXCISION OF NAIL FOLD, TOE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11770	REMOVAL OF PILONIDAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11771	REMOVAL OF PILONIDAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11772	REMOVAL OF PILONIDAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11900	INJECTION INTO SKIN LESIONS	Yes	SNF 516	0	NA		Physician billing to Carrier
11901	ADDED SKIN LESIONS INJECTION	Yes	SNF 516	0	NA		Physician billing to Carrier
11920	CORRECT SKIN COLOR DEFECTS	Yes	SNF 516	0	NA		Physician billing to Carrier
11921	CORRECT SKIN COLOR DEFECTS	Yes	SNF 516	0	NA		Physician billing to Carrier

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11922	CORRECT SKIN COLOR DEFECTS	Yes	SNF 516	0	NA		Physician billing to Carrier
11950	THERAPY FOR CONTOUR DEFECTS	Yes	SNF 516	0	NA		Physician billing to Carrier
11951	THERAPY FOR CONTOUR DEFECTS	Yes	SNF 516	0	NA		Physician billing to Carrier
11952	THERAPY FOR CONTOUR DEFECTS	Yes	SNF 516	0	NA		Physician billing to Carrier
11954	THERAPY FOR CONTOUR DEFECTS	Yes	SNF 516	0	NA		Physician billing to Carrier
11960	INSERT TISSUE EXPANDER(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11970	REPLACE TISSUE EXPANDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11971	REMOVE TISSUE EXPANDER(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11975	INSERT CONTRACEPTIVE CAP	Yes	SNF 516	9	NA		Physician billing to Carrier
11976	REMOVAL OF CONTRACEPTIVE CAP	Yes	SNF 516	0	NA		Physician billing to Carrier
11977	REMOVAL/REINSERT CONTRA CAP	Yes	SNF 516	9	NA		Physician billing to Carrier
11980	IMPLANT HORMONE PELLET(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11981	Insert drug implant device	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11982	Remove drug implant device	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
11983	Remove/insert drug implant	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12001	REPAIR SUPERFICIAL WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Physician billing to Carrier
12002	REPAIR SUPERFICIAL WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12004	REPAIR SUPERFICIAL WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Physician billing to Carrier
12005	REPAIR SUPERFICIAL WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part B - Non covered for SNF. Physician may bil

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12006	REPAIR SUPERFICIAL WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12007	REPAIR SUPERFICIAL WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12011	REPAIR SUPERFICIAL WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12013	REPAIR SUPERFICIAL WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12014	REPAIR SUPERFICIAL WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12015	REPAIR SUPERFICIAL WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12016	REPAIR SUPERFICIAL WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12017	REPAIR SUPERFICIAL WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12018	REPAIR SUPERFICIAL WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12020	CLOSURE OF SPLIT WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12021	CLOSURE OF SPLIT WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12031	LAYER CLOSURE OF WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12032	LAYER CLOSURE OF WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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12034	LAYER CLOSURE OF WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12035	LAYER CLOSURE OF WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12036	LAYER CLOSURE OF WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12037	LAYER CLOSURE OF WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12041	LAYER CLOSURE OF WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12042	LAYER CLOSURE OF WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12044	LAYER CLOSURE OF WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12045	LAYER CLOSURE OF WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12046	LAYER CLOSURE OF WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12047	LAYER CLOSURE OF WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12051	LAYER CLOSURE OF WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12052	LAYER CLOSURE OF WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12053	LAYER CLOSURE OF WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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12054	LAYER CLOSURE OF WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12055	LAYER CLOSURE OF WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12056	LAYER CLOSURE OF WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
12057	LAYER CLOSURE OF WOUND(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
13100	REPAIR OF WOUND OR LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
13101	REPAIR OF WOUND OR LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
13102	REPAIR WOUND/LESION ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
13120	REPAIR OF WOUND OR LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
13121	REPAIR OF WOUND OR LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
13122	REPAIR WOUND/LESION ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
13131	REPAIR OF WOUND OR LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
13132	REPAIR OF WOUND OR LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
13133	REPAIR WOUND/LESION ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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13150	REPAIR OF WOUND OR LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
13151	REPAIR OF WOUND OR LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
13152	REPAIR OF WOUND OR LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
13153	REPAIR WOUND/LESION ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
13160	LATE CLOSURE OF WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
14000	SKIN TISSUE REARRANGEMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
14001	SKIN TISSUE REARRANGEMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
14020	SKIN TISSUE REARRANGEMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
14021	SKIN TISSUE REARRANGEMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
14040	SKIN TISSUE REARRANGEMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
14041	SKIN TISSUE REARRANGEMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
14060	SKIN TISSUE REARRANGEMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
14061	SKIN TISSUE REARRANGEMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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14300	SKIN TISSUE REARRANGEMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
14350	SKIN TISSUE REARRANGEMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15000	SKIN GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15001	SKIN GRAFT ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15050	SKIN PINCH GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15100	SKIN SPLIT GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15101	SKIN SPLIT GRAFT ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15120	SKIN SPLIT GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15121	SKIN SPLIT GRAFT ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15200	SKIN FULL GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15201	SKIN FULL GRAFT ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15220	SKIN FULL GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15221	SKIN FULL GRAFT ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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15240	SKIN FULL GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15241	SKIN FULL GRAFT ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15260	SKIN FULL GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15261	SKIN FULL GRAFT ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15342	CULTURED SKIN GRAFT, 25 CM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15343	CULTURE SKN GRAFT ADDL 25 CM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15350	SKIN HOMOGRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15351	SKIN HOMOGRAFT ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15400	SKIN HETEROGRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15401	SKIN HETEROGRAFT ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15570	FORM SKIN PEDICLE FLAP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15572	FORM SKIN PEDICLE FLAP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15574	FORM SKIN PEDICLE FLAP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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15576	FORM SKIN PEDICLE FLAP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15600	SKIN GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15610	SKIN GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15620	SKIN GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15630	SKIN GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15650	TRANSFER SKIN PEDICLE FLAP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15732	MUSCLE-SKIN GRAFT, HEAD/NECK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15734	MUSCLE-SKIN GRAFT, TRUNK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15736	MUSCLE-SKIN GRAFT, ARM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15738	MUSCLE-SKIN GRAFT, LEG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15740	ISLAND PEDICLE FLAP GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15750	NEUROVASCULAR PEDICLE GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15756	FREE MUSCLE FLAP, MICROVASC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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15757	FREE SKIN FLAP, MICROVASC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15758	FREE FASCIAL FLAP, MICROVASC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15760	COMPOSITE SKIN GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15770	DERMA-FAT-FASCIA GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15775	HAIR TRANSPLANT PUNCH GRAFTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15776	HAIR TRANSPLANT PUNCH GRAFTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15780	ABRASION TREATMENT OF SKIN	Yes	SNF 516	0	NA		Physician billing to Carrier
15781	ABRASION TREATMENT OF SKIN	Yes	SNF 516	0	NA		Physician billing to Carrier
15782	ABRASION TREATMENT OF SKIN	Yes	SNF 516	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15783	ABRASION TREATMENT OF SKIN	Yes	SNF 516	0	NA		Physician billing to Carrier
15786	ABRASION, LESION, SINGLE	Yes	SNF 516	0	NA		Physician billing to Carrier
15787	ABRASION, LESIONS, ADD-ON	Yes	SNF 516	0	NA		Physician billing to Carrier
15788	CHEMICAL PEEL, FACE, EPIDERM	Yes	SNF 516	0	NA		Physician billing to Carrier
15789	CHEMICAL PEEL, FACE, DERMAL	Yes	SNF 516	0	NA		Physician billing to Carrier
15792	CHEMICAL PEEL, NONFACIAL	Yes	SNF 516	0	NA		Physician billing to Carrier
15793	CHEMICAL PEEL, NONFACIAL	Yes	SNF 516	0	NA		Physician billing to Carrier
15810	SALABRASION	Yes	SNF 516	0	NA		Physician billing to Carrier
15811	SALABRASION	Yes	SNF 516	0	NA		Physician billing to Carrier
15819	PLASTIC SURGERY, NECK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15820	REVISION OF LOWER EYELID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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15821	REVISION OF LOWER EYELID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15822	REVISION OF UPPER EYELID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15823	REVISION OF UPPER EYELID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15824	REMOVAL OF FOREHEAD WRINKLES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15825	REMOVAL OF NECK WRINKLES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15826	REMOVAL OF BROW WRINKLES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15828	REMOVAL OF FACE WRINKLES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15829	REMOVAL OF SKIN WRINKLES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15831	EXCISE EXCESSIVE SKIN TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15832	EXCISE EXCESSIVE SKIN TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15833	EXCISE EXCESSIVE SKIN TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15834	EXCISE EXCESSIVE SKIN TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15835	EXCISE EXCESSIVE SKIN TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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15836	EXCISE EXCESSIVE SKIN TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15837	EXCISE EXCESSIVE SKIN TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15838	EXCISE EXCESSIVE SKIN TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15839	EXCISE EXCESSIVE SKIN TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15840	GRAFT FOR FACE NERVE PALSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15841	GRAFT FOR FACE NERVE PALSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15842	FLAP FOR FACE NERVE PALSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15845	SKIN AND MUSCLE REPAIR, FACE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15850	REMOVAL OF SUTURES	No	SNF 516.3 SNF 260	9	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15851	REMOVAL OF SUTURES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15852	DRESSING CHANGE,NOT FOR BURN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15860	TEST FOR BLOOD FLOW IN GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15876	SUCTION ASSISTED LIPECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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15877	SUCTION ASSISTED LIPECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15878	SUCTION ASSISTED LIPECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15879	SUCTION ASSISTED LIPECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15920	REMOVAL OF TAIL BONE ULCER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15922	REMOVAL OF TAIL BONE ULCER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15931	REMOVE SACRUM PRESSURE SORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15933	REMOVE SACRUM PRESSURE SORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15934	REMOVE SACRUM PRESSURE SORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15935	REMOVE SACRUM PRESSURE SORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15936	REMOVE SACRUM PRESSURE SORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15937	REMOVE SACRUM PRESSURE SORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15940	REMOVE HIP PRESSURE SORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15941	REMOVE HIP PRESSURE SORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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15944	REMOVE HIP PRESSURE SORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15945	REMOVE HIP PRESSURE SORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15946	REMOVE HIP PRESSURE SORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15950	REMOVE THIGH PRESSURE SORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15951	REMOVE THIGH PRESSURE SORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15952	REMOVE THIGH PRESSURE SORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15953	REMOVE THIGH PRESSURE SORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15956	REMOVE THIGH PRESSURE SORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15958	REMOVE THIGH PRESSURE SORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
15999	REMOVAL OF PRESSURE SORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
16000	INITIAL TREATMENT OF BURN(S)	Yes	SNF 516	0	NA		Physician billing to Carrier
16010	TREATMENT OF BURN(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
16015	TREATMENT OF BURN(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
16020	TREATMENT OF BURN(S)	Yes	SNF 516	0	NA		Physician billing to Carrier

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16025	TREATMENT OF BURN(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
16030	TREATMENT OF BURN(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
16035	INCISION OF BURN SCAB, INITI	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
16036	INCISE BURN SCAB, ADDL INCIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17000	DESTROY BENIGN/PREMAL LESION	Yes	SNF 516	0	NA		Physician billing to Carrier
17003	DESTROY LESIONS, 2-14	Yes	SNF 516	0	NA		Physician billing to Carrier
17004	DESTROY LESIONS, 15 OR MORE	Yes	SNF 516	0	NA		Physician billing to Carrier
17106	DESTRUCTION OF SKIN LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17107	DESTRUCTION OF SKIN LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17108	DESTRUCTION OF SKIN LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17110	DESTRUCT LESION, 1-14	Yes	SNF 516	0	NA		Physician billing to Carrier
17111	DESTRUCT LESION, 15 OR MORE	Yes	SNF 516	0	NA		Physician billing to Carrier
17250	CHEMICAL CAUTERY, TISSUE	Yes	SNF 516	0	NA		Physician billing to Carrier
17260	DESTRUCTION OF SKIN LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17261	DESTRUCTION OF SKIN LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17262	DESTRUCTION OF SKIN LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17263	DESTRUCTION OF SKIN LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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17264	DESTRUCTION OF SKIN LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17266	DESTRUCTION OF SKIN LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17270	DESTRUCTION OF SKIN LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17271	DESTRUCTION OF SKIN LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17272	DESTRUCTION OF SKIN LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17273	DESTRUCTION OF SKIN LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17274	DESTRUCTION OF SKIN LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17276	DESTRUCTION OF SKIN LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17280	DESTRUCTION OF SKIN LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17281	DESTRUCTION OF SKIN LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17282	DESTRUCTION OF SKIN LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17283	DESTRUCTION OF SKIN LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17284	DESTRUCTION OF SKIN LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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17286	DESTRUCTION OF SKIN LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17304	CHEMOSURGERY OF SKIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17305	2ND STAGE CHEMOSURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17306	3RD STAGE CHEMOSURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17307	FOLLOWUP SKIN LESION THERAPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17310	EXTENSIVE SKIN CHEMOSURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
17340	CRYOTHERAPY OF SKIN	Yes	SNF 516	0	NA		Physician billing to Carrier
17360	SKIN PEEL THERAPY	Yes	SNF 516	0	NA		Physician billing to Carrier
17380	HAIR REMOVAL BY ELECTROLYSIS	Yes	SNF 516	0	NA		Physician billing to Carrier
17999	SKIN TISSUE PROCEDURE	Yes	SNF 516	0	NA		Physician billing to Carrier
19000	DRAINAGE OF BREAST LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19001	DRAIN BREAST LESION ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19020	INCISION OF BREAST LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19030	INJECTION FOR BREAST X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19100	BX BREAST PERCUT W/O IMAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19101	BIOPSY OF BREAST, OPEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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19102	BX BREAST PERCUT W/IMAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19103	BX BREAST PERCUT W/DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19110	NIPPLE EXPLORATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19112	EXCISE BREAST DUCT FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19120	REMOVAL OF BREAST LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19125	EXCISION, BREAST LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19126	EXCISION, ADDL BREAST LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19140	REMOVAL OF BREAST TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19160	REMOVAL OF BREAST TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19162	REMOVE BREAST TISSUE, NODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19180	REMOVAL OF BREAST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19182	REMOVAL OF BREAST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19200	REMOVAL OF BREAST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

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19220	REMOVAL OF BREAST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19240	REMOVAL OF BREAST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19260	REMOVAL OF CHEST WALL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19271	REVISION OF CHEST WALL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19272	EXTENSIVE CHEST WALL SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19290	PLACE NEEDLE WIRE, BREAST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19291	PLACE NEEDLE WIRE, BREAST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19295	PLACE BREAST CLIP, PERCUT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19316	SUSPENSION OF BREAST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19318	REDUCTION OF LARGE BREAST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19324	ENLARGE BREAST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19325	ENLARGE BREAST WITH IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19328	REMOVAL OF BREAST IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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19330	REMOVAL OF IMPLANT MATERIAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19340	IMMEDIATE BREAST PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19342	DELAYED BREAST PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19350	BREAST RECONSTRUCTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19355	CORRECT INVERTED NIPPLE(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19357	BREAST RECONSTRUCTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19361	BREAST RECONSTRUCTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19364	BREAST RECONSTRUCTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19366	BREAST RECONSTRUCTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19367	BREAST RECONSTRUCTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19368	BREAST RECONSTRUCTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19369	BREAST RECONSTRUCTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19370	SURGERY OF BREAST CAPSULE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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19371	REMOVAL OF BREAST CAPSULE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19380	REVISE BREAST RECONSTRUCTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19396	DESIGN CUSTOM BREAST IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
19499	BREAST SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20000	INCISION OF ABSCESS	Yes	SNF 516	0	NA		Physician billing to Carrier
20005	INCISION OF DEEP ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20100	EXPLORE WOUND, NECK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20101	EXPLORE WOUND, CHEST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20102	EXPLORE WOUND, ABDOMEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20103	EXPLORE WOUND, EXTREMITY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20150	EXCISE EPIPHYSEAL BAR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20200	MUSCLE BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20205	DEEP MUSCLE BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20206	NEEDLE BIOPSY, MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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20220	BONE BIOPSY, TROCAR/NEEDLE	No	CIM 50-44	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20225	BONE BIOPSY, TROCAR/NEEDLE	No	CIM 50-44	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20240	BONE BIOPSY, EXCISIONAL	No	CIM 50-44	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20245	BONE BIOPSY, EXCISIONAL	No	CIM 50-44	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20250	OPEN BONE BIOPSY	No	CIM 50-44	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20251	OPEN BONE BIOPSY	No	CIM 50-44	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20500	INJECTION OF SINUS TRACT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20501	INJECT SINUS TRACT FOR X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20520	REMOVAL OF FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20525	REMOVAL OF FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20526	Ther injection carpal tunnel	Yes	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Physician may bill
20550	INJECT TENDON/LIGAMENT/CYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20551	Inject tendon origin/insert	Yes	SNF 515.1	0	NA		Code Effective 1/1/2002 Physician may bill
20552	Inject trigger point, 1 or 2	Yes	SNF 515.1	0	NA		Code Effective 1/1/2002 Physician may bill
20553	Inject trigger points, > 3	Yes	SNF 515.1	0	NA		Code Effective 1/1/2002 Physician may bill

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20600	DRAIN/INJECT, JOINT/BURSA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20605	DRAIN/INJECT, JOINT/BURSA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20610	DRAIN/INJECT, JOINT/BURSA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20615	TREATMENT OF BONE CYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20650	INSERT AND REMOVE BONE PIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20660	APPLY,REMOVE FIXATION DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20661	APPLICATION OF HEAD BRACE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20662	APPLICATION OF PELVIS BRACE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20663	APPLICATION OF THIGH BRACE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20664	HALO BRACE APPLICATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20665	REMOVAL OF FIXATION DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20670	REMOVAL OF SUPPORT IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20680	REMOVAL OF SUPPORT IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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20690	APPLY BONE FIXATION DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20692	APPLY BONE FIXATION DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20693	ADJUST BONE FIXATION DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20694	REMOVE BONE FIXATION DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20802	REPLANTATION, ARM, COMPLETE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20805	REPLANT, FOREARM, COMPLETE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20808	REPLANTATION HAND, COMPLETE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20816	REPLANTATION DIGIT, COMPLETE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20822	REPLANTATION DIGIT, COMPLETE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20824	REPLANTATION THUMB, COMPLETE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20827	REPLANTATION THUMB, COMPLETE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20838	REPLANTATION FOOT, COMPLETE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20900	REMOVAL OF BONE FOR GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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20902	REMOVAL OF BONE FOR GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20910	REMOVE CARTILAGE FOR GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20912	REMOVE CARTILAGE FOR GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20920	REMOVAL OF FASCIA FOR GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20922	REMOVAL OF FASCIA FOR GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20924	REMOVAL OF TENDON FOR GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20926	REMOVAL OF TISSUE FOR GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20930	SPINAL BONE ALLOGRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20931	SPINAL BONE ALLOGRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20936	SPINAL BONE AUTOGRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20937	SPINAL BONE AUTOGRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20938	SPINAL BONE AUTOGRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20950	FLUID PRESSURE, MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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20955	FIBULA BONE GRAFT, MICROVASC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20956	ILIAC BONE GRAFT, MICROVASC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20957	MT BONE GRAFT, MICROVASC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20962	OTHER BONE GRAFT, MICROVASC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20969	BONE/SKIN GRAFT, MICROVASC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20970	BONE/SKIN GRAFT, ILIAC CREST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20972	BONE/SKIN GRAFT, METATARSAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20973	BONE/SKIN GRAFT, GREAT TOE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20974	ELECTRICAL BONE STIMULATION	Yes	CIM 35-48 SNF 516	0	NA		Physician billing to Carrier
20975	ELECTRICAL BONE STIMULATION	No	CIM 35-48	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20979	US BONE STIMULATION	No	CIM 35-48	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
20999	MUSCULOSKELETAL SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21010	INCISION OF JAW JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21015	RESECTION OF FACIAL TUMOR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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21025	EXCISION OF BONE, LOWER JAW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21026	EXCISION OF FACIAL BONE(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21029	CONTOUR OF FACE BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21030	REMOVAL OF FACE BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21031	REMOVE EXOSTOSIS, MANDIBLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21032	REMOVE EXOSTOSIS, MAXILLA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21034	REMOVAL OF FACE BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21040	REMOVAL OF JAW BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21041	REMOVAL OF JAW BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21044	REMOVAL OF JAW BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21045	EXTENSIVE JAW SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21050	REMOVAL OF JAW JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21060	REMOVE JAW JOINT CARTILAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

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21070	REMOVE CORONOID PROCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21076	PREPARE FACE/ORAL PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21077	PREPARE FACE/ORAL PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21079	PREPARE FACE/ORAL PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21080	PREPARE FACE/ORAL PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21081	PREPARE FACE/ORAL PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21082	PREPARE FACE/ORAL PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21083	PREPARE FACE/ORAL PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21084	PREPARE FACE/ORAL PROSTHESIS	Yes	SNF 516	0	NA		Physician billing to Carrier
21085	PREPARE FACE/ORAL PROSTHESIS	Yes	SNF 516	0	NA		Physician billing to Carrier
21086	PREPARE FACE/ORAL PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21087	PREPARE FACE/ORAL PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21088	PREPARE FACE/ORAL PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21089	PREPARE FACE/ORAL PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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21100	MAXILLOFACIAL FIXATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21110	INTERDENTAL FIXATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21116	INJECTION, JAW JOINT X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21120	RECONSTRUCTION OF CHIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21121	RECONSTRUCTION OF CHIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21122	RECONSTRUCTION OF CHIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21123	RECONSTRUCTION OF CHIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21125	AUGMENTATION, LOWER JAW BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21127	AUGMENTATION, LOWER JAW BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21137	REDUCTION OF FOREHEAD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21138	REDUCTION OF FOREHEAD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21139	REDUCTION OF FOREHEAD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21141	RECONSTRUCT MIDFACE, LEFORT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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21142	RECONSTRUCT MIDFACE, LEFORT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21143	RECONSTRUCT MIDFACE, LEFORT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21145	RECONSTRUCT MIDFACE, LEFORT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21146	RECONSTRUCT MIDFACE, LEFORT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21147	RECONSTRUCT MIDFACE, LEFORT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21150	RECONSTRUCT MIDFACE, LEFORT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21151	RECONSTRUCT MIDFACE, LEFORT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21154	RECONSTRUCT MIDFACE, LEFORT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21155	RECONSTRUCT MIDFACE, LEFORT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21159	RECONSTRUCT MIDFACE, LEFORT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21160	RECONSTRUCT MIDFACE, LEFORT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21172	RECONSTRUCT ORBIT/FOREHEAD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21175	RECONSTRUCT ORBIT/FOREHEAD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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21179	RECONSTRUCT ENTIRE FOREHEAD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21180	RECONSTRUCT ENTIRE FOREHEAD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21181	CONTOUR CRANIAL BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21182	RECONSTRUCT CRANIAL BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21183	RECONSTRUCT CRANIAL BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21184	RECONSTRUCT CRANIAL BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21188	RECONSTRUCTION OF MIDFACE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21193	RECONST LWR JAW W/O GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21194	RECONST LWR JAW W/GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21195	RECONST LWR JAW W/O FIXATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21196	RECONST LWR JAW W/FIXATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21198	RECONSTR LWR JAW SEGMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21199	RECONSTR LWR JAW W/ADVANCE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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21206	RECONSTRUCT UPPER JAW BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21208	AUGMENTATION OF FACIAL BONES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21209	REDUCTION OF FACIAL BONES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21210	FACE BONE GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21215	LOWER JAW BONE GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21230	RIB CARTILAGE GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21235	EAR CARTILAGE GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21240	RECONSTRUCTION OF JAW JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21242	RECONSTRUCTION OF JAW JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21243	RECONSTRUCTION OF JAW JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21244	RECONSTRUCTION OF LOWER JAW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21245	RECONSTRUCTION OF JAW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21246	RECONSTRUCTION OF JAW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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21247	RECONSTRUCT LOWER JAW BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21248	RECONSTRUCTION OF JAW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21249	RECONSTRUCTION OF JAW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21255	RECONSTRUCT LOWER JAW BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21256	RECONSTRUCTION OF ORBIT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21260	REVISE EYE SOCKETS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21261	REVISE EYE SOCKETS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21263	REVISE EYE SOCKETS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21267	REVISE EYE SOCKETS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21268	REVISE EYE SOCKETS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21270	AUGMENTATION, CHEEK BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21275	REVISION, ORBITOFACIAL BONES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21280	REVISION OF EYELID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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21282	REVISION OF EYELID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21295	REVISION OF JAW MUSCLE/BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21296	REVISION OF JAW MUSCLE/BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21299	CRANIO/MAXILLOFACIAL SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21300	TREATMENT OF SKULL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21310	TREATMENT OF NOSE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21315	TREATMENT OF NOSE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21320	TREATMENT OF NOSE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21325	TREATMENT OF NOSE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21330	TREATMENT OF NOSE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21335	TREATMENT OF NOSE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21336	TREAT NASAL SEPTAL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21337	TREAT NASAL SEPTAL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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21338	TREAT NASOETHMOID FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21339	TREAT NASOETHMOID FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21340	TREATMENT OF NOSE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21343	TREATMENT OF SINUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21344	TREATMENT OF SINUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21345	TREAT NOSE/JAW FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21346	TREAT NOSE/JAW FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21347	TREAT NOSE/JAW FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21348	TREAT NOSE/JAW FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21355	TREAT CHEEK BONE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21356	TREAT CHEEK BONE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21360	TREAT CHEEK BONE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21365	TREAT CHEEK BONE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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21366	TREAT CHEEK BONE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21385	TREAT EYE SOCKET FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21386	TREAT EYE SOCKET FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21387	TREAT EYE SOCKET FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21390	TREAT EYE SOCKET FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21395	TREAT EYE SOCKET FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21400	TREAT EYE SOCKET FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21401	TREAT EYE SOCKET FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21406	TREAT EYE SOCKET FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21407	TREAT EYE SOCKET FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21408	TREAT EYE SOCKET FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21421	TREAT MOUTH ROOF FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21422	TREAT MOUTH ROOF FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

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21423	TREAT MOUTH ROOF FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21431	TREAT CRANIOFACIAL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21432	TREAT CRANIOFACIAL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21433	TREAT CRANIOFACIAL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21435	TREAT CRANIOFACIAL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21436	TREAT CRANIOFACIAL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21440	TREAT DENTAL RIDGE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21445	TREAT DENTAL RIDGE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21450	TREAT LOWER JAW FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21451	TREAT LOWER JAW FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21452	TREAT LOWER JAW FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21453	TREAT LOWER JAW FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21454	TREAT LOWER JAW FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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21461	TREAT LOWER JAW FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21462	TREAT LOWER JAW FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21465	TREAT LOWER JAW FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21470	TREAT LOWER JAW FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21480	RESET DISLOCATED JAW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21485	RESET DISLOCATED JAW	No	CIM 35-2	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21490	REPAIR DISLOCATED JAW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21493	TREAT HYOID BONE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21494	TREAT HYOID BONE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21495	TREAT HYOID BONE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21497	INTERDENTAL WIRING	Yes	SNF 516	0	NA		Physician billing to Carrier
21499	HEAD SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21501	DRAIN NECK/CHEST LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21502	DRAIN CHEST LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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21510	DRAINAGE OF BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21550	BIOPSY OF NECK/CHEST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21555	REMOVE LESION, NECK/CHEST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21556	REMOVE LESION, NECK/CHEST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21557	REMOVE TUMOR, NECK/CHEST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21600	PARTIAL REMOVAL OF RIB	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21610	PARTIAL REMOVAL OF RIB	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21615	REMOVAL OF RIB	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21616	REMOVAL OF RIB AND NERVES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21620	PARTIAL REMOVAL OF STERNUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21627	STERNAL DEBRIDEMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21630	EXTENSIVE STERNUM SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21632	EXTENSIVE STERNUM SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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21700	REVISION OF NECK MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21705	REVISION OF NECK MUSCLE/RIB	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21720	REVISION OF NECK MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21725	REVISION OF NECK MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21740	RECONSTRUCTION OF STERNUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21750	REPAIR OF STERNUM SEPARATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21800	TREATMENT OF RIB FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21805	TREATMENT OF RIB FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21810	TREATMENT OF RIB FRACTURE(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21820	TREAT STERNUM FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21825	TREAT STERNUM FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21899	NECK/CHEST SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21920	BIOPSY SOFT TISSUE OF BACK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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21925	BIOPSY SOFT TISSUE OF BACK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21930	REMOVE LESION, BACK OR FLANK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
21935	REMOVE TUMOR, BACK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22100	REMOVE PART OF NECK VERTEBRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22101	REMOVE PART, THORAX VERTEBRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22102	REMOVE PART, LUMBAR VERTEBRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22103	REMOVE EXTRA SPINE SEGMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22110	REMOVE PART OF NECK VERTEBRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22112	REMOVE PART, THORAX VERTEBRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22114	REMOVE PART, LUMBAR VERTEBRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22116	REMOVE EXTRA SPINE SEGMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22210	REVISION OF NECK SPINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22212	REVISION OF THORAX SPINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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22214	REVISION OF LUMBAR SPINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22216	REVISE, EXTRA SPINE SEGMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22220	REVISION OF NECK SPINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22222	REVISION OF THORAX SPINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22224	REVISION OF LUMBAR SPINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22226	REVISE, EXTRA SPINE SEGMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22305	TREAT SPINE PROCESS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22310	TREAT SPINE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22315	TREAT SPINE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22318	TREAT ODONTOID FX W/O GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22319	TREAT ODONTOID FX W/GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22325	TREAT SPINE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22326	TREAT NECK SPINE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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22327	TREAT THORAX SPINE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22328	TREAT EACH ADD SPINE FX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22505	MANIPULATION OF SPINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22520	PERCUT VERTEBROPLASTY THOR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22521	PERCUT VERTEBROPLASTY LUMB	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22522	PERCUT VERTEBROPLASTY ADDL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22548	NECK SPINE FUSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22554	NECK SPINE FUSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22556	THORAX SPINE FUSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22558	LUMBAR SPINE FUSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22585	ADDITIONAL SPINAL FUSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22590	SPINE & SKULL SPINAL FUSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22595	NECK SPINAL FUSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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22600	NECK SPINE FUSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22610	THORAX SPINE FUSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22612	LUMBAR SPINE FUSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22614	SPINE FUSION, EXTRA SEGMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22630	LUMBAR SPINE FUSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22632	SPINE FUSION, EXTRA SEGMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22800	FUSION OF SPINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22802	FUSION OF SPINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22804	FUSION OF SPINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22808	FUSION OF SPINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22810	FUSION OF SPINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22812	FUSION OF SPINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22818	KYPHECTOMY, 1-2 SEGMENTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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22819	KYPHECTOMY, 3 OR MORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22830	EXPLORATION OF SPINAL FUSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22840	INSERT SPINE FIXATION DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22841	INSERT SPINE FIXATION DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22842	INSERT SPINE FIXATION DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22843	INSERT SPINE FIXATION DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22844	INSERT SPINE FIXATION DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22845	INSERT SPINE FIXATION DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22846	INSERT SPINE FIXATION DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22847	INSERT SPINE FIXATION DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22848	INSERT PELV FIXATION DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22849	REINSERT SPINAL FIXATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22850	REMOVE SPINE FIXATION DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

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22851	APPLY SPINE PROSTH DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22852	REMOVE SPINE FIXATION DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22855	REMOVE SPINE FIXATION DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22899	SPINE SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22900	REMOVE ABDOMINAL WALL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
22999	ABDOMEN SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23000	REMOVAL OF CALCIUM DEPOSITS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23020	RELEASE SHOULDER JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23030	DRAIN SHOULDER LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23031	DRAIN SHOULDER BURSA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23035	DRAIN SHOULDER BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23040	EXPLORATORY SHOULDER SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23044	EXPLORATORY SHOULDER SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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23065	BIOPSY SHOULDER TISSUES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23066	BIOPSY SHOULDER TISSUES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23075	REMOVAL OF SHOULDER LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23076	REMOVAL OF SHOULDER LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23077	REMOVE TUMOR OF SHOULDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23100	BIOPSY OF SHOULDER JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23101	SHOULDER JOINT SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23105	REMOVE SHOULDER JOINT LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23106	INCISION OF COLLARBONE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23107	EXPLORE TREAT SHOULDER JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23120	PARTIAL REMOVAL, COLLAR BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23125	REMOVAL OF COLLAR BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23130	REMOVE SHOULDER BONE, PART	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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23140	REMOVAL OF BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23145	REMOVAL OF BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23146	REMOVAL OF BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23150	REMOVAL OF HUMERUS LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23155	REMOVAL OF HUMERUS LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23156	REMOVAL OF HUMERUS LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23170	REMOVE COLLAR BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23172	REMOVE SHOULDER BLADE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23174	REMOVE HUMERUS LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23180	REMOVE COLLAR BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23182	REMOVE SHOULDER BLADE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23184	REMOVE HUMERUS LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23190	PARTIAL REMOVAL OF SCAPULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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23195	REMOVAL OF HEAD OF HUMERUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23200	REMOVAL OF COLLAR BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23210	REMOVAL OF SHOULDER BLADE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23220	PARTIAL REMOVAL OF HUMERUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23221	PARTIAL REMOVAL OF HUMERUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23222	PARTIAL REMOVAL OF HUMERUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23330	REMOVE SHOULDER FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23331	REMOVE SHOULDER FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23332	REMOVE SHOULDER FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23350	INJECTION FOR SHOULDER X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23395	MUSCLE TRANSFER,SHOULDER/ARM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23397	MUSCLE TRANSFERS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23400	FIXATION OF SHOULDER BLADE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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23405	INCISION OF TENDON & MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23406	INCISE TENDON(S) & MUSCLE(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23410	REPAIR OF TENDON(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23412	REPAIR OF TENDON(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23415	RELEASE OF SHOULDER LIGAMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23420	REPAIR OF SHOULDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23430	REPAIR BICEPS TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23440	REMOVE/TRANSPLANT TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23450	REPAIR SHOULDER CAPSULE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23455	REPAIR SHOULDER CAPSULE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23460	REPAIR SHOULDER CAPSULE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23462	REPAIR SHOULDER CAPSULE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23465	REPAIR SHOULDER CAPSULE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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23466	REPAIR SHOULDER CAPSULE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23470	RECONSTRUCT SHOULDER JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23472	RECONSTRUCT SHOULDER JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23480	REVISION OF COLLAR BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23485	REVISION OF COLLAR BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23490	REINFORCE CLAVICLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23491	REINFORCE SHOULDER BONES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23500	TREAT CLAVICLE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23505	TREAT CLAVICLE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23515	TREAT CLAVICLE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23520	TREAT CLAVICLE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23525	TREAT CLAVICLE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23530	TREAT CLAVICLE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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23532	TREAT CLAVICLE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23540	TREAT CLAVICLE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23545	TREAT CLAVICLE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23550	TREAT CLAVICLE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23552	TREAT CLAVICLE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23570	TREAT SHOULDER BLADE FX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23575	TREAT SHOULDER BLADE FX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23585	TREAT SCAPULA FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23600	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23605	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23615	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23616	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23620	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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23625	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23630	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23650	TREAT SHOULDER DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23655	TREAT SHOULDER DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23660	TREAT SHOULDER DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23665	TREAT DISLOCATION/FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23670	TREAT DISLOCATION/FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23675	TREAT DISLOCATION/FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23680	TREAT DISLOCATION/FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23700	FIXATION OF SHOULDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23800	FUSION OF SHOULDER JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23802	FUSION OF SHOULDER JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23900	AMPUTATION OF ARM & GIRDLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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23920	AMPUTATION AT SHOULDER JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23921	AMPUTATION FOLLOW-UP SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23929	SHOULDER SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23930	DRAINAGE OF ARM LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23931	DRAINAGE OF ARM BURSA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
23935	DRAIN ARM/ELBOW BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24000	EXPLORATORY ELBOW SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24006	RELEASE ELBOW JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24065	BIOPSY ARM/ELBOW SOFT TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24066	BIOPSY ARM/ELBOW SOFT TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24075	REMOVE ARM/ELBOW LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24076	REMOVE ARM/ELBOW LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24077	REMOVE TUMOR OF ARM/ELBOW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

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24100	BIOPSY ELBOW JOINT LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24101	EXPLORE/TREAT ELBOW JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24102	REMOVE ELBOW JOINT LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24105	REMOVAL OF ELBOW BURSA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24110	REMOVE HUMERUS LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24115	REMOVE/GRAFT BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24116	REMOVE/GRAFT BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24120	REMOVE ELBOW LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24125	REMOVE/GRAFT BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24126	REMOVE/GRAFT BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24130	REMOVAL OF HEAD OF RADIUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24134	REMOVAL OF ARM BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24136	REMOVE RADIUS BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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24138	REMOVE ELBOW BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24140	PARTIAL REMOVAL OF ARM BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24145	PARTIAL REMOVAL OF RADIUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24147	PARTIAL REMOVAL OF ELBOW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24149	RADICAL RESECTION OF ELBOW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24150	EXTENSIVE HUMERUS SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24151	EXTENSIVE HUMERUS SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24152	EXTENSIVE RADIUS SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24153	EXTENSIVE RADIUS SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24155	REMOVAL OF ELBOW JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24160	REMOVE ELBOW JOINT IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24164	REMOVE RADIUS HEAD IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24200	REMOVAL OF ARM FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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24201	REMOVAL OF ARM FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24220	INJECTION FOR ELBOW X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24300	Manipulate elbow w/anesth	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
24301	MUSCLE/TENDON TRANSFER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24305	ARM TENDON LENGTHENING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24310	REVISION OF ARM TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24320	REPAIR OF ARM TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24330	REVISION OF ARM MUSCLES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24331	REVISION OF ARM MUSCLES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24332	Tenolysis, triceps	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
24340	REPAIR OF BICEPS TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24341	REPAIR ARM TENDON/MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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24342	REPAIR OF RUPTURED TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24343	Repr elbow lat ligmnt w/tiss	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
24344	Reconstruct elbow lat ligmnt	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
24345	Repr elbw med ligmnt w/tiss	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
24346	Reconstruct elbow med ligmnt	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
24350	REPAIR OF TENNIS ELBOW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24351	REPAIR OF TENNIS ELBOW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24352	REPAIR OF TENNIS ELBOW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24354	REPAIR OF TENNIS ELBOW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24356	REVISION OF TENNIS ELBOW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24360	RECONSTRUCT ELBOW JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24361	RECONSTRUCT ELBOW JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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24362	RECONSTRUCT ELBOW JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24363	REPLACE ELBOW JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24365	RECONSTRUCT HEAD OF RADIUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24366	RECONSTRUCT HEAD OF RADIUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24400	REVISION OF HUMERUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24410	REVISION OF HUMERUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24420	REVISION OF HUMERUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24430	REPAIR OF HUMERUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24435	REPAIR HUMERUS WITH GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24470	REVISION OF ELBOW JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24495	DECOMPRESSION OF FOREARM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24498	REINFORCE HUMERUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24500	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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24505	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24515	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24516	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24530	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24535	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24538	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24545	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24546	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24560	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24565	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24566	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24575	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24576	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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24577	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24579	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24582	TREAT HUMERUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24586	TREAT ELBOW FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24587	TREAT ELBOW FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24600	TREAT ELBOW DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24605	TREAT ELBOW DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24615	TREAT ELBOW DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24620	TREAT ELBOW FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24635	TREAT ELBOW FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24640	TREAT ELBOW DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24650	TREAT RADIUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24655	TREAT RADIUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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24665	TREAT RADIUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24666	TREAT RADIUS FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24670	TREAT ULNAR FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24675	TREAT ULNAR FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24685	TREAT ULNAR FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24800	FUSION OF ELBOW JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24802	FUSION/GRAFT OF ELBOW JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24900	AMPUTATION OF UPPER ARM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24920	AMPUTATION OF UPPER ARM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24925	AMPUTATION FOLLOW-UP SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24930	AMPUTATION FOLLOW-UP SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24931	AMPUTATE UPPER ARM & IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24935	REVISION OF AMPUTATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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24940	REVISION OF UPPER ARM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
24999	UPPER ARM/ELBOW SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25000	INCISION OF TENDON SHEATH	No	SNF 516.3 SNF 260	0	NA		Part B - Non covered for SNF. Physician may bil
25001	Incise flexor carpi radialis	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
25020	Decompress forearm 1 space	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25023	Decompress forearm 1 space	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25024	Decompress forearm 2 spaces	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
25025	Decompress forarm 2 spaces	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
25028	DRAINAGE OF FOREARM LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25031	DRAINAGE OF FOREARM BURSA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25035	TREAT FOREARM BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25040	EXPLORE/TREAT WRIST JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

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25065	BIOPSY FOREARM SOFT TISSUES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25066	BIOPSY FOREARM SOFT TISSUES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25075	Remove forearm lesion subcut	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25076	Remove forearm lesion deep	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25077	REMOVE TUMOR, FOREARM/WRIST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25085	INCISION OF WRIST CAPSULE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25100	BIOPSY OF WRIST JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25101	EXPLORE/TREAT WRIST JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25105	REMOVE WRIST JOINT LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25107	REMOVE WRIST JOINT CARTILAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25110	REMOVE WRIST TENDON LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25111	REMOVE WRIST TENDON LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25112	REREMOVE WRIST TENDON LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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25115	REMOVE WRIST/FOREARM LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25116	REMOVE WRIST/FOREARM LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25118	EXCISE WRIST TENDON SHEATH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25119	PARTIAL REMOVAL OF ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25120	REMOVAL OF FOREARM LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25125	REMOVE/GRAFT FOREARM LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25126	REMOVE/GRAFT FOREARM LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25130	REMOVAL OF WRIST LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25135	REMOVE & GRAFT WRIST LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25136	REMOVE & GRAFT WRIST LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25145	REMOVE FOREARM BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25150	PARTIAL REMOVAL OF ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25151	PARTIAL REMOVAL OF RADIUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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25170	EXTENSIVE FOREARM SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25210	REMOVAL OF WRIST BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25215	REMOVAL OF WRIST BONES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25230	PARTIAL REMOVAL OF RADIUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25240	PARTIAL REMOVAL OF ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25246	INJECTION FOR WRIST X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25248	REMOVE FOREARM FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25250	REMOVAL OF WRIST PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25251	REMOVAL OF WRIST PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25259	Manipulate wrist w/anesthes	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
25260	REPAIR FOREARM TENDON/MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25263	REPAIR FOREARM TENDON/MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25265	REPAIR FOREARM TENDON/MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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25270	REPAIR FOREARM TENDON/MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25272	REPAIR FOREARM TENDON/MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25274	REPAIR FOREARM TENDON/MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25275	Repair forearm tendon sheath	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
25280	REVISE WRIST/FOREARM TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25290	INCISE WRIST/FOREARM TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25295	RELEASE WRIST/FOREARM TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25300	FUSION OF TENDONS AT WRIST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25301	FUSION OF TENDONS AT WRIST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25310	TRANSPLANT FOREARM TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25312	TRANSPLANT FOREARM TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25315	REVISE PALSY HAND TENDON(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25316	REVISE PALSY HAND TENDON(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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25320	REPAIR/REVISE WRIST JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25332	REVISE WRIST JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25335	REALIGNMENT OF HAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25337	RECONSTRUCT ULNA/RADIOULNAR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25350	REVISION OF RADIUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25355	REVISION OF RADIUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25360	REVISION OF ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25365	REVISE RADIUS & ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25370	REVISE RADIUS OR ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25375	REVISE RADIUS & ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25390	SHORTEN RADIUS OR ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25391	LENGTHEN RADIUS OR ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25392	SHORTEN RADIUS & ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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25393	LENGTHEN RADIUS & ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25394	Repair carpal bone, shorten	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
25400	REPAIR RADIUS OR ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25405	REPAIR/GRAFT RADIUS OR ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25415	REPAIR RADIUS & ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25420	REPAIR/GRAFT RADIUS & ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25425	REPAIR/GRAFT RADIUS OR ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25426	REPAIR/GRAFT RADIUS & ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25430	Vasc graft into carpal bone	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
25431	Repair nonunion carpal bone	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
25440	REPAIR/GRAFT WRIST BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25441	RECONSTRUCT WRIST JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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25442	RECONSTRUCT WRIST JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25443	RECONSTRUCT WRIST JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25444	RECONSTRUCT WRIST JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25445	RECONSTRUCT WRIST JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25446	WRIST REPLACEMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25447	REPAIR WRIST JOINT(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25449	REMOVE WRIST JOINT IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25450	REVISION OF WRIST JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25455	REVISION OF WRIST JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25490	REINFORCE RADIUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25491	REINFORCE ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25492	REINFORCE RADIUS AND ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25500	TREAT FRACTURE OF RADIUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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25505	TREAT FRACTURE OF RADIUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25515	TREAT FRACTURE OF RADIUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25520	TREAT FRACTURE OF RADIUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25525	TREAT FRACTURE OF RADIUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25526	TREAT FRACTURE OF RADIUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25530	TREAT FRACTURE OF ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25535	TREAT FRACTURE OF ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25545	TREAT FRACTURE OF ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25560	TREAT FRACTURE RADIUS & ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25565	TREAT FRACTURE RADIUS & ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25574	TREAT FRACTURE RADIUS & ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25575	TREAT FRACTURE RADIUS/ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25600	TREAT FRACTURE RADIUS/ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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25605	TREAT FRACTURE RADIUS/ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25611	TREAT FRACTURE RADIUS/ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25620	TREAT FRACTURE RADIUS/ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25622	TREAT WRIST BONE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25624	TREAT WRIST BONE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25628	TREAT WRIST BONE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25630	TREAT WRIST BONE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25635	TREAT WRIST BONE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25645	TREAT WRIST BONE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25650	TREAT WRIST BONE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25651	Pin ulnar styloid fracture	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
25652	Treat fracture ulnar styloid	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi

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25660	TREAT WRIST DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25670	TREAT WRIST DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25671	Pin radioulnar dislocation	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
25675	TREAT WRIST DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25676	TREAT WRIST DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25680	TREAT WRIST FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25685	TREAT WRIST FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25690	TREAT WRIST DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25695	TREAT WRIST DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25800	FUSION OF WRIST JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25805	FUSION/GRAFT OF WRIST JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25810	FUSION/GRAFT OF WRIST JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25820	FUSION OF HAND BONES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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25825	FUSE HAND BONES WITH GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25830	FUSION, RADIOULNAR JNT/ULNA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25900	AMPUTATION OF FOREARM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25905	AMPUTATION OF FOREARM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25907	AMPUTATION FOLLOW-UP SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25909	AMPUTATION FOLLOW-UP SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25915	AMPUTATION OF FOREARM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25920	AMPUTATE HAND AT WRIST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25922	AMPUTATE HAND AT WRIST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25924	AMPUTATION FOLLOW-UP SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25927	AMPUTATION OF HAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25929	AMPUTATION FOLLOW-UP SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
25931	AMPUTATION FOLLOW-UP SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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25999	FOREARM OR WRIST SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26010	DRAINAGE OF FINGER ABSCESS	Yes	SNF 516	0	NA		Physician billing to Carrier
26011	DRAINAGE OF FINGER ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26020	DRAIN HAND TENDON SHEATH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26025	DRAINAGE OF PALM BURSA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26030	DRAINAGE OF PALM BURSA(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26034	TREAT HAND BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26035	DECOMPRESS FINGERS/HAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26037	DECOMPRESS FINGERS/HAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26040	RELEASE PALM CONTRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26045	RELEASE PALM CONTRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26055	INCISE FINGER TENDON SHEATH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26060	INCISION OF FINGER TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26070	EXPLORE/TREAT HAND JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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26075	EXPLORE/TREAT FINGER JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26080	EXPLORE/TREAT FINGER JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26100	BIOPSY HAND JOINT LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26105	BIOPSY FINGER JOINT LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26110	BIOPSY FINGER JOINT LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26115	Remove hand lesion subcut	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26116	Remove hand lesion, deep	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26117	REMOVE TUMOR, HAND/FINGER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26121	RELEASE PALM CONTRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26123	RELEASE PALM CONTRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26125	RELEASE PALM CONTRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26130	REMOVE WRIST JOINT LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26135	REVISE FINGER JOINT, EACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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26140	REVISE FINGER JOINT, EACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26145	TENDON EXCISION, PALM/FINGER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26160	REMOVE TENDON SHEATH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26170	REMOVAL OF PALM TENDON, EACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26180	REMOVAL OF FINGER TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26185	REMOVE FINGER BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26200	REMOVE HAND BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26205	REMOVE/GRAFT BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26210	REMOVAL OF FINGER LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26215	REMOVE/GRAFT FINGER LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26230	PARTIAL REMOVAL OF HAND BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26235	PARTIAL REMOVAL, FINGER BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26236	PARTIAL REMOVAL, FINGER BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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26250	EXTENSIVE HAND SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26255	EXTENSIVE HAND SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26260	EXTENSIVE FINGER SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26261	EXTENSIVE FINGER SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26262	PARTIAL REMOVAL OF FINGER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26320	REMOVAL OF IMPLANT FROM HAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26340	Manipulate finger w/anesth	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
26350	REPAIR FINGER/HAND TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26352	REPAIR/GRAFT HAND TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26356	REPAIR FINGER/HAND TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26357	REPAIR FINGER/HAND TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26358	REPAIR/GRAFT HAND TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26370	REPAIR FINGER/HAND TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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26372	REPAIR/GRAFT HAND TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26373	REPAIR FINGER/HAND TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26390	REVISE HAND/FINGER TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26392	REPAIR/GRAFT HAND TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26410	REPAIR HAND TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26412	REPAIR/GRAFT HAND TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26415	EXCISION, HAND/FINGER TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26416	GRAFT HAND OR FINGER TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26418	REPAIR FINGER TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26420	REPAIR/GRAFT FINGER TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26426	REPAIR FINGER/HAND TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26428	REPAIR/GRAFT FINGER TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26432	REPAIR FINGER TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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26433	REPAIR FINGER TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26434	REPAIR/GRAFT FINGER TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26437	REALIGNMENT OF TENDONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26440	RELEASE PALM/FINGER TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26442	RELEASE PALM & FINGER TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26445	RELEASE HAND/FINGER TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26449	RELEASE FOREARM/HAND TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26450	INCISION OF PALM TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26455	INCISION OF FINGER TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26460	INCISE HAND/FINGER TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26471	FUSION OF FINGER TENDONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26474	FUSION OF FINGER TENDONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26476	TENDON LENGTHENING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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26477	TENDON SHORTENING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26478	LENGTHENING OF HAND TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26479	SHORTENING OF HAND TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26480	TRANSPLANT HAND TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26483	TRANSPLANT/GRAFT HAND TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26485	TRANSPLANT PALM TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26489	TRANSPLANT/GRAFT PALM TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26490	REVISE THUMB TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26492	TENDON TRANSFER WITH GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26494	HAND TENDON/MUSCLE TRANSFER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26496	REVISE THUMB TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26497	FINGER TENDON TRANSFER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26498	FINGER TENDON TRANSFER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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HCPCS Code	HCPCS Description The file is sorted in ascending HCPCS code order, numbers before letters. Note that this is a PDF file. To search and jump to a code, click on the 'binoculars' icon on the PDF meno bar instead of the browser 'edit' tool. When the pop up menu screen appears, type the HCPCS code to find the related line in the table.	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	Part B Price Method	Part B Price Code	Last Updated October 24, 2002 Comments Click anywhere in this block to see a file that contains a description of data elements and coding.
26499	REVISION OF FINGER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26500	HAND TENDON RECONSTRUCTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26502	HAND TENDON RECONSTRUCTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26504	HAND TENDON RECONSTRUCTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26508	RELEASE THUMB CONTRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26510	THUMB TENDON TRANSFER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26516	FUSION OF KNUCKLE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26517	FUSION OF KNUCKLE JOINTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26518	FUSION OF KNUCKLE JOINTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26520	RELEASE KNUCKLE CONTRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26525	RELEASE FINGER CONTRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26530	REVISE KNUCKLE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26531	REVISE KNUCKLE WITH IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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26535	REVISE FINGER JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26536	REVISE/IMPLANT FINGER JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26540	REPAIR HAND JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26541	REPAIR HAND JOINT WITH GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26542	REPAIR HAND JOINT WITH GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26545	RECONSTRUCT FINGER JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26546	REPAIR NONUNION HAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26548	RECONSTRUCT FINGER JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26550	CONSTRUCT THUMB REPLACEMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26551	GREAT TOE-HAND TRANSFER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26553	SINGLE TRANSFER, TOE-HAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26554	DOUBLE TRANSFER, TOE-HAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26555	POSITIONAL CHANGE OF FINGER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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26556	TOE JOINT TRANSFER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26560	REPAIR OF WEB FINGER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26561	REPAIR OF WEB FINGER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26562	REPAIR OF WEB FINGER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26565	CORRECT METACARPAL FLAW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26567	CORRECT FINGER DEFORMITY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26568	LENGTHEN METACARPAL/FINGER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26580	REPAIR HAND DEFORMITY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26585	REPAIR FINGER DEFORMITY	No		0	NA		Discontinue after 12/31/2001 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
26587	RECONSTRUCT EXTRA FINGER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26590	REPAIR FINGER DEFORMITY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26591	REPAIR MUSCLES OF HAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26593	RELEASE MUSCLES OF HAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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26596	EXCISION CONSTRICTING TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26597	RELEASE OF SCAR CONTRACTURE	No		0	NA		Discontinue after 12/31/2001 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
26600	TREAT METACARPAL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26605	TREAT METACARPAL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26607	TREAT METACARPAL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26608	TREAT METACARPAL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26615	TREAT METACARPAL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26641	TREAT THUMB DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26645	TREAT THUMB FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26650	TREAT THUMB FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26665	TREAT THUMB FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26670	TREAT HAND DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26675	TREAT HAND DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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26676	PIN HAND DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26685	TREAT HAND DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26686	TREAT HAND DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26700	TREAT KNUCKLE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26705	TREAT KNUCKLE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26706	PIN KNUCKLE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26715	TREAT KNUCKLE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26720	TREAT FINGER FRACTURE, EACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26725	TREAT FINGER FRACTURE, EACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26727	TREAT FINGER FRACTURE, EACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26735	TREAT FINGER FRACTURE, EACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26740	TREAT FINGER FRACTURE, EACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26742	TREAT FINGER FRACTURE, EACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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26746	TREAT FINGER FRACTURE, EACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26750	TREAT FINGER FRACTURE, EACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26755	TREAT FINGER FRACTURE, EACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26756	PIN FINGER FRACTURE, EACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26765	TREAT FINGER FRACTURE, EACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26770	TREAT FINGER DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26775	TREAT FINGER DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26776	PIN FINGER DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26785	TREAT FINGER DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26820	THUMB FUSION WITH GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26841	FUSION OF THUMB	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26842	THUMB FUSION WITH GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26843	FUSION OF HAND JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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26844	FUSION/GRAFT OF HAND JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26850	FUSION OF KNUCKLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26852	FUSION OF KNUCKLE WITH GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26860	FUSION OF FINGER JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26861	FUSION OF FINGER JNT, ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26862	FUSION/GRAFT OF FINGER JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26863	FUSE/GRAFT ADDED JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26910	AMPUTATE METACARPAL BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26951	AMPUTATION OF FINGER/THUMB	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26952	AMPUTATION OF FINGER/THUMB	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26989	HAND/FINGER SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26990	DRAINAGE OF PELVIS LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
26991	DRAINAGE OF PELVIS BURSA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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26992	DRAINAGE OF BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27000	INCISION OF HIP TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27001	INCISION OF HIP TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27003	INCISION OF HIP TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27005	INCISION OF HIP TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27006	INCISION OF HIP TENDONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27025	INCISION OF HIP/THIGH FASCIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27030	DRAINAGE OF HIP JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27033	EXPLORATION OF HIP JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27035	DENERVATION OF HIP JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27036	EXCISION OF HIP JOINT/MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27040	BIOPSY OF SOFT TISSUES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27041	BIOPSY OF SOFT TISSUES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27047	REMOVE HIP/PELVIS LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27048	REMOVE HIP/PELVIS LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27049	REMOVE TUMOR, HIP/PELVIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27050	BIOPSY OF SACROILIAC JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27052	BIOPSY OF HIP JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27054	REMOVAL OF HIP JOINT LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27060	REMOVAL OF ISCHIAL BURSA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27062	REMOVE FEMUR LESION/BURSA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27065	REMOVAL OF HIP BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27066	REMOVAL OF HIP BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27067	REMOVE/GRAFT HIP BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27070	PARTIAL REMOVAL OF HIP BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27071	PARTIAL REMOVAL OF HIP BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27075	EXTENSIVE HIP SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27076	EXTENSIVE HIP SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27077	EXTENSIVE HIP SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27078	EXTENSIVE HIP SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27079	EXTENSIVE HIP SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27080	REMOVAL OF TAIL BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27086	REMOVE HIP FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27087	REMOVE HIP FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27090	REMOVAL OF HIP PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27091	REMOVAL OF HIP PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27093	INJECTION FOR HIP X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27095	INJECTION FOR HIP X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27096	INJECT SACROILIAC JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27097	REVISION OF HIP TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27098	TRANSFER TENDON TO PELVIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27100	TRANSFER OF ABDOMINAL MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27105	TRANSFER OF SPINAL MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27110	TRANSFER OF ILIOPSOAS MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27111	TRANSFER OF ILIOPSOAS MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27120	RECONSTRUCTION OF HIP SOCKET	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27122	RECONSTRUCTION OF HIP SOCKET	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27125	PARTIAL HIP REPLACEMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27130	Total hip arthroplasty	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27132	Total hip arthroplasty	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27134	REVISE HIP JOINT REPLACEMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27137	REVISE HIP JOINT REPLACEMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27138	REVISE HIP JOINT REPLACEMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27140	TRANSPLANT FEMUR RIDGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27146	INCISION OF HIP BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27147	REVISION OF HIP BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27151	INCISION OF HIP BONES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27156	REVISION OF HIP BONES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27158	REVISION OF PELVIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27161	INCISION OF NECK OF FEMUR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27165	INCISION/FIXATION OF FEMUR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27170	REPAIR/GRAFT FEMUR HEAD/NECK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27175	TREAT SLIPPED EPIPHYSIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27176	TREAT SLIPPED EPIPHYSIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27177	TREAT SLIPPED EPIPHYSIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27178	TREAT SLIPPED EPIPHYSIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27179	REVISE HEAD/NECK OF FEMUR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27181	TREAT SLIPPED EPIPHYSIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27185	REVISION OF FEMUR EPIPHYSIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27187	REINFORCE HIP BONES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27193	TREAT PELVIC RING FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27194	TREAT PELVIC RING FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27200	TREAT TAIL BONE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27202	TREAT TAIL BONE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27215	TREAT PELVIC FRACTURE(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27216	TREAT PELVIC RING FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27217	TREAT PELVIC RING FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27218	TREAT PELVIC RING FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27220	TREAT HIP SOCKET FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27222	TREAT HIP SOCKET FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27226	TREAT HIP WALL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27227	TREAT HIP FRACTURE(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27228	TREAT HIP FRACTURE(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27230	TREAT THIGH FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27232	TREAT THIGH FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27235	TREAT THIGH FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27236	TREAT THIGH FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27238	TREAT THIGH FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27240	TREAT THIGH FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27244	TREAT THIGH FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27245	TREAT THIGH FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27246	TREAT THIGH FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27248	TREAT THIGH FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27250	TREAT HIP DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27252	TREAT HIP DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27253	TREAT HIP DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27254	TREAT HIP DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27256	TREAT HIP DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27257	TREAT HIP DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27258	TREAT HIP DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27259	TREAT HIP DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27265	TREAT HIP DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27266	TREAT HIP DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27275	MANIPULATION OF HIP JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27280	FUSION OF SACROILIAC JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27282	FUSION OF PUBIC BONES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27284	FUSION OF HIP JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27286	FUSION OF HIP JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27290	AMPUTATION OF LEG AT HIP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27295	AMPUTATION OF LEG AT HIP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27299	PELVIS/HIP JOINT SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27301	DRAIN THIGH/KNEE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27303	DRAINAGE OF BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27305	INCISE THIGH TENDON & FASCIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27306	INCISION OF THIGH TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27307	INCISION OF THIGH TENDONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27310	EXPLORATION OF KNEE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27315	PARTIAL REMOVAL, THIGH NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27320	PARTIAL REMOVAL, THIGH NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27323	BIOPSY, THIGH SOFT TISSUES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27324	BIOPSY, THIGH SOFT TISSUES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27327	REMOVAL OF THIGH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27328	REMOVAL OF THIGH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27329	REMOVE TUMOR, THIGH/KNEE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27330	BIOPSY, KNEE JOINT LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27331	EXPLORE/TREAT KNEE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27332	REMOVAL OF KNEE CARTILAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27333	REMOVAL OF KNEE CARTILAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27334	REMOVE KNEE JOINT LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27335	REMOVE KNEE JOINT LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27340	REMOVAL OF KNEECAP BURSA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27345	REMOVAL OF KNEE CYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27347	REMOVE KNEE CYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27350	REMOVAL OF KNEECAP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27355	REMOVE FEMUR LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27356	REMOVE FEMUR LESION/GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27357	REMOVE FEMUR LESION/GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27358	REMOVE FEMUR LESION/FIXATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27360	PARTIAL REMOVAL, LEG BONE(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27365	EXTENSIVE LEG SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27370	INJECTION FOR KNEE X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27372	REMOVAL OF FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27380	REPAIR OF KNEECAP TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27381	REPAIR/GRAFT KNEECAP TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27385	REPAIR OF THIGH MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27386	REPAIR/GRAFT OF THIGH MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27390	INCISION OF THIGH TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27391	INCISION OF THIGH TENDONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27392	INCISION OF THIGH TENDONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27393	LENGTHENING OF THIGH TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27394	LENGTHENING OF THIGH TENDONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27395	LENGTHENING OF THIGH TENDONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27396	TRANSPLANT OF THIGH TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27397	TRANSPLANTS OF THIGH TENDONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27400	REVISE THIGH MUSCLES/TENDONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27403	REPAIR OF KNEE CARTILAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27405	REPAIR OF KNEE LIGAMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27407	REPAIR OF KNEE LIGAMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27409	REPAIR OF KNEE LIGAMENTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27418	REPAIR DEGENERATED KNEECAP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27420	REVISION OF UNSTABLE KNEECAP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27422	REVISION OF UNSTABLE KNEECAP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27424	REVISION/REMOVAL OF KNEECAP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27425	LATERAL RETINACULAR RELEASE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27427	RECONSTRUCTION, KNEE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27428	RECONSTRUCTION, KNEE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27429	RECONSTRUCTION, KNEE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27430	REVISION OF THIGH MUSCLES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27435	INCISION OF KNEE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27437	REVISE KNEECAP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27438	REVISE KNEECAP WITH IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27440	REVISION OF KNEE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27441	REVISION OF KNEE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27442	REVISION OF KNEE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27443	REVISION OF KNEE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27445	REVISION OF KNEE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27446	REVISION OF KNEE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27447	Total knee arthroplasty	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27448	INCISION OF THIGH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27450	INCISION OF THIGH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27454	REALIGNMENT OF THIGH BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27455	REALIGNMENT OF KNEE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27457	REALIGNMENT OF KNEE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27465	SHORTENING OF THIGH BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27466	LENGTHENING OF THIGH BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27468	SHORTEN/LENGTHEN THIGHS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27470	REPAIR OF THIGH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27472	REPAIR/GRAFT OF THIGH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27475	SURGERY TO STOP LEG GROWTH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27477	SURGERY TO STOP LEG GROWTH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27479	SURGERY TO STOP LEG GROWTH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27485	SURGERY TO STOP LEG GROWTH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27486	REVISE/REPLACE KNEE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27487	REVISE/REPLACE KNEE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27488	REMOVAL OF KNEE PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27495	REINFORCE THIGH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27496	DECOMPRESSION OF THIGH/KNEE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27497	DECOMPRESSION OF THIGH/KNEE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27498	DECOMPRESSION OF THIGH/KNEE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27499	DECOMPRESSION OF THIGH/KNEE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27500	TREATMENT OF THIGH FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27501	TREATMENT OF THIGH FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27502	TREATMENT OF THIGH FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27503	TREATMENT OF THIGH FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27506	TREATMENT OF THIGH FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27507	TREATMENT OF THIGH FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27508	TREATMENT OF THIGH FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27509	TREATMENT OF THIGH FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27510	TREATMENT OF THIGH FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27511	TREATMENT OF THIGH FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27513	TREATMENT OF THIGH FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27514	TREATMENT OF THIGH FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27516	TREAT THIGH FX GROWTH PLATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27517	TREAT THIGH FX GROWTH PLATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27519	TREAT THIGH FX GROWTH PLATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27520	TREAT KNEECAP FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27524	TREAT KNEECAP FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27530	TREAT KNEE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27532	TREAT KNEE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27535	TREAT KNEE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27536	TREAT KNEE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27538	TREAT KNEE FRACTURE(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27540	TREAT KNEE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27550	TREAT KNEE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27552	TREAT KNEE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27556	TREAT KNEE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27557	TREAT KNEE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27558	TREAT KNEE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27560	TREAT KNEECAP DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27562	TREAT KNEECAP DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27566	TREAT KNEECAP DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27570	FIXATION OF KNEE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27580	FUSION OF KNEE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27590	AMPUTATE LEG AT THIGH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27591	AMPUTATE LEG AT THIGH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27592	AMPUTATE LEG AT THIGH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27594	AMPUTATION FOLLOW-UP SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27596	AMPUTATION FOLLOW-UP SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27598	AMPUTATE LOWER LEG AT KNEE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27599	LEG SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27600	DECOMPRESSION OF LOWER LEG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27601	DECOMPRESSION OF LOWER LEG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27602	DECOMPRESSION OF LOWER LEG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27603	DRAIN LOWER LEG LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27604	DRAIN LOWER LEG BURSA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27605	INCISION OF ACHILLES TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27606	INCISION OF ACHILLES TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27607	TREAT LOWER LEG BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27610	EXPLORE/TREAT ANKLE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27612	EXPLORATION OF ANKLE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27613	BIOPSY LOWER LEG SOFT TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27614	BIOPSY LOWER LEG SOFT TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27615	REMOVE TUMOR, LOWER LEG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27618	REMOVE LOWER LEG LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27619	REMOVE LOWER LEG LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27620	EXPLORE/TREAT ANKLE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27625	REMOVE ANKLE JOINT LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27626	REMOVE ANKLE JOINT LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27630	REMOVAL OF TENDON LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27635	REMOVE LOWER LEG BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27637	REMOVE/GRAFT LEG BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27638	REMOVE/GRAFT LEG BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27640	PARTIAL REMOVAL OF TIBIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27641	PARTIAL REMOVAL OF FIBULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27645	EXTENSIVE LOWER LEG SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27646	EXTENSIVE LOWER LEG SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27647	EXTENSIVE ANKLE/HEEL SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27648	INJECTION FOR ANKLE X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27650	REPAIR ACHILLES TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27652	REPAIR/GRAFT ACHILLES TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27654	REPAIR OF ACHILLES TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27656	REPAIR LEG FASCIA DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27658	REPAIR OF LEG TENDON, EACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27659	REPAIR OF LEG TENDON, EACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27664	REPAIR OF LEG TENDON, EACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27665	REPAIR OF LEG TENDON, EACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27675	REPAIR LOWER LEG TENDONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27676	REPAIR LOWER LEG TENDONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27680	RELEASE OF LOWER LEG TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27681	RELEASE OF LOWER LEG TENDONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27685	REVISION OF LOWER LEG TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27686	REVISE LOWER LEG TENDONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27687	REVISION OF CALF TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27690	REVISE LOWER LEG TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27691	REVISE LOWER LEG TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27692	REVISE ADDITIONAL LEG TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27695	REPAIR OF ANKLE LIGAMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27696	REPAIR OF ANKLE LIGAMENTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27698	REPAIR OF ANKLE LIGAMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27700	REVISION OF ANKLE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27702	RECONSTRUCT ANKLE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27703	RECONSTRUCTION, ANKLE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27704	REMOVAL OF ANKLE IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27705	INCISION OF TIBIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27707	INCISION OF FIBULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27709	INCISION OF TIBIA & FIBULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27712	REALIGNMENT OF LOWER LEG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27715	REVISION OF LOWER LEG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27720	REPAIR OF TIBIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27722	REPAIR/GRAFT OF TIBIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27724	REPAIR/GRAFT OF TIBIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27725	REPAIR OF LOWER LEG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27727	REPAIR OF LOWER LEG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27730	REPAIR OF TIBIA EPIPHYSIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27732	REPAIR OF FIBULA EPIPHYSIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27734	REPAIR LOWER LEG EPIPHYSES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27740	REPAIR OF LEG EPIPHYSES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27742	REPAIR OF LEG EPIPHYSES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27745	REINFORCE TIBIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27750	TREATMENT OF TIBIA FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27752	TREATMENT OF TIBIA FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27756	TREATMENT OF TIBIA FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27758	TREATMENT OF TIBIA FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27759	TREATMENT OF TIBIA FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27760	TREATMENT OF ANKLE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27762	TREATMENT OF ANKLE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27766	TREATMENT OF ANKLE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27780	TREATMENT OF FIBULA FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27781	TREATMENT OF FIBULA FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27784	TREATMENT OF FIBULA FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27786	TREATMENT OF ANKLE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27788	TREATMENT OF ANKLE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27792	TREATMENT OF ANKLE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27808	TREATMENT OF ANKLE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27810	TREATMENT OF ANKLE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27814	TREATMENT OF ANKLE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27816	TREATMENT OF ANKLE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27818	TREATMENT OF ANKLE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27822	TREATMENT OF ANKLE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27823	TREATMENT OF ANKLE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27824	TREAT LOWER LEG FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27825	TREAT LOWER LEG FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27826	TREAT LOWER LEG FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27827	TREAT LOWER LEG FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27828	TREAT LOWER LEG FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27829	TREAT LOWER LEG JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27830	TREAT LOWER LEG DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27831	TREAT LOWER LEG DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27832	TREAT LOWER LEG DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27840	TREAT ANKLE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27842	TREAT ANKLE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27846	TREAT ANKLE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27848	TREAT ANKLE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27860	FIXATION OF ANKLE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27870	FUSION OF ANKLE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27871	FUSION OF TIBIOFIBULAR JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27880	AMPUTATION OF LOWER LEG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27881	AMPUTATION OF LOWER LEG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27882	AMPUTATION OF LOWER LEG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27884	AMPUTATION FOLLOW-UP SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27886	AMPUTATION FOLLOW-UP SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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27888	AMPUTATION OF FOOT AT ANKLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27889	AMPUTATION OF FOOT AT ANKLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27892	DECOMPRESSION OF LEG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27893	DECOMPRESSION OF LEG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27894	DECOMPRESSION OF LEG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
27899	LEG/ANKLE SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28001	DRAINAGE OF BURSA OF FOOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28002	TREATMENT OF FOOT INFECTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28003	TREATMENT OF FOOT INFECTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28005	TREAT FOOT BONE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28008	INCISION OF FOOT FASCIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28010	INCISION OF TOE TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28011	INCISION OF TOE TENDONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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28020	EXPLORATION OF FOOT JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28022	EXPLORATION OF FOOT JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28024	EXPLORATION OF TOE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28030	REMOVAL OF FOOT NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28035	DECOMPRESSION OF TIBIA NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28043	EXCISION OF FOOT LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28045	EXCISION OF FOOT LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28046	RESECTION OF TUMOR, FOOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28050	BIOPSY OF FOOT JOINT LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28052	BIOPSY OF FOOT JOINT LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28054	BIOPSY OF TOE JOINT LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28060	PARTIAL REMOVAL, FOOT FASCIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28062	REMOVAL OF FOOT FASCIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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28070	REMOVAL OF FOOT JOINT LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28072	REMOVAL OF FOOT JOINT LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28080	REMOVAL OF FOOT LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28086	EXCISE FOOT TENDON SHEATH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28088	EXCISE FOOT TENDON SHEATH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28090	REMOVAL OF FOOT LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28092	REMOVAL OF TOE LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28100	REMOVAL OF ANKLE/HEEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28102	REMOVE/GRAFT FOOT LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28103	REMOVE/GRAFT FOOT LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28104	REMOVAL OF FOOT LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28106	REMOVE/GRAFT FOOT LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28107	REMOVE/GRAFT FOOT LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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28108	REMOVAL OF TOE LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28110	PART REMOVAL OF METATARSAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28111	PART REMOVAL OF METATARSAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28112	PART REMOVAL OF METATARSAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28113	PART REMOVAL OF METATARSAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28114	REMOVAL OF METATARSAL HEADS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28116	REVISION OF FOOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28118	REMOVAL OF HEEL BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28119	REMOVAL OF HEEL SPUR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28120	PART REMOVAL OF ANKLE/HEEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28122	PARTIAL REMOVAL OF FOOT BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28124	PARTIAL REMOVAL OF TOE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28126	PARTIAL REMOVAL OF TOE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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28130	REMOVAL OF ANKLE BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28140	REMOVAL OF METATARSAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28150	REMOVAL OF TOE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28153	PARTIAL REMOVAL OF TOE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28160	PARTIAL REMOVAL OF TOE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28171	EXTENSIVE FOOT SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28173	EXTENSIVE FOOT SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28175	EXTENSIVE FOOT SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28190	REMOVAL OF FOOT FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28192	REMOVAL OF FOOT FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28193	REMOVAL OF FOOT FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28200	REPAIR OF FOOT TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28202	REPAIR/GRAFT OF FOOT TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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28208	REPAIR OF FOOT TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28210	REPAIR/GRAFT OF FOOT TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28220	RELEASE OF FOOT TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28222	RELEASE OF FOOT TENDONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28225	RELEASE OF FOOT TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28226	RELEASE OF FOOT TENDONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28230	INCISION OF FOOT TENDON(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28232	INCISION OF TOE TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28234	INCISION OF FOOT TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28238	REVISION OF FOOT TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28240	RELEASE OF BIG TOE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28250	REVISION OF FOOT FASCIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28260	RELEASE OF MIDFOOT JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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28261	REVISION OF FOOT TENDON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28262	REVISION OF FOOT AND ANKLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28264	RELEASE OF MIDFOOT JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28270	RELEASE OF FOOT CONTRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28272	RELEASE OF TOE JOINT, EACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28280	FUSION OF TOES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28285	REPAIR OF HAMMERTOE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28286	REPAIR OF HAMMERTOE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28288	PARTIAL REMOVAL OF FOOT BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28289	REPAIR HALLUX RIGIDUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28290	CORRECTION OF BUNION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28292	CORRECTION OF BUNION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28293	CORRECTION OF BUNION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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28294	CORRECTION OF BUNION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28296	CORRECTION OF BUNION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28297	CORRECTION OF BUNION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28298	CORRECTION OF BUNION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28299	CORRECTION OF BUNION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28300	INCISION OF HEEL BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28302	INCISION OF ANKLE BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28304	INCISION OF MIDFOOT BONES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28305	INCISE/GRAFT MIDFOOT BONES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28306	INCISION OF METATARSAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28307	INCISION OF METATARSAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28308	INCISION OF METATARSAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28309	INCISION OF METATARSALS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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28310	REVISION OF BIG TOE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28312	REVISION OF TOE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28313	REPAIR DEFORMITY OF TOE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28315	REMOVAL OF SESAMOID BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28320	REPAIR OF FOOT BONES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28322	REPAIR OF METATARSALS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28340	RESECT ENLARGED TOE TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28341	RESECT ENLARGED TOE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28344	REPAIR EXTRA TOE(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28345	REPAIR WEBBED TOE(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28360	RECONSTRUCT CLEFT FOOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28400	TREATMENT OF HEEL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28405	TREATMENT OF HEEL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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28406	TREATMENT OF HEEL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28415	TREAT HEEL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28420	TREAT/GRAFT HEEL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28430	TREATMENT OF ANKLE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28435	TREATMENT OF ANKLE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28436	TREATMENT OF ANKLE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28445	TREAT ANKLE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28450	TREAT MIDFOOT FRACTURE, EACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28455	TREAT MIDFOOT FRACTURE, EACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28456	TREAT MIDFOOT FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28465	TREAT MIDFOOT FRACTURE, EACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28470	TREAT METATARSAL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28475	TREAT METATARSAL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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28476	TREAT METATARSAL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28485	TREAT METATARSAL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28490	TREAT BIG TOE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28495	TREAT BIG TOE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28496	TREAT BIG TOE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28505	TREAT BIG TOE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28510	TREATMENT OF TOE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28515	TREATMENT OF TOE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28525	TREAT TOE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28530	TREAT SESAMOID BONE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28531	TREAT SESAMOID BONE FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28540	TREAT FOOT DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28545	TREAT FOOT DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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28546	TREAT FOOT DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28555	REPAIR FOOT DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28570	TREAT FOOT DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28575	TREAT FOOT DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28576	TREAT FOOT DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28585	REPAIR FOOT DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28600	TREAT FOOT DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28605	TREAT FOOT DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28606	TREAT FOOT DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28615	REPAIR FOOT DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28630	TREAT TOE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28635	TREAT TOE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28636	TREAT TOE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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28645	REPAIR TOE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28660	TREAT TOE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28665	TREAT TOE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28666	TREAT TOE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28675	REPAIR OF TOE DISLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28705	FUSION OF FOOT BONES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28715	FUSION OF FOOT BONES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28725	FUSION OF FOOT BONES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28730	FUSION OF FOOT BONES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28735	FUSION OF FOOT BONES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28737	REVISION OF FOOT BONES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28740	FUSION OF FOOT BONES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28750	FUSION OF BIG TOE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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28755	FUSION OF BIG TOE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28760	FUSION OF BIG TOE JOINT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28800	AMPUTATION OF MIDFOOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28805	AMPUTATION THRU METATARSAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28810	AMPUTATION TOE & METATARSAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28820	AMPUTATION OF TOE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28825	PARTIAL AMPUTATION OF TOE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
28899	FOOT/TOES SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29000	APPLICATION OF BODY CAST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29010	APPLICATION OF BODY CAST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29015	APPLICATION OF BODY CAST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29020	APPLICATION OF BODY CAST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29025	APPLICATION OF BODY CAST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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29035	APPLICATION OF BODY CAST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29040	APPLICATION OF BODY CAST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29044	APPLICATION OF BODY CAST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29046	APPLICATION OF BODY CAST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29049	APPLICATION OF FIGURE EIGHT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29055	APPLICATION OF SHOULDER CAST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29058	APPLICATION OF SHOULDER CAST	Yes	SNF 516.3 SNF 260	0	NA		Physician billing to Carrier
29065	APPLICATION OF LONG ARM CAST	Yes	SNF 516.3 SNF 260	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.
29075	APPLICATION OF FOREARM CAST	Yes	SNF 516.3 SNF 260	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.
29085	APPLY HAND/WRIST CAST	Yes	SNF 516.3 SNF 260	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.
29086	Apply finger cast	Yes	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Physician may bill

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29105	APPLY LONG ARM SPLINT	Yes	SNF 516.3 SNF 260	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.
29125	APPLY FOREARM SPLINT	Yes	SNF 516.3 SNF 260	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.
29126	APPLY FOREARM SPLINT	Yes	SNF 516.3 SNF 260	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.
29130	APPLICATION OF FINGER SPLINT	Yes	SNF 516.3 SNF 260	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.
29131	APPLICATION OF FINGER SPLINT	Yes	SNF 516.3 SNF 260	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.
29200	STRAPPING OF CHEST	Yes	SNF 516.3 SNF 260	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.
29220	STRAPPING OF LOW BACK	Yes	SNF 516.3 SNF 260	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.
29240	STRAPPING OF SHOULDER	Yes	SNF 516.3 SNF 260	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.

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29260	STRAPPING OF ELBOW OR WRIST	Yes	SNF 516.3 SNF 260	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.
29280	STRAPPING OF HAND OR FINGER	Yes	SNF 516.3 SNF 260	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.
29305	APPLICATION OF HIP CAST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29325	APPLICATION OF HIP CASTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29345	APPLICATION OF LONG LEG CAST	Yes	SNF 516 SNF 532	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.
29355	APPLICATION OF LONG LEG CAST	Yes	SNF 516	0	NA		Physician billing to Carrier
29358	APPLY LONG LEG CAST BRACE	Yes	SNF 516	0	NA		Physician billing to Carrier
29365	APPLICATION OF LONG LEG CAST	Yes	SNF 516 SNF 532	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.
29405	APPLY SHORT LEG CAST	Yes	SNF 516 SNF 532	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.
29425	APPLY SHORT LEG CAST	Yes	SNF 516	0	NA		Physician billing to Carrier
29435	APPLY SHORT LEG CAST	Yes	SNF 516	0	NA		Physician billing to Carrier
29440	ADDITION OF WALKER TO CAST	Yes	SNF 516	0	NA		Physician billing to Carrier

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29445	APPLY RIGID LEG CAST	Yes	SNF 516 SNF 532	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.
29450	APPLICATION OF LEG CAST	Yes	SNF 516	0	NA		Physician billing to Carrier
29505	APPLICATION, LONG LEG SPLINT	Yes	SNF 516 SNF 532	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.
29515	APPLICATION LOWER LEG SPLINT	Yes	SNF 516 SNF 532	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.
29520	STRAPPING OF HIP	Yes	SNF 516 SNF 532	0	Fee		Part B - SNFs must bill this therapy service
29530	STRAPPING OF KNEE	Yes	SNF 516 SNF 532	0	Fee		Part B - SNFs must bill this therapy service
29540	STRAPPING OF ANKLE	Yes	SNF 516 SNF 532	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.
29550	STRAPPING OF TOES	Yes	SNF 516 SNF 532	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.
29580	APPLICATION OF PASTE BOOT	Yes	SNF 516 SNF 532	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.
29590	APPLICATION OF FOOT SPLINT	Yes	SNF 516 SNF 532	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.

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29700	REMOVAL/REVISION OF CAST	Yes	SNF 516	0	NA		Physician billing to Carrier
29705	REMOVAL/REVISION OF CAST	Yes	SNF 516	0	NA		Physician billing to Carrier
29710	REMOVAL/REVISION OF CAST	Yes	SNF 516	0	NA		Physician billing to Carrier
29715	REMOVAL/REVISION OF CAST	Yes	SNF 516	0	NA		Physician billing to Carrier
29720	REPAIR OF BODY CAST	Yes	SNF 516	0	NA		Physician billing to Carrier
29730	WINDOWING OF CAST	Yes	SNF 516	0	NA		Physician billing to Carrier
29740	WEDGING OF CAST	Yes	SNF 516	0	NA		Physician billing to Carrier
29750	WEDGING OF CLUBFOOT CAST	Yes	SNF 516	0	NA		Physician billing to Carrier
29799	CASTING/STRAPPING PROCEDURE	Yes	SNF 516	0	NA		Physician billing to Carrier
29800	JAW ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29804	JAW ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29805	Shoulder arthroscopy, dx	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
29806	Shoulder arthroscopy/surgery	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
29807	Shoulder arthroscopy/surgery	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
29815	SHOULDER ARTHROSCOPY	No	SNF 516.3 SNF 260	0	NA		Discontinue after 12/31/2001 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
29819	SHOULDER ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29820	SHOULDER ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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29821	SHOULDER ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29822	SHOULDER ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29823	SHOULDER ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29824	Shoulder arthroscopy/surgery	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
29825	SHOULDER ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29826	SHOULDER ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29830	ELBOW ARTHROSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29834	ELBOW ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29835	ELBOW ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29836	ELBOW ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29837	ELBOW ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29838	ELBOW ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29840	WRIST ARTHROSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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29843	WRIST ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29844	WRIST ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29845	WRIST ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29846	WRIST ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29847	WRIST ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29848	WRIST ENDOSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29850	KNEE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29851	KNEE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29855	TIBIAL ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29856	TIBIAL ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29860	HIP ARTHROSCOPY, DX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29861	HIP ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29862	HIP ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

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29863	HIP ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29870	KNEE ARTHROSCOPY, DX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29871	KNEE ARTHROSCOPY/DRAINAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29874	KNEE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29875	KNEE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29876	KNEE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29877	KNEE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29879	KNEE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29880	KNEE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29881	KNEE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29882	KNEE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29883	KNEE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29884	KNEE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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29885	KNEE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29886	KNEE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29887	KNEE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29888	KNEE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29889	KNEE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29891	ANKLE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29892	ANKLE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29893	SCOPE, PLANTAR FASCIOTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29894	ANKLE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29895	ANKLE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29897	ANKLE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29898	ANKLE ARTHROSCOPY/SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
29900	Mcp joint arthroscopy, dx	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi

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29901	Mcp joint arthroscopy, surg	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
29902	Mcp joint arthroscopy, surg	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
29909	ARTHROSCOPY OF JOINT	No		0	NA		Discontinue after 12/31/2001 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
29999	Arthroscopy of joint	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
30000	DRAINAGE OF NOSE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bill
30020	DRAINAGE OF NOSE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bill
30100	INTRANASAL BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bill
30110	REMOVAL OF NOSE POLYP(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bill
30115	REMOVAL OF NOSE POLYP(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bill
30117	REMOVAL OF INTRANASAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bill
30118	REMOVAL OF INTRANASAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bill
30120	REVISION OF NOSE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bill

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30124	REMOVAL OF NOSE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30125	REMOVAL OF NOSE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30130	REMOVAL OF TURBINATE BONES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30140	REMOVAL OF TURBINATE BONES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30150	PARTIAL REMOVAL OF NOSE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30160	REMOVAL OF NOSE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30200	INJECTION TREATMENT OF NOSE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30210	NASAL SINUS THERAPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30220	INSERT NASAL SEPTAL BUTTON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30300	REMOVE NASAL FOREIGN BODY	Yes	SNF 516	0	NA		Physician billing to Carrier
30310	REMOVE NASAL FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30320	REMOVE NASAL FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30400	RECONSTRUCTION OF NOSE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30410	RECONSTRUCTION OF NOSE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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30420	RECONSTRUCTION OF NOSE	No	MCM 2329	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30430	REVISION OF NOSE	No	MCM 2329	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30435	REVISION OF NOSE	No	MCM 2329	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30450	REVISION OF NOSE	No	MCM 2329	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30460	REVISION OF NOSE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30462	REVISION OF NOSE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30465	REPAIR NASAL STENOSIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30520	REPAIR OF NASAL SEPTUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30540	REPAIR NASAL DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30545	REPAIR NASAL DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30560	RELEASE OF NASAL ADHESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30580	REPAIR UPPER JAW FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30600	REPAIR MOUTH/NOSE FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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30620	INTRANASAL RECONSTRUCTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30630	REPAIR NASAL SEPTUM DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30801	CAUTERIZATION, INNER NOSE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30802	CAUTERIZATION, INNER NOSE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30901	CONTROL OF NOSEBLEED	Yes	SNF 516	0	NA		Physician billing to Carrier
30903	CONTROL OF NOSEBLEED	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30905	CONTROL OF NOSEBLEED	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30906	REPEAT CONTROL OF NOSEBLEED	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30915	LIGATION, NASAL SINUS ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30920	LIGATION, UPPER JAW ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30930	THERAPY, FRACTURE OF NOSE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
30999	NASAL SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31000	IRRIGATION, MAXILLARY SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31002	IRRIGATION, SPHENOID SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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31020	EXPLORATION, MAXILLARY SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31030	EXPLORATION, MAXILLARY SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31032	EXPLORE SINUS,REMOVE POLYPS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31040	EXPLORATION BEHIND UPPER JAW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31050	EXPLORATION, SPHENOID SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31051	SPHENOID SINUS SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31070	EXPLORATION OF FRONTAL SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31075	EXPLORATION OF FRONTAL SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31080	REMOVAL OF FRONTAL SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31081	REMOVAL OF FRONTAL SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31084	REMOVAL OF FRONTAL SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31085	REMOVAL OF FRONTAL SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31086	REMOVAL OF FRONTAL SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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31087	REMOVAL OF FRONTAL SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31090	EXPLORATION OF SINUSES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31200	REMOVAL OF ETHMOID SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31201	REMOVAL OF ETHMOID SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31205	REMOVAL OF ETHMOID SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31225	REMOVAL OF UPPER JAW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31230	REMOVAL OF UPPER JAW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31231	NASAL ENDOSCOPY, DX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31233	NASAL/SINUS ENDOSCOPY, DX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31235	NASAL/SINUS ENDOSCOPY, DX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31237	NASAL/SINUS ENDOSCOPY, SURG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31238	NASAL/SINUS ENDOSCOPY, SURG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31239	NASAL/SINUS ENDOSCOPY, SURG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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31240	NASAL/SINUS ENDOSCOPY, SURG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31254	REVISION OF ETHMOID SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31255	REMOVAL OF ETHMOID SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31256	EXPLORATION MAXILLARY SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31267	ENDOSCOPY, MAXILLARY SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31276	SINUS ENDOSCOPY, SURGICAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31287	NASAL/SINUS ENDOSCOPY, SURG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31288	NASAL/SINUS ENDOSCOPY, SURG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31290	NASAL/SINUS ENDOSCOPY, SURG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31291	NASAL/SINUS ENDOSCOPY, SURG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31292	NASAL/SINUS ENDOSCOPY, SURG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31293	NASAL/SINUS ENDOSCOPY, SURG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31294	NASAL/SINUS ENDOSCOPY, SURG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

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31299	SINUS SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31300	REMOVAL OF LARYNX LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31320	DIAGNOSTIC INCISION, LARYNX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31360	REMOVAL OF LARYNX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31365	REMOVAL OF LARYNX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31367	PARTIAL REMOVAL OF LARYNX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31368	PARTIAL REMOVAL OF LARYNX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31370	PARTIAL REMOVAL OF LARYNX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31375	PARTIAL REMOVAL OF LARYNX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31380	PARTIAL REMOVAL OF LARYNX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31382	PARTIAL REMOVAL OF LARYNX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31390	REMOVAL OF LARYNX & PHARYNX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31395	RECONSTRUCT LARYNX & PHARYNX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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31400	REVISION OF LARYNX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31420	REMOVAL OF EPIGLOTTIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31500	INSERT EMERGENCY AIRWAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31502	CHANGE OF WINDPIPE AIRWAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31505	DIAGNOSTIC LARYNGOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31510	LARYNGOSCOPY WITH BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31511	REMOVE FOREIGN BODY, LARYNX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31512	REMOVAL OF LARYNX LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31513	INJECTION INTO VOCAL CORD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31515	LARYNGOSCOPY FOR ASPIRATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31520	DIAGNOSTIC LARYNGOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31525	DIAGNOSTIC LARYNGOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31526	DIAGNOSTIC LARYNGOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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31527	LARYNGOSCOPY FOR TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31528	LARYNGOSCOPY AND DILATATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31529	LARYNGOSCOPY AND DILATATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31530	OPERATIVE LARYNGOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31531	OPERATIVE LARYNGOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31535	OPERATIVE LARYNGOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31536	OPERATIVE LARYNGOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31540	OPERATIVE LARYNGOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31541	OPERATIVE LARYNGOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31560	OPERATIVE LARYNGOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31561	OPERATIVE LARYNGOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31570	LARYNGOSCOPY WITH INJECTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31571	LARYNGOSCOPY WITH INJECTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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31575	DIAGNOSTIC LARYNGOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31576	LARYNGOSCOPY WITH BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31577	REMOVE FOREIGN BODY, LARYNX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31578	REMOVAL OF LARYNX LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31579	DIAGNOSTIC LARYNGOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31580	REVISION OF LARYNX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31582	REVISION OF LARYNX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31584	TREAT LARYNX FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31585	TREAT LARYNX FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31586	TREAT LARYNX FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31587	REVISION OF LARYNX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31588	REVISION OF LARYNX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31590	REINNERVATE LARYNX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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31595	LARYNX NERVE SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31599	LARYNX SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31600	INCISION OF WINDPIPE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31601	INCISION OF WINDPIPE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31603	INCISION OF WINDPIPE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31605	INCISION OF WINDPIPE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31610	INCISION OF WINDPIPE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31611	SURGERY/SPEECH PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31612	PUNCTURE/CLEAR WINDPIPE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31613	REPAIR WINDPIPE OPENING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31614	REPAIR WINDPIPE OPENING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31615	VISUALIZATION OF WINDPIPE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31622	DX BRONCHOSCOPE/WASH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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31623	DX BRONCHOSCOPE/BRUSH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31624	DX BRONCHOSCOPE/LAVAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31625	BRONCHOSCOPY WITH BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31628	BRONCHOSCOPY WITH BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31629	BRONCHOSCOPY WITH BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31630	BRONCHOSCOPY WITH REPAIR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31631	BRONCHOSCOPY WITH DILATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31635	REMOVE FOREIGN BODY, AIRWAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31640	BRONCHOSCOPY & REMOVE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31641	BRONCHOSCOPY, TREAT BLOCKAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31643	DIAG BRONCHOSCOPE/CATHETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31645	BRONCHOSCOPY, CLEAR AIRWAYS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31646	BRONCHOSCOPY, RECLEAR AIRWAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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31656	BRONCHOSCOPY, INJ FOR XRAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31700	INSERTION OF AIRWAY CATHETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31708	INSTILL AIRWAY CONTRAST DYE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31710	INSERTION OF AIRWAY CATHETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31715	INJECTION FOR BRONCHUS X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31717	BRONCHIAL BRUSH BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31720	CLEARANCE OF AIRWAYS	Yes	SNF 516	0	NA		Physician billing to Carrier
31725	CLEARANCE OF AIRWAYS	Yes	SNF 516	0	NA		Physician billing to Carrier
31730	INTRO, WINDPIPE WIRE/TUBE	Yes	SNF 516	0	NA		Physician billing to Carrier
31750	REPAIR OF WINDPIPE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31755	REPAIR OF WINDPIPE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31760	REPAIR OF WINDPIPE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31766	RECONSTRUCTION OF WINDPIPE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31770	REPAIR/GRAFT OF BRONCHUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31775	RECONSTRUCT BRONCHUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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31780	RECONSTRUCT WINDPIPE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31781	RECONSTRUCT WINDPIPE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31785	REMOVE WINDPIPE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31786	REMOVE WINDPIPE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31800	REPAIR OF WINDPIPE INJURY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31805	REPAIR OF WINDPIPE INJURY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31820	CLOSURE OF WINDPIPE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31825	REPAIR OF WINDPIPE DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31830	REVISE WINDPIPE SCAR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
31899	AIRWAYS SURGICAL PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32000	DRAINAGE OF CHEST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32002	TREATMENT OF COLLAPSED LUNG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32005	TREAT LUNG LINING CHEMICALLY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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32020	INSERTION OF CHEST TUBE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32035	EXPLORATION OF CHEST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32036	EXPLORATION OF CHEST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32095	BIOPSY THROUGH CHEST WALL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32100	EXPLORATION/BIOPSY OF CHEST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32110	EXPLORE/REPAIR CHEST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32120	RE-EXPLORATION OF CHEST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32124	EXPLORE CHEST FREE ADHESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32140	REMOVAL OF LUNG LESION(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32141	REMOVE/TREAT LUNG LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32150	REMOVAL OF LUNG LESION(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32151	REMOVE LUNG FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32160	OPEN CHEST HEART MASSAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

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32200	DRAIN, OPEN, LUNG LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32201	DRAIN, PERCUT, LUNG LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32215	TREAT CHEST LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32220	RELEASE OF LUNG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32225	PARTIAL RELEASE OF LUNG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32310	REMOVAL OF CHEST LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32320	FREE/REMOVE CHEST LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32400	NEEDLE BIOPSY CHEST LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32402	OPEN BIOPSY CHEST LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32405	BIOPSY, LUNG OR MEDIASTINUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32420	PUNCTURE/CLEAR LUNG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32440	REMOVAL OF LUNG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32442	SLEEVE PNEUMONECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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32445	REMOVAL OF LUNG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32480	PARTIAL REMOVAL OF LUNG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32482	BILOBECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32484	SEGMENTECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32486	SLEEVE LOBECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32488	COMPLETION PNEUMONECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32491	LUNG VOLUME REDUCTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32500	PARTIAL REMOVAL OF LUNG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32501	REPAIR BRONCHUS ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32520	REMOVE LUNG & REVISE CHEST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32522	REMOVE LUNG & REVISE CHEST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32525	REMOVE LUNG & REVISE CHEST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32540	REMOVAL OF LUNG LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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32601	THORACOSCOPY, DIAGNOSTIC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32602	THORACOSCOPY, DIAGNOSTIC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32603	THORACOSCOPY, DIAGNOSTIC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32604	THORACOSCOPY, DIAGNOSTIC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32605	THORACOSCOPY, DIAGNOSTIC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32606	THORACOSCOPY, DIAGNOSTIC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32650	THORACOSCOPY, SURGICAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32651	THORACOSCOPY, SURGICAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32652	THORACOSCOPY, SURGICAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32653	THORACOSCOPY, SURGICAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32654	THORACOSCOPY, SURGICAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32655	THORACOSCOPY, SURGICAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32656	THORACOSCOPY, SURGICAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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32657	THORACOSCOPY, SURGICAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32658	THORACOSCOPY, SURGICAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32659	THORACOSCOPY, SURGICAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32660	THORACOSCOPY, SURGICAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32661	THORACOSCOPY, SURGICAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32662	THORACOSCOPY, SURGICAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32663	THORACOSCOPY, SURGICAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32664	THORACOSCOPY, SURGICAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32665	THORACOSCOPY, SURGICAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32800	REPAIR LUNG HERNIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32810	CLOSE CHEST AFTER DRAINAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32815	CLOSE BRONCHIAL FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32820	RECONSTRUCT INJURED CHEST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32850	DONOR PNEUMONECTOMY	No	SNF 516.3 SNF 260	0	NA		SNFs cannot be paid for this service.

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32851	LUNG TRANSPLANT, SINGLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32852	LUNG TRANSPLANT WITH BYPASS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32853	LUNG TRANSPLANT, DOUBLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32854	LUNG TRANSPLANT WITH BYPASS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32900	REMOVAL OF RIB(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32905	REVISE & REPAIR CHEST WALL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32906	REVISE & REPAIR CHEST WALL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32940	REVISION OF LUNG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32960	THERAPEUTIC PNEUMOTHORAX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32997	TOTAL LUNG LAVAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
32999	CHEST SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33010	DRAINAGE OF HEART SAC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33011	REPEAT DRAINAGE OF HEART SAC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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33015	INCISION OF HEART SAC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33020	INCISION OF HEART SAC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33025	INCISION OF HEART SAC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33030	PARTIAL REMOVAL OF HEART SAC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33031	PARTIAL REMOVAL OF HEART SAC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33050	REMOVAL OF HEART SAC LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33120	REMOVAL OF HEART LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33130	REMOVAL OF HEART LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33140	HEART REVASCULARIZE (TMR)	No	CIM 35-94	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33141	HEART TMR W/OTHER PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33200	INSERTION OF HEART PACEMAKER	No	CIM 65-6	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33201	INSERTION OF HEART PACEMAKER	No	CIM 65-6	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33206	INSERTION OF HEART PACEMAKER	No	CIM 65-6	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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33207	INSERTION OF HEART PACEMAKER	No	CIM 65-6	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33208	INSERTION OF HEART PACEMAKER	No	CIM 65-6	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33210	INSERTION OF HEART ELECTRODE	No	CIM 65-6	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33211	INSERTION OF HEART ELECTRODE	No		0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33212	INSERTION OF PULSE GENERATOR	No	CIM 65-6	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33213	INSERTION OF PULSE GENERATOR	No	CIM 65-6	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33214	UPGRADE OF PACEMAKER SYSTEM	No	CIM 65-6	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33216	REVISE ELTRD PACING-DEFIB	No	CIM 65-6	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33217	REVISE ELTRD PACING-DEFIB	No	CIM 65-6	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33218	REVISE ELTRD PACING-DEFIB	No	CIM 65-6	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33220	REVISE ELTRD PACING-DEFIB	No	CIM 65-6	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33222	REVISE POCKET, PACEMAKER	No	CIM 65-6	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33223	REVISE POCKET, PACING-DEFIB	No	CIM 35-85	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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33233	REMOVAL OF PACEMAKER SYSTEM	No	CIM 65-6	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33234	REMOVAL OF PACEMAKER SYSTEM	No	CIM 65-6	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33235	REMOVAL PACEMAKER ELECTRODE	No	CIM 65-6	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33236	REMOVE ELECTRODE/THORACOTOMY	No	CIM 65-6	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33237	REMOVE ELECTRODE/THORACOTOMY	No	CIM 65-6	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33238	REMOVE ELECTRODE/THORACOTOMY	No	CIM 65-6	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33240	INSERT PULSE GENERATOR	No	CIM 35-85	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33241	REMOVE PULSE GENERATOR	No	CIM 35-85	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33243	REMOVE ELTRD/THORACOTOMY	No	CIM 35-85	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33244	REMOVE ELTRD, TRANSVEN	No	CIM 35-85	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33245	INSERT EPIC ELTRD PACE-DEFIB	No	CIM 35-85	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33246	INSERT EPIC ELTRD/GENERATOR	No	CIM 35-85	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33249	ELTRD/INSERT PACE-DEFIB	No	CIM 35-85	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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33250	ABLATE HEART DYSRHYTHM FOCUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33251	ABLATE HEART DYSRHYTHM FOCUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33253	RECONSTRUCT ATRIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33261	ABLATE HEART DYSRHYTHM FOCUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33282	IMPLANT PAT-ACTIVE HT RECORD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33284	REMOVE PAT-ACTIVE HT RECORD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33300	REPAIR OF HEART WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33305	REPAIR OF HEART WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33310	EXPLORATORY HEART SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33315	EXPLORATORY HEART SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33320	REPAIR MAJOR BLOOD VESSEL(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33321	REPAIR MAJOR VESSEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33322	REPAIR MAJOR BLOOD VESSEL(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

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33330	INSERT MAJOR VESSEL GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33332	INSERT MAJOR VESSEL GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33335	INSERT MAJOR VESSEL GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33400	REPAIR OF AORTIC VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33401	VALVULOPLASTY, OPEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33403	VALVULOPLASTY, W/CP BYPASS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33404	PREPARE HEART-AORTA CONDUIT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33405	REPLACEMENT OF AORTIC VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33406	REPLACEMENT OF AORTIC VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33410	REPLACEMENT OF AORTIC VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33411	REPLACEMENT OF AORTIC VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33412	REPLACEMENT OF AORTIC VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33413	REPLACEMENT OF AORTIC VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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33414	REPAIR OF AORTIC VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33415	REVISION, SUBVALVULAR TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33416	REVISE VENTRICLE MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33417	REPAIR OF AORTIC VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33420	REVISION OF MITRAL VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33422	REVISION OF MITRAL VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33425	REPAIR OF MITRAL VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33426	REPAIR OF MITRAL VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33427	REPAIR OF MITRAL VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33430	REPLACEMENT OF MITRAL VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33460	REVISION OF TRICUSPID VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33463	VALVULOPLASTY, TRICUSPID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33464	VALVULOPLASTY, TRICUSPID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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33465	REPLACE TRICUSPID VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33468	REVISION OF TRICUSPID VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33470	REVISION OF PULMONARY VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33471	VALVOTOMY, PULMONARY VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33472	REVISION OF PULMONARY VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33474	REVISION OF PULMONARY VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33475	REPLACEMENT, PULMONARY VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33476	REVISION OF HEART CHAMBER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33478	REVISION OF HEART CHAMBER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33496	REPAIR, PROSTH VALVE CLOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33500	REPAIR HEART VESSEL FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33501	REPAIR HEART VESSEL FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33502	CORONARY ARTERY CORRECTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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33503	CORONARY ARTERY GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33504	CORONARY ARTERY GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33505	REPAIR ARTERY W/TUNNEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33506	REPAIR ARTERY, TRANSLOCATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33510	CABG, VEIN, SINGLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33511	CABG, VEIN, TWO	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33512	CABG, VEIN, THREE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33513	CABG, VEIN, FOUR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33514	CABG, VEIN, FIVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33516	CABG, VEIN, SIX OR MORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33517	CABG, ARTERY-VEIN, SINGLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33518	CABG, ARTERY-VEIN, TWO	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33519	CABG, ARTERY-VEIN, THREE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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33521	CABG, ARTERY-VEIN, FOUR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33522	CABG, ARTERY-VEIN, FIVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33523	CABG, ART-VEIN, SIX OR MORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33530	CORONARY ARTERY, BYPASS/REOP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33533	CABG, ARTERIAL, SINGLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33534	CABG, ARTERIAL, TWO	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33535	CABG, ARTERIAL, THREE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33536	CABG, ARTERIAL, FOUR OR MORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33542	REMOVAL OF HEART LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33545	REPAIR OF HEART DAMAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33572	OPEN CORONARY ENDARTERECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33600	CLOSURE OF VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33602	CLOSURE OF VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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33606	ANASTOMOSIS/ARTERY-AORTA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33608	REPAIR ANOMALY W/CONDUIT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33610	REPAIR BY ENLARGEMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33611	REPAIR DOUBLE VENTRICLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33612	REPAIR DOUBLE VENTRICLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33615	REPAIR, MODIFIED FONTAN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33617	REPAIR SINGLE VENTRICLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33619	REPAIR SINGLE VENTRICLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33641	REPAIR HEART SEPTUM DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33645	REVISION OF HEART VEINS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33647	REPAIR HEART SEPTUM DEFECTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33660	REPAIR OF HEART DEFECTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33665	REPAIR OF HEART DEFECTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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33670	REPAIR OF HEART CHAMBERS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33681	REPAIR HEART SEPTUM DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33684	REPAIR HEART SEPTUM DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33688	REPAIR HEART SEPTUM DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33690	REINFORCE PULMONARY ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33692	REPAIR OF HEART DEFECTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33694	REPAIR OF HEART DEFECTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33697	REPAIR OF HEART DEFECTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33702	REPAIR OF HEART DEFECTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33710	REPAIR OF HEART DEFECTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33720	REPAIR OF HEART DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33722	REPAIR OF HEART DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33730	REPAIR HEART-VEIN DEFECT(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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33732	REPAIR HEART-VEIN DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33735	REVISION OF HEART CHAMBER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33736	REVISION OF HEART CHAMBER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33737	REVISION OF HEART CHAMBER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33750	MAJOR VESSEL SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33755	MAJOR VESSEL SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33762	MAJOR VESSEL SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33764	MAJOR VESSEL SHUNT & GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33766	MAJOR VESSEL SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33767	MAJOR VESSEL SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33770	REPAIR GREAT VESSELS DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33771	REPAIR GREAT VESSELS DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33774	REPAIR GREAT VESSELS DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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33775	REPAIR GREAT VESSELS DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33776	REPAIR GREAT VESSELS DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33777	REPAIR GREAT VESSELS DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33778	REPAIR GREAT VESSELS DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33779	REPAIR GREAT VESSELS DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33780	REPAIR GREAT VESSELS DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33781	REPAIR GREAT VESSELS DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33786	REPAIR ARTERIAL TRUNK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33788	REVISION OF PULMONARY ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33800	AORTIC SUSPENSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33802	REPAIR VESSEL DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33803	REPAIR VESSEL DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33813	REPAIR SEPTAL DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

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33814	REPAIR SEPTAL DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33820	REVISE MAJOR VESSEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33822	REVISE MAJOR VESSEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33824	REVISE MAJOR VESSEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33840	REMOVE AORTA CONSTRICTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33845	REMOVE AORTA CONSTRICTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33851	REMOVE AORTA CONSTRICTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33852	REPAIR SEPTAL DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33853	REPAIR SEPTAL DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33860	ASCENDING AORTIC GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33861	ASCENDING AORTIC GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33863	ASCENDING AORTIC GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33870	TRANSVERSE AORTIC ARCH GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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33875	THORACIC AORTIC GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33877	THORACOABDOMINAL GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33910	REMOVE LUNG ARTERY EMBOLI	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33915	REMOVE LUNG ARTERY EMBOLI	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33916	SURGERY OF GREAT VESSEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33917	REPAIR PULMONARY ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33918	REPAIR PULMONARY ATRESIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33919	REPAIR PULMONARY ATRESIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33920	REPAIR PULMONARY ATRESIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33922	TRANSECT PULMONARY ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33924	REMOVE PULMONARY SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33930	REMOVAL OF DONOR HEART/LUNG	No	SNF 516.3 SNF 260	0	NA		SNFs cannot be paid for this service.
33935	TRANSPLANTATION, HEART/LUNG	No	CIM 65-15	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33940	REMOVAL OF DONOR HEART	No	SNF 516.3 SNF 260	0	NA		SNFs cannot be paid for this service.

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33945	TRANSPLANTATION OF HEART	No	CIM 35-87	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33960	EXTERNAL CIRCULATION ASSIST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33961	EXTERNAL CIRCULATION ASSIST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33967	Insert ia percut device	No	SNF 515 SNF 516.3	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
33968	REMOVE AORTIC ASSIST DEVICE	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
33970	AORTIC CIRCULATION ASSIST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33971	AORTIC CIRCULATION ASSIST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33973	INSERT BALLOON DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33974	REMOVE INTRA-AORTIC BALLOON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33975	IMPLANT VENTRICULAR DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33976	IMPLANT VENTRICULAR DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33977	REMOVE VENTRICULAR DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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33978	REMOVE VENTRICULAR DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
33979	Insert intracorporeal device	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
33980	Remove intracorporeal device	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
33999	CARDIAC SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34001	REMOVAL OF ARTERY CLOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34051	REMOVAL OF ARTERY CLOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34101	REMOVAL OF ARTERY CLOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34111	REMOVAL OF ARM ARTERY CLOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34151	REMOVAL OF ARTERY CLOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34201	REMOVAL OF ARTERY CLOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34203	REMOVAL OF LEG ARTERY CLOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34401	REMOVAL OF VEIN CLOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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34421	REMOVAL OF VEIN CLOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34451	REMOVAL OF VEIN CLOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34471	REMOVAL OF VEIN CLOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34490	REMOVAL OF VEIN CLOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34501	REPAIR VALVE, FEMORAL VEIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34502	RECONSTRUCT VENA CAVA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34510	TRANSPOSITION OF VEIN VALVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34520	CROSS-OVER VEIN GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34530	LEG VEIN FUSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34800	ENDOVASC ABDO REPAIR W/TUBE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34802	ENDOVASC ABDO REPR W/DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34804	ENDOVASC ABDO REPR W/DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34808	ENDOVASC ABDO OCCLUD DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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34812	XPOSE FOR ENDOPROSTH, AORTIC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34813	XPOSE FOR ENDOPROSTH, FEMORL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34820	XPOSE FOR ENDOPROSTH, ILIAC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34825	ENDOVASC EXTEND PROSTH, INIT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34826	ENDOVASC EXTEN PROSTH, ADDL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34830	OPEN AORTIC TUBE PROSTH REPR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34831	OPEN AORTOILIAC PROSTH REPR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
34832	OPEN AORTOFEMOR PROSTH REPR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35001	REPAIR DEFECT OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35002	REPAIR ARTERY RUPTURE, NECK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35005	REPAIR DEFECT OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35011	REPAIR DEFECT OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35013	REPAIR ARTERY RUPTURE, ARM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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35021	REPAIR DEFECT OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35022	REPAIR ARTERY RUPTURE, CHEST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35045	REPAIR DEFECT OF ARM ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35081	REPAIR DEFECT OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35082	REPAIR ARTERY RUPTURE, AORTA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35091	REPAIR DEFECT OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35092	REPAIR ARTERY RUPTURE, AORTA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35102	REPAIR DEFECT OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35103	REPAIR ARTERY RUPTURE, GROIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35111	REPAIR DEFECT OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35112	REPAIR ARTERY RUPTURE,SPLEEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35121	REPAIR DEFECT OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35122	REPAIR ARTERY RUPTURE, BELLY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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35131	REPAIR DEFECT OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35132	REPAIR ARTERY RUPTURE, GROIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35141	REPAIR DEFECT OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35142	REPAIR ARTERY RUPTURE, THIGH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35151	REPAIR DEFECT OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35152	REPAIR ARTERY RUPTURE, KNEE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35161	REPAIR DEFECT OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35162	REPAIR ARTERY RUPTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35180	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35182	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35184	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35188	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35189	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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35190	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35201	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35206	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35207	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35211	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35216	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35221	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35226	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35231	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35236	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35241	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35246	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35251	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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35256	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35261	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35266	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35271	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35276	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35281	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35286	REPAIR BLOOD VESSEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35301	RECHANNELING OF ARTERY	No	CIM 35-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35311	RECHANNELING OF ARTERY	No	CIM 35-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35321	RECHANNELING OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35331	RECHANNELING OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35341	RECHANNELING OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35351	RECHANNELING OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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35355	RECHANNELING OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35361	RECHANNELING OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35363	RECHANNELING OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35371	RECHANNELING OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35372	RECHANNELING OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35381	RECHANNELING OF ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35390	REOPERATION, CAROTID ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35400	ANGIOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35450	REPAIR ARTERIAL BLOCKAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35452	REPAIR ARTERIAL BLOCKAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35454	REPAIR ARTERIAL BLOCKAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35456	REPAIR ARTERIAL BLOCKAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35458	REPAIR ARTERIAL BLOCKAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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35459	REPAIR ARTERIAL BLOCKAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35460	REPAIR VENOUS BLOCKAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35470	REPAIR ARTERIAL BLOCKAGE	No	CIM 50-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35471	REPAIR ARTERIAL BLOCKAGE	No	CIM 50-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35472	REPAIR ARTERIAL BLOCKAGE	No	CIM 50-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35473	REPAIR ARTERIAL BLOCKAGE	No	CIM 50-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35474	REPAIR ARTERIAL BLOCKAGE	No	CIM 50-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35475	REPAIR ARTERIAL BLOCKAGE	No	CIM 50-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35476	REPAIR VENOUS BLOCKAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35480	ATHERECTOMY, OPEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35481	ATHERECTOMY, OPEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35482	ATHERECTOMY, OPEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35483	ATHERECTOMY, OPEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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35484	ATHERECTOMY, OPEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35485	ATHERECTOMY, OPEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35490	ATHERECTOMY, PERCUTANEOUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35491	ATHERECTOMY, PERCUTANEOUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35492	ATHERECTOMY, PERCUTANEOUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35493	ATHERECTOMY, PERCUTANEOUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35494	ATHERECTOMY, PERCUTANEOUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35495	ATHERECTOMY, PERCUTANEOUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35500	HARVEST VEIN FOR BYPASS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35501	ARTERY BYPASS GRAFT	No	CIM 35-37	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35506	ARTERY BYPASS GRAFT	No	CIM 35-37, CIM 35-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35507	ARTERY BYPASS GRAFT	No	CIM 35-37, CIM 35-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35508	ARTERY BYPASS GRAFT	No	CIM 35-37, CIM 35-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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35509	ARTERY BYPASS GRAFT	No	CIM 35-37	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35511	ARTERY BYPASS GRAFT	No	CIM 35-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35515	ARTERY BYPASS GRAFT	No	CIM 35-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35516	ARTERY BYPASS GRAFT	No	CIM 35-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35518	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35521	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35526	ARTERY BYPASS GRAFT	No	CIM 35-37	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35531	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35533	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35536	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35541	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35546	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35548	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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35549	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35551	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35556	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35558	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35560	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35563	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35565	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35566	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35571	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35582	VEIN BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35583	VEIN BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35585	VEIN BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35587	VEIN BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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35600	HARVEST ARTERY FOR CABG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35601	ARTERY BYPASS GRAFT	No	CIM 35-37	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35606	ARTERY BYPASS GRAFT	No	CIM 35-37, CIM 35-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35612	ARTERY BYPASS GRAFT	No	CIM 35-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35616	ARTERY BYPASS GRAFT	No	CIM 35-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35621	ARTERY BYPASS GRAFT	No	CIM 35-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35623	BYPASS GRAFT, NOT VEIN	No	CIM 35-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35626	ARTERY BYPASS GRAFT	No	CIM 35-37, CIM 35-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35631	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35636	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35641	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35642	ARTERY BYPASS GRAFT	No	CIM 35-37, CIM 35-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35645	ARTERY BYPASS GRAFT	No	CIM 35-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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35646	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35647	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
35650	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35651	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35654	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35656	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35661	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35663	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35665	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35666	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35671	ARTERY BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35681	COMPOSITE BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35682	COMPOSITE BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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35683	COMPOSITE BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35685	Bypass graft patency/patch	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
35686	Bypass graft/av fist patency	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
35691	ARTERIAL TRANSPOSITION	No	CIM 35-37, CIM 35-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35693	ARTERIAL TRANSPOSITION	No	CIM 35-37, CIM 35-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35694	ARTERIAL TRANSPOSITION	No	CIM 35-37, CIM 35-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35695	ARTERIAL TRANSPOSITION	No	CIM 35-37, CIM 35-32	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35700	REOPERATION, BYPASS GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35701	EXPLORATION, CAROTID ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35721	EXPLORATION, FEMORAL ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35741	EXPLORATION POPLITEAL ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35761	EXPLORATION OF ARTERY/VEIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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35800	EXPLORE NECK VESSELS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35820	EXPLORE CHEST VESSELS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35840	EXPLORE ABDOMINAL VESSELS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35860	EXPLORE LIMB VESSELS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35870	REPAIR VESSEL GRAFT DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35875	REMOVAL OF CLOT IN GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35876	REMOVAL OF CLOT IN GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35879	REVISE GRAFT W/VEIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35881	REVISE GRAFT W/VEIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35901	EXCISION, GRAFT, NECK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35903	EXCISION, GRAFT, EXTREMITY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35905	EXCISION, GRAFT, THORAX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
35907	EXCISION, GRAFT, ABDOMEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36000	PLACE NEEDLE IN VEIN	Yes	SNF 516	0	NA		Physician billing to Carrier

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36002	Pseudoaneurysm injection trt	Yes	SNF 515.1	0	NA		Code Effective 1/1/2002 Physician may bill
36005	Injection ext venography	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36010	PLACE CATHETER IN VEIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36011	PLACE CATHETER IN VEIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36012	PLACE CATHETER IN VEIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36013	PLACE CATHETER IN ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36014	PLACE CATHETER IN ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36015	PLACE CATHETER IN ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36100	ESTABLISH ACCESS TO ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36120	ESTABLISH ACCESS TO ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36140	ESTABLISH ACCESS TO ARTERY	Yes	SNF 516.3 SNF 260	0	NA		Physician billing to Carrier
36145	ARTERY TO VEIN SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36160	ESTABLISH ACCESS TO AORTA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36200	PLACE CATHETER IN AORTA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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36215	PLACE CATHETER IN ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36216	PLACE CATHETER IN ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36217	PLACE CATHETER IN ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36218	PLACE CATHETER IN ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36245	PLACE CATHETER IN ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36246	PLACE CATHETER IN ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36247	PLACE CATHETER IN ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36248	PLACE CATHETER IN ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36260	INSERTION OF INFUSION PUMP	No	SNF 516	0	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
36261	REVISION OF INFUSION PUMP	No	SNF 516	0	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements

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36262	REMOVAL OF INFUSION PUMP	No	SNF 516	0	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
36299	VESSEL INJECTION PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36400	DRAWING BLOOD	Yes		0	NA		Physician billing to Carrier
36405	DRAWING BLOOD	Yes	SNF 516	0	NA		Physician billing to Carrier
36406	DRAWING BLOOD	Yes	SNF 516	0	NA		Physician billing to Carrier
36410	DRAWING BLOOD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36415	DRAWING BLOOD	No	Not valid for Medicare MCM 51141D	0	NA		SNFs cannot be paid for this service.
36420	ESTABLISH ACCESS TO VEIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36425	ESTABLISH ACCESS TO VEIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36430	BLOOD TRANSFUSION SERVICE	Yes	SNF 516 CIM 35-30	0	NA		Physician billing to Carrier
36440	BLOOD TRANSFUSION SERVICE	No	SNF 516.3 SNF 260	0	NA		Part B - Non covered for SNF. Physician may bil
36450	EXCHANGE TRANSFUSION SERVICE	No	SNF 516.3 SNF 260	0	NA		Part B - Non covered for SNF. Physician may bil
36455	EXCHANGE TRANSFUSION SERVICE	No	SNF 516.3 SNF 260	0	NA		Part B - Non covered for SNF. Physician may bil
36460	TRANSFUSION SERVICE, FETAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36468	INJECTION(S), SPIDER VEINS	Yes	MCM 2329 SNF 516	0	NA		Physician billing to Carrier

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36469	INJECTION(S), SPIDER VEINS	Yes	MCM 2329 SNF 516	0	NA		Physician billing to Carrier
36470	INJECTION THERAPY OF VEIN	Yes	SNF 516	0	NA		Physician billing to Carrier
36471	INJECTION THERAPY OF VEINS	Yes	SNF 516	0	NA		Physician billing to Carrier
36481	INSERTION OF CATHETER, VEIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36488	INSERTION OF CATHETER, VEIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36489	INSERTION OF CATHETER, VEIN	Com	SNF 516.3 SNF 516.4	0	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
36490	INSERTION OF CATHETER, VEIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36491	INSERTION OF CATHETER, VEIN	Com	SNF 516.3 SNF 260	0	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
36493	REPOSITIONING OF CVC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36500	INSERTION OF CATHETER, VEIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36510	INSERTION OF CATHETER, VEIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36520	PLASMA AND/OR CELL EXCHANGE	No	CIM 35-60	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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36521	APHERESIS W/ ADSORP/REINFUSE	No	CIM 35-90	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36522	PHOTOPHERESIS	No	CIM 35-88	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36530	INSERTION OF INFUSION PUMP	No	CIM 60-14 SNF 516	0	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
36531	REVISION OF INFUSION PUMP	No	CIM 60-14 SNF 516	0	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
36532	REMOVAL OF INFUSION PUMP	No	CIM 60-14 SNF 516	0	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
36533	INSERTION OF ACCESS DEVICE	No	SNF 516	0	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements

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36534	REVISION OF ACCESS DEVICE	No	SNF 516	0	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
36535	REMOVAL OF ACCESS DEVICE	No	SNF 516	0	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
36540	COLLECT BLOOD VENOUS DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
36550	DECLOT VASCULAR DEVICE	No	SNF 516.3 SNF 260	0	Fee		Rendering provider may bill or SNF may bill under arrangements
36600	WITHDRAWAL OF ARTERIAL BLOOD	Yes	SNF 516	0	NA		Physician billing to Carrier
36620	INSERTION CATHETER, ARTERY	Yes	SNF 516	0	NA		Physician billing to Carrier
36625	INSERTION CATHETER, ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36640	INSERTION CATHETER, ARTERY	No	SNF 516	0	NA		Part A resident- Rendering provider must bill. Part B - Non covered for SNF. Rendering provider must bill.
36660	INSERTION CATHETER, ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36680	INSERT NEEDLE, BONE CAVITY	Yes	SNF 516	0	NA		Part B - Non covered for SNF. Physician may bil
36800	INSERTION OF CANNULA	No	SNF 516.3 SNF 260	0	NA		Physician billing to Carrier

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36810	INSERTION OF CANNULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36815	INSERTION OF CANNULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36819	Av fusion/uppr arm vein	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36820	Av fusion/forearm vein	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
36821	AV FUSION DIRECT ANY SITE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36822	INSERTION OF CANNULA(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36823	INSERTION OF CANNULA(S)	No	SNF 516	0	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
36825	ARTERY-VEIN GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36830	ARTERY-VEIN GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36831	Open thrombect av fistula	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36832	AV FISTULA REVISION, OPEN	No	MCM 2230.5	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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36833	AV FISTULA REVISION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36834	REPAIR A-V ANEURYSM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36835	ARTERY TO VEIN SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36860	EXTERNAL CANNULA DECLOTTING	No	MCM 2230.5	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36861	CANNULA DECLOTTING	No	MCM 2230.5	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
36870	Percut thrombect av fistula	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37140	REVISION OF CIRCULATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37145	REVISION OF CIRCULATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37160	REVISION OF CIRCULATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37180	REVISION OF CIRCULATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37181	SPLICE SPLEEN/KIDNEY VEINS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37195	THROMBOLYTIC THERAPY, STROKE	No	SNF 516.3 SNF 260	0	Fee		Rendering provider may bill or SNF may bill under arrangements
37200	TRANSCATHETER BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37201	TRANSCATHETER THERAPY INFUSE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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37202	TRANSCATHETER THERAPY INFUSE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37203	TRANSCATHETER RETRIEVAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37204	TRANSCATHETER OCCLUSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37205	TRANSCATHETER STENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37206	TRANSCATHETER STENT ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37207	TRANSCATHETER STENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37208	TRANSCATHETER STENT ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37209	EXCHANGE ARTERIAL CATHETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37250	IV US FIRST VESSEL ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37251	IV US EACH ADD VESSEL ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37565	LIGATION OF NECK VEIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37600	LIGATION OF NECK ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37605	LIGATION OF NECK ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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37606	LIGATION OF NECK ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37607	LIGATION OF A-V FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37609	TEMPORAL ARTERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37615	LIGATION OF NECK ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37616	LIGATION OF CHEST ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37617	LIGATION OF ABDOMEN ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37618	LIGATION OF EXTREMITY ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37620	REVISION OF MAJOR VEIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37650	REVISION OF MAJOR VEIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37660	REVISION OF MAJOR VEIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37700	REVISE LEG VEIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37720	REMOVAL OF LEG VEIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37730	REMOVAL OF LEG VEINS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

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37735	REMOVAL OF LEG VEINS/LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37760	REVISION OF LEG VEINS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37780	REVISION OF LEG VEIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37785	REVISE SECONDARY VARICOSITY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37788	REVASCULARIZATION, PENIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37790	PENILE VENOUS OCCLUSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
37799	VASCULAR SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38100	REMOVAL OF SPLEEN, TOTAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38101	REMOVAL OF SPLEEN, PARTIAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38102	REMOVAL OF SPLEEN, TOTAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38115	REPAIR OF RUPTURED SPLEEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38120	LAPAROSCOPY, SPLENECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38129	LAPAROSCOPE PROC, SPLEEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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38200	INJECTION FOR SPLEEN X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38220	Bone marrow aspiration	Yes	SNF 515.1	0	NA		Code Effective 1/1/2002 Physician may bill
38221	Bone marrow biopsy	Yes	SNF 515.1	0	NA		Code Effective 1/1/2002 Physician may bill
38230	BONE MARROW COLLECTION	No	CIM 35-30	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38231	STEM CELL COLLECTION	No	CIM 35-30	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38240	BONE MARROW/STEM TRANSPLANT	No	CIM 35-30	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38241	BONE MARROW/STEM TRANSPLANT	No	CIM 35-30	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38300	DRAINAGE, LYMPH NODE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38305	DRAINAGE, LYMPH NODE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38308	INCISION OF LYMPH CHANNELS	No	CIM 35-58 SNF 516.3	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38380	THORACIC DUCT PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38381	THORACIC DUCT PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38382	THORACIC DUCT PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38500	BIOPSY/REMOVAL, LYMPH NODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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38505	NEEDLE BIOPSY, LYMPH NODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38510	BIOPSY/REMOVAL, LYMPH NODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38520	BIOPSY/REMOVAL, LYMPH NODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38525	BIOPSY/REMOVAL, LYMPH NODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38530	BIOPSY/REMOVAL, LYMPH NODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38542	EXPLORE DEEP NODE(S), NECK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38550	REMOVAL, NECK/ARMPIT LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38555	REMOVAL, NECK/ARMPIT LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38562	REMOVAL, PELVIC LYMPH NODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38564	REMOVAL, ABDOMEN LYMPH NODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38570	LAPAROSCOPY, LYMPH NODE BIOP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38571	LAPAROSCOPY, LYMPHADENECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38572	LAPAROSCOPY, LYMPHADENECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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38589	LAPAROSCOPE PROC, LYMPHATIC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38700	REMOVAL OF LYMPH NODES, NECK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38720	REMOVAL OF LYMPH NODES, NECK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38724	REMOVAL OF LYMPH NODES, NECK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38740	REMOVE ARMPIT LYMPH NODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38745	REMOVE ARMPIT LYMPH NODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38746	REMOVE THORACIC LYMPH NODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38747	REMOVE ABDOMINAL LYMPH NODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38760	REMOVE GROIN LYMPH NODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38765	REMOVE GROIN LYMPH NODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38770	REMOVE PELVIS LYMPH NODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38780	REMOVE ABDOMEN LYMPH NODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38790	INJECT FOR LYMPHATIC X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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38792	IDENTIFY SENTINEL NODE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38794	ACCESS THORACIC LYMPH DUCT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
38999	BLOOD/LYMPH SYSTEM PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
39000	EXPLORATION OF CHEST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
39010	EXPLORATION OF CHEST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
39200	REMOVAL CHEST LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
39220	REMOVAL CHEST LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
39400	VISUALIZATION OF CHEST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
39499	CHEST PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
39501	REPAIR DIAPHRAGM LACERATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
39502	REPAIR PARAESOPHAGEAL HERNIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
39503	REPAIR OF DIAPHRAGM HERNIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
39520	REPAIR OF DIAPHRAGM HERNIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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39530	REPAIR OF DIAPHRAGM HERNIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
39531	REPAIR OF DIAPHRAGM HERNIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
39540	REPAIR OF DIAPHRAGM HERNIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
39541	REPAIR OF DIAPHRAGM HERNIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
39545	REVISION OF DIAPHRAGM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
39560	RESECT DIAPHRAGM, SIMPLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
39561	RESECT DIAPHRAGM, COMPLEX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
39599	DIAPHRAGM SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40490	BIOPSY OF LIP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40500	PARTIAL EXCISION OF LIP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40510	PARTIAL EXCISION OF LIP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40520	PARTIAL EXCISION OF LIP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40525	RECONSTRUCT LIP WITH FLAP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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40527	RECONSTRUCT LIP WITH FLAP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40530	PARTIAL REMOVAL OF LIP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40650	REPAIR LIP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40652	REPAIR LIP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40654	REPAIR LIP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40700	REPAIR CLEFT LIP/NASAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40701	REPAIR CLEFT LIP/NASAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40702	REPAIR CLEFT LIP/NASAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40720	REPAIR CLEFT LIP/NASAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40761	REPAIR CLEFT LIP/NASAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40799	LIP SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40800	DRAINAGE OF MOUTH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40801	DRAINAGE OF MOUTH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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40804	REMOVAL, FOREIGN BODY, MOUTH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40805	REMOVAL, FOREIGN BODY, MOUTH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40806	INCISION OF LIP FOLD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40808	BIOPSY OF MOUTH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40810	EXCISION OF MOUTH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40812	EXCISE/REPAIR MOUTH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40814	EXCISE/REPAIR MOUTH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40816	EXCISION OF MOUTH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40818	EXCISE ORAL MUCOSA FOR GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40819	EXCISE LIP OR CHEEK FOLD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40820	TREATMENT OF MOUTH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40830	REPAIR MOUTH LACERATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40831	REPAIR MOUTH LACERATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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40840	RECONSTRUCTION OF MOUTH	No	MCM 2163	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40842	RECONSTRUCTION OF MOUTH	No	MCM 2163	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40843	RECONSTRUCTION OF MOUTH	No	MCM 2163	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40844	RECONSTRUCTION OF MOUTH	No	MCM 2163	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40845	RECONSTRUCTION OF MOUTH	No	MCM 2163	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
40899	MOUTH SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41000	DRAINAGE OF MOUTH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41005	DRAINAGE OF MOUTH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41006	DRAINAGE OF MOUTH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41007	DRAINAGE OF MOUTH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41008	DRAINAGE OF MOUTH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41009	DRAINAGE OF MOUTH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41010	INCISION OF TONGUE FOLD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

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41015	DRAINAGE OF MOUTH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41016	DRAINAGE OF MOUTH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41017	DRAINAGE OF MOUTH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41018	DRAINAGE OF MOUTH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41100	BIOPSY OF TONGUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41105	BIOPSY OF TONGUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41108	BIOPSY OF FLOOR OF MOUTH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41110	EXCISION OF TONGUE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41112	EXCISION OF TONGUE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41113	EXCISION OF TONGUE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41114	EXCISION OF TONGUE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41115	EXCISION OF TONGUE FOLD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41116	EXCISION OF MOUTH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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41120	PARTIAL REMOVAL OF TONGUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41130	PARTIAL REMOVAL OF TONGUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41135	TONGUE AND NECK SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41140	REMOVAL OF TONGUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41145	TONGUE REMOVAL, NECK SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41150	TONGUE, MOUTH, JAW SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41153	TONGUE, MOUTH, NECK SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41155	TONGUE, JAW, & NECK SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41250	REPAIR TONGUE LACERATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41251	REPAIR TONGUE LACERATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41252	REPAIR TONGUE LACERATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41500	FIXATION OF TONGUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41510	TONGUE TO LIP SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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41520	RECONSTRUCTION, TONGUE FOLD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41599	TONGUE AND MOUTH SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41800	DRAINAGE OF GUM LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41805	REMOVAL FOREIGN BODY, GUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41806	REMOVAL FOREIGN BODY,JAWBONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41820	EXCISION, GUM, EACH QUADRANT	No	MCM 2136	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41821	EXCISION OF GUM FLAP	No	MCM 2136	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41822	EXCISION OF GUM LESION	No	MCM 2136	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41823	EXCISION OF GUM LESION	No	MCM 2136	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41825	EXCISION OF GUM LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41826	EXCISION OF GUM LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41827	EXCISION OF GUM LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41828	EXCISION OF GUM LESION	No	MCM 2136	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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41830	REMOVAL OF GUM TISSUE	No	MCM 2136	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41850	TREATMENT OF GUM LESION	No	MCM 2136	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41870	GUM GRAFT	No	MCM 2136	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41872	REPAIR GUM	No	MCM 2136	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41874	REPAIR TOOTH SOCKET	No	MCM 2136	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
41899	DENTAL SURGERY PROCEDURE	No	MCM 2136	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42000	DRAINAGE MOUTH ROOF LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42100	BIOPSY ROOF OF MOUTH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42104	EXCISION LESION, MOUTH ROOF	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42106	EXCISION LESION, MOUTH ROOF	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42107	EXCISION LESION, MOUTH ROOF	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42120	REMOVE PALATE/LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42140	EXCISION OF UVULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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42145	REPAIR PALATE, PHARYNX/UVULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42160	TREATMENT MOUTH ROOF LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42180	REPAIR PALATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42182	REPAIR PALATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42200	RECONSTRUCT CLEFT PALATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42205	RECONSTRUCT CLEFT PALATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42210	RECONSTRUCT CLEFT PALATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42215	RECONSTRUCT CLEFT PALATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42220	RECONSTRUCT CLEFT PALATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42225	RECONSTRUCT CLEFT PALATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42226	LENGTHENING OF PALATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42227	LENGTHENING OF PALATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42235	REPAIR PALATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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42260	REPAIR NOSE TO LIP FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42280	PREPARATION, PALATE MOLD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42281	INSERTION, PALATE PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42299	PALATE/UVULA SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42300	DRAINAGE OF SALIVARY GLAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42305	DRAINAGE OF SALIVARY GLAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42310	DRAINAGE OF SALIVARY GLAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42320	DRAINAGE OF SALIVARY GLAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42325	CREATE SALIVARY CYST DRAIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42326	CREATE SALIVARY CYST DRAIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42330	REMOVAL OF SALIVARY STONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42335	REMOVAL OF SALIVARY STONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42340	REMOVAL OF SALIVARY STONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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42400	BIOPSY OF SALIVARY GLAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42405	BIOPSY OF SALIVARY GLAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42408	EXCISION OF SALIVARY CYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42409	DRAINAGE OF SALIVARY CYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42410	EXCISE PAROTID GLAND/LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42415	EXCISE PAROTID GLAND/LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42420	EXCISE PAROTID GLAND/LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42425	EXCISE PAROTID GLAND/LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42426	EXCISE PAROTID GLAND/LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42440	EXCISE SUBMAXILLARY GLAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42450	EXCISE SUBLINGUAL GLAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42500	REPAIR SALIVARY DUCT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42505	REPAIR SALIVARY DUCT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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42507	PAROTID DUCT DIVERSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42508	PAROTID DUCT DIVERSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42509	PAROTID DUCT DIVERSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42510	PAROTID DUCT DIVERSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42550	INJECTION FOR SALIVARY X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42600	CLOSURE OF SALIVARY FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42650	DILATION OF SALIVARY DUCT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42660	DILATION OF SALIVARY DUCT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42665	LIGATION OF SALIVARY DUCT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42699	SALIVARY SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42700	DRAINAGE OF TONSIL ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42720	DRAINAGE OF THROAT ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42725	DRAINAGE OF THROAT ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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42800	BIOPSY OF THROAT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42802	BIOPSY OF THROAT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42804	BIOPSY OF UPPER NOSE/THROAT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42806	BIOPSY OF UPPER NOSE/THROAT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42808	EXCISE PHARYNX LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42809	REMOVE PHARYNX FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42810	EXCISION OF NECK CYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42815	EXCISION OF NECK CYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42820	REMOVE TONSILS AND ADENOIDS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42821	REMOVE TONSILS AND ADENOIDS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42825	REMOVAL OF TONSILS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42826	REMOVAL OF TONSILS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42830	REMOVAL OF ADENOIDS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

HCPCS Code	HCPCS Description The file is sorted in ascending HCPCS code order, numbers before letters. Note that this is a PDF file. To search and jump to a code, click on the 'binoculars' icon on the PDF meno bar instead of the browser 'edit' tool. When the pop up menu screen appears, type the HCPCS code to find the related line in the table.	Included in Part A PPS. Bill	Part B Coverage Status Manual Reference	Part B PC/TC Indicator	Part B Price Method	Part B Price Code	Last Updated October 24, 2002 Comments Click anywhere in this block to see a file that contains a description of data elements and coding.
42831	REMOVAL OF ADENOIDS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42835	REMOVAL OF ADENOIDS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42836	REMOVAL OF ADENOIDS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42842	EXTENSIVE SURGERY OF THROAT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42844	EXTENSIVE SURGERY OF THROAT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42845	EXTENSIVE SURGERY OF THROAT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42860	EXCISION OF TONSIL TAGS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42870	EXCISION OF LINGUAL TONSIL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42890	PARTIAL REMOVAL OF PHARYNX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42892	REVISION OF PHARYNGEAL WALLS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42894	REVISION OF PHARYNGEAL WALLS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42900	REPAIR THROAT WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42950	RECONSTRUCTION OF THROAT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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42953	REPAIR THROAT, ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42955	SURGICAL OPENING OF THROAT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42960	CONTROL THROAT BLEEDING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42961	CONTROL THROAT BLEEDING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42962	CONTROL THROAT BLEEDING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42970	CONTROL NOSE/THROAT BLEEDING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42971	CONTROL NOSE/THROAT BLEEDING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42972	CONTROL NOSE/THROAT BLEEDING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
42999	THROAT SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43020	INCISION OF ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43030	THROAT MUSCLE SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43045	INCISION OF ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43100	EXCISION OF ESOPHAGUS LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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43101	EXCISION OF ESOPHAGUS LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43107	REMOVAL OF ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43108	REMOVAL OF ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43112	REMOVAL OF ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43113	REMOVAL OF ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43116	PARTIAL REMOVAL OF ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43117	PARTIAL REMOVAL OF ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43118	PARTIAL REMOVAL OF ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43121	PARTIAL REMOVAL OF ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43122	PARITAL REMOVAL OF ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43123	PARTIAL REMOVAL OF ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43124	REMOVAL OF ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43130	REMOVAL OF ESOPHAGUS POUCH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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43135	REMOVAL OF ESOPHAGUS POUCH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43200	ESOPHAGUS ENDOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43202	ESOPHAGUS ENDOSCOPY, BIOPSY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43204	ESOPHAGUS ENDOSCOPY & INJECT	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43205	ESOPHAGUS ENDOSCOPY/LIGATION	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43215	ESOPHAGUS ENDOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43216	ESOPHAGUS ENDOSCOPY/LESION	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43217	ESOPHAGUS ENDOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43219	ESOPHAGUS ENDOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43220	ESOPH ENDOSCOPY, DILATION	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43226	ESOPH ENDOSCOPY, DILATION	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43227	ESOPH ENDOSCOPY, REPAIR	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43228	ESOPH ENDOSCOPY, ABLATION	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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43231	ESOPH ENDOSCOPY W/US EXAM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43232	ESOPH ENDOSCOPY W/US FN BX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43234	UPPER GI ENDOSCOPY, EXAM	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43235	UPPR GI ENDOSCOPY, DIAGNOSIS	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43239	UPPER GI ENDOSCOPY, BIOPSY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43240	ESOPH ENDOSCOPE W/DRAIN CYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43241	UPPER GI ENDOSCOPY WITH TUBE	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43242	UPPR GI ENDOSCOPY W/US FN BX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43243	UPPER GI ENDOSCOPY & INJECT	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43244	UPPER GI ENDOSCOPY/LIGATION	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43245	OPERATIVE UPPER GI ENDOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43246	PLACE GASTROSTOMY TUBE	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43247	OPERATIVE UPPER GI ENDOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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43248	UPPR GI ENDOSCOPY/GUIDE WIRE	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43249	ESOPH ENDOSCOPY, DILATION	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43250	UPPER GI ENDOSCOPY/TUMOR	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43251	OPERATIVE UPPER GI ENDOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43255	OPERATIVE UPPER GI ENDOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43256	UPPR GI ENDOSCOPY W STENT	No		0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43258	OPERATIVE UPPER GI ENDOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43259	ENDOSCOPIC ULTRASOUND EXAM	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43260	ENDO CHOLANGIOPANCREATOGRAPH	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43261	ENDO CHOLANGIOPANCREATOGRAPH	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43262	ENDO CHOLANGIOPANCREATOGRAPH	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43263	ENDO CHOLANGIOPANCREATOGRAPH	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43264	ENDO CHOLANGIOPANCREATOGRAPH	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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43265	ENDO CHOLANGIOPANCREATOGRAPH	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43267	ENDO CHOLANGIOPANCREATOGRAPH	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43268	ENDO CHOLANGIOPANCREATOGRAPH	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43269	ENDO CHOLANGIOPANCREATOGRAPH	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43271	ENDO CHOLANGIOPANCREATOGRAPH	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43272	ENDO CHOLANGIOPANCREATOGRAPH	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43280	LAPAROSCOPY, FUNDOPLASTY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43289	LAPAROSCOPE PROC, ESOPH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43300	REPAIR OF ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43305	REPAIR ESOPHAGUS AND FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43310	REPAIR OF ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43312	REPAIR ESOPHAGUS AND FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43313	Esophagoplasty congential	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi

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43314	Tracheo-esophagoplasty cong	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
43320	FUSE ESOPHAGUS & STOMACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43324	REVISE ESOPHAGUS & STOMACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43325	REVISE ESOPHAGUS & STOMACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43326	REVISE ESOPHAGUS & STOMACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43330	REPAIR OF ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43331	REPAIR OF ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43340	FUSE ESOPHAGUS & INTESTINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43341	FUSE ESOPHAGUS & INTESTINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43350	SURGICAL OPENING, ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43351	SURGICAL OPENING, ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43352	SURGICAL OPENING, ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43360	GASTROINTESTINAL REPAIR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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43361	GASTROINTESTINAL REPAIR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43400	LIGATE ESOPHAGUS VEINS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43401	ESOPHAGUS SURGERY FOR VEINS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43405	LIGATE/STAPLE ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43410	REPAIR ESOPHAGUS WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43415	REPAIR ESOPHAGUS WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43420	REPAIR ESOPHAGUS OPENING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43425	REPAIR ESOPHAGUS OPENING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43450	DILATE ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43453	DILATE ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43456	DILATE ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43458	DILATE ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43460	PRESSURE TREATMENT ESOPHAGUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

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43496	FREE JEJUNUM FLAP, MICROVASC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43499	ESOPHAGUS SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43500	SURGICAL OPENING OF STOMACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43501	SURGICAL REPAIR OF STOMACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43502	SURGICAL REPAIR OF STOMACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43510	SURGICAL OPENING OF STOMACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43520	INCISION OF PYLORIC MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43600	BIOPSY OF STOMACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43605	BIOPSY OF STOMACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43610	EXCISION OF STOMACH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43611	EXCISION OF STOMACH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43620	REMOVAL OF STOMACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43621	REMOVAL OF STOMACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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43622	REMOVAL OF STOMACH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43631	REMOVAL OF STOMACH, PARTIAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43632	REMOVAL OF STOMACH, PARTIAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43633	REMOVAL OF STOMACH, PARTIAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43634	REMOVAL OF STOMACH, PARTIAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43635	REMOVAL OF STOMACH, PARTIAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43638	REMOVAL OF STOMACH, PARTIAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43639	REMOVAL OF STOMACH, PARTIAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43640	VAGOTOMY & PYLORUS REPAIR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43641	VAGOTOMY & PYLORUS REPAIR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43651	LAPAROSCOPY, VAGUS NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43652	LAPAROSCOPY, VAGUS NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43653	LAPAROSCOPY, GASTROSTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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43659	LAPAROSCOPE PROC, STOM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43750	PLACE GASTROSTOMY TUBE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43752	NASAL/OROGASTRIC W/STENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43760	CHANGE GASTROSTOMY TUBE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43761	REPOSITION GASTROSTOMY TUBE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43800	RECONSTRUCTION OF PYLORUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43810	FUSION OF STOMACH AND BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43820	FUSION OF STOMACH AND BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43825	FUSION OF STOMACH AND BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43830	PLACE GASTROSTOMY TUBE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43831	PLACE GASTROSTOMY TUBE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43832	PLACE GASTROSTOMY TUBE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43840	REPAIR OF STOMACH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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43842	GASTROPLASTY FOR OBESITY	No	CIM 35-26, CIM 35-40	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43843	GASTROPLASTY FOR OBESITY	No	CIM 35-26, CIM 35-40	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43846	GASTRIC BYPASS FOR OBESITY	No	CIM 35-26, CIM 35-40	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43847	GASTRIC BYPASS FOR OBESITY	No	CIM 35-26, CIM 35-40	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43848	REVISION GASTROPLASTY	No	CIM 35-26, CIM 35-40	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43850	REVISE STOMACH-BOWEL FUSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43855	REVISE STOMACH-BOWEL FUSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43860	REVISE STOMACH-BOWEL FUSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43865	REVISE STOMACH-BOWEL FUSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43870	REPAIR STOMACH OPENING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43880	REPAIR STOMACH-BOWEL FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
43999	STOMACH SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44005	FREEING OF BOWEL ADHESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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44010	INCISION OF SMALL BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44015	INSERT NEEDLE CATH BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44020	Explore small intestine	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44021	DECOMPRESS SMALL BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44025	INCISION OF LARGE BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44050	REDUCE BOWEL OBSTRUCTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44055	CORRECT MALROTATION OF BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44100	BIOPSY OF BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44110	Excise intestine lesion(s)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44111	EXCISION OF BOWEL LESION(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44120	REMOVAL OF SMALL INTESTINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44121	REMOVAL OF SMALL INTESTINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44125	REMOVAL OF SMALL INTESTINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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44126	Enterectomy w/taper, cong	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
44127	Enterectomy w/o taper, cong	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
44128	Enterectomy cong, add-on	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
44130	BOWEL TO BOWEL FUSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bill
44132	ENTERECTOMY, CADAVER DONOR	No	PM AB-01-58	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bill
44133	ENTERECTOMY, LIVE DONOR	No	PM AB-01-58	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bill
44135	INTESTINE TRANSPLNT, CADAVER	No	PM AB-01-58	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bill
44136	INTESTINE TRANSPLANT, LIVE	No	PM AB-01-58	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bill
44139	MOBILIZATION OF COLON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bill
44140	PARTIAL REMOVAL OF COLON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bill
44141	PARTIAL REMOVAL OF COLON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bill
44143	PARTIAL REMOVAL OF COLON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bill

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44144	PARTIAL REMOVAL OF COLON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44145	PARTIAL REMOVAL OF COLON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44146	PARTIAL REMOVAL OF COLON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44147	PARTIAL REMOVAL OF COLON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44150	REMOVAL OF COLON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44151	REMOVAL OF COLON/ILEOSTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44152	REMOVAL OF COLON/ILEOSTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44153	REMOVAL OF COLON/ILEOSTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44155	REMOVAL OF COLON/ILEOSTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44156	REMOVAL OF COLON/ILEOSTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44160	REMOVAL OF COLON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44200	LAPAROSCOPY, ENTEROLYSIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44201	LAPAROSCOPY, JEJUNOSTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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44202	LAPARO, RESECT INTESTINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44203	Lap resect s/intestine singl	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
44204	Lap resect s/intestine, addl	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
44205	Laparo partial colectomy	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
44209	Lap colectomy part w/ileum	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44300	OPEN BOWEL TO SKIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44310	ILEOSTOMY/JEJUNOSTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44312	REVISION OF ILEOSTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44314	REVISION OF ILEOSTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44316	DEVISE BOWEL POUCH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44320	COLOSTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44322	COLOSTOMY WITH BIOPSIES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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44340	REVISION OF COLOSTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44345	REVISION OF COLOSTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44346	REVISION OF COLOSTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44360	SMALL BOWEL ENDOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44361	SMALL BOWEL ENDOSCOPY/BIOPSY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44363	SMALL BOWEL ENDOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44364	SMALL BOWEL ENDOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44365	SMALL BOWEL ENDOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44366	SMALL BOWEL ENDOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44369	SMALL BOWEL ENDOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44370	SMALL BOWEL ENDOSCOPY/STENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44372	SMALL BOWEL ENDOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44373	SMALL BOWEL ENDOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

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44376	SMALL BOWEL ENDOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44377	SMALL BOWEL ENDOSCOPY/BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44378	SMALL BOWEL ENDOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44379	S BOWEL ENDOSCOPE W/STENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44380	SMALL BOWEL ENDOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44382	SMALL BOWEL ENDOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44383	ILEOSCOPY W/STENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44385	ENDOSCOPY OF BOWEL POUCH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44386	ENDOSCOPY, BOWEL POUCH/BIOP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44388	COLON ENDOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44389	COLONOSCOPY WITH BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44390	COLONOSCOPY FOR FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44391	COLONOSCOPY FOR BLEEDING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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44392	COLONOSCOPY & POLYPECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44393	COLONOSCOPY, LESION REMOVAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44394	COLONOSCOPY W/SNARE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44397	COLONOSCOPY W STENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44500	INTRO, GASTROINTESTINAL TUBE	Yes	SNF 516	0	NA		Physician billing to Carrier
44602	SUTURE, SMALL INTESTINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44603	SUTURE, SMALL INTESTINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44604	SUTURE, LARGE INTESTINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44605	REPAIR OF BOWEL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44615	INTESTINAL STRICTUROPLASTY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44620	REPAIR BOWEL OPENING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44625	REPAIR BOWEL OPENING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44626	REPAIR BOWEL OPENING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44640	REPAIR BOWEL-SKIN FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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44650	REPAIR BOWEL FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44660	REPAIR BOWEL-BLADDER FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44661	REPAIR BOWEL-BLADDER FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44680	SURGICAL REVISION, INTESTINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44700	SUSPEND BOWEL W/PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44799	INTESTINE SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44800	EXCISION OF BOWEL POUCH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44820	EXCISION OF MESENTERY LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44850	REPAIR OF MESENTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44899	BOWEL SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44900	DRAIN APP ABSCESS, OPEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44901	DRAIN APP ABSCESS, PERCUT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44950	APPENDECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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44955	APPENDECTOMY ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44960	APPENDECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44970	LAPAROSCOPY, APPENDECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
44979	LAPAROSCOPE PROC, APP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45000	DRAINAGE OF PELVIC ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45005	DRAINAGE OF RECTAL ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45020	DRAINAGE OF RECTAL ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45100	BIOPSY OF RECTUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45108	REMOVAL OF ANORECTAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45110	REMOVAL OF RECTUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45111	PARTIAL REMOVAL OF RECTUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45112	REMOVAL OF RECTUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45113	PARTIAL PROCTECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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45114	PARTIAL REMOVAL OF RECTUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45116	PARTIAL REMOVAL OF RECTUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45119	REMOVE RECTUM W/RESERVOIR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45120	REMOVAL OF RECTUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45121	REMOVAL OF RECTUM AND COLON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45123	PARTIAL PROCTECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45126	PELVIC EXENTERATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45130	EXCISION OF RECTAL PROLAPSE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45135	EXCISION OF RECTAL PROLAPSE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45136	Excise ileoanal reservoir	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
45150	EXCISION OF RECTAL STRICTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45160	EXCISION OF RECTAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45170	EXCISION OF RECTAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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45190	DESTRUCTION, RECTAL TUMOR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45300	PROCTOSIGMOIDOSCOPY DX	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45303	PROCTOSIGMOIDOSCOPY DILATE	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45305	PROTOSIGMOIDOSCOPY W/BX	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45307	PROTOSIGMOIDOSCOPY FB	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45308	PROTOSIGMOIDOSCOPY REMOVAL	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45309	PROTOSIGMOIDOSCOPY REMOVAL	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45315	PROTOSIGMOIDOSCOPY REMOVAL	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45317	PROTOSIGMOIDOSCOPY BLEED	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45320	PROTOSIGMOIDOSCOPY ABLATE	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45321	PROTOSIGMOIDOSCOPY VOLVUL	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45327	PROCTOSIGMOIDOSCOPY W/STENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45330	DIAGNOSTIC SIGMOIDOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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45331	SIGMOIDOSCOPY AND BIOPSY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45332	SIGMOIDOSCOPY W/FB REMOVAL	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45333	SIGMOIDOSCOPY & POLYPECTOMY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45334	SIGMOIDOSCOPY FOR BLEEDING	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45337	SIGMOIDOSCOPY & DECOMPRESS	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45338	SIGMOIDOSCPY W/TUMR REMOVE	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45339	SIGMOIDOSCOPY W/ABLATE TUMR	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45341	SIGMOIDOSCOPY W/ULTRASOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45342	SIGMOIDOSCOPY W/US GUIDE BX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45345	SIGMODOSCOPY W/STENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45355	SURGICAL COLONOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45378	DIAGNOSTIC COLONOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45379	COLONOSCOPY W/FB REMOVAL	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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45380	COLONOSCOPY AND BIOPSY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45382	COLONOSCOPY/CONTROL BLEEDING	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45383	LESION REMOVAL COLONOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45384	LESION REMOVE COLONOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45385	LESION REMOVAL COLONOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45387	COLONOSCOPY W/STENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45500	REPAIR OF RECTUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45505	REPAIR OF RECTUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45520	TREATMENT OF RECTAL PROLAPSE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45540	CORRECT RECTAL PROLAPSE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45541	CORRECT RECTAL PROLAPSE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45550	REPAIR RECTUM/REMOVE SIGMOID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45560	REPAIR OF RECTOCELE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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45562	EXPLORATION/REPAIR OF RECTUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45563	EXPLORATION/REPAIR OF RECTUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45800	REPAIR RECT/BLADDER FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45805	REPAIR FISTULA W/COLOSTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45820	REPAIR RECTOURETHRAL FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45825	REPAIR FISTULA W/COLOSTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45900	REDUCTION OF RECTAL PROLAPSE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45905	DILATION OF ANAL SPHINCTER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45910	DILATION OF RECTAL NARROWING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45915	REMOVE RECTAL OBSTRUCTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
45999	RECTUM SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46020	Placement of seton	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
46030	REMOVAL OF RECTAL MARKER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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46040	INCISION OF RECTAL ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46045	INCISION OF RECTAL ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46050	INCISION OF ANAL ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46060	INCISION OF RECTAL ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46070	INCISION OF ANAL SEPTUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46080	INCISION OF ANAL SPHINCTER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46083	INCISE EXTERNAL HEMORRHOID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46200	REMOVAL OF ANAL FISSURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46210	REMOVAL OF ANAL CRYPT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46211	REMOVAL OF ANAL CRYPTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46220	REMOVAL OF ANAL TAB	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46221	LIGATION OF HEMORRHOID(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46230	REMOVAL OF ANAL TABS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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46250	HEMORRHOIDECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46255	HEMORRHOIDECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46257	REMOVE HEMORRHOIDS & FISSURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46258	REMOVE HEMORRHOIDS & FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46260	HEMORRHOIDECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46261	REMOVE HEMORRHOIDS & FISSURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46262	REMOVE HEMORRHOIDS & FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46270	REMOVAL OF ANAL FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46275	REMOVAL OF ANAL FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46280	REMOVAL OF ANAL FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46285	REMOVAL OF ANAL FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46288	REPAIR ANAL FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46320	REMOVAL OF HEMORRHOID CLOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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46500	INJECTION INTO HEMORRHOIDS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46600	DIAGNOSTIC ANOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46604	ANOSCOPY AND DILATION	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46606	ANOSCOPY AND BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46608	ANOSCOPY/ REMOVE FOR BODY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46610	ANOSCOPY/REMOVE LESION	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46611	ANOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46612	ANOSCOPY/ REMOVE LESIONS	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46614	ANOSCOPY/CONTROL BLEEDING	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46615	ANOSCOPY	No	CIM 35-59	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46700	REPAIR OF ANAL STRICTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46705	REPAIR OF ANAL STRICTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46715	REPAIR OF ANOVAGINAL FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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46716	REPAIR OF ANOVAGINAL FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46730	CONSTRUCTION OF ABSENT ANUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46735	CONSTRUCTION OF ABSENT ANUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46740	CONSTRUCTION OF ABSENT ANUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46742	REPAIR OF IMPERFORATED ANUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46744	REPAIR OF CLOACAL ANOMALY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46746	REPAIR OF CLOACAL ANOMALY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46748	REPAIR OF CLOACAL ANOMALY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46750	REPAIR OF ANAL SPHINCTER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46751	REPAIR OF ANAL SPHINCTER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46753	RECONSTRUCTION OF ANUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46754	REMOVAL OF SUTURE FROM ANUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46760	REPAIR OF ANAL SPHINCTER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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46761	REPAIR OF ANAL SPHINCTER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46762	IMPLANT ARTIFICIAL SPHINCTER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46900	DESTRUCTION, ANAL LESION(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46910	DESTRUCTION, ANAL LESION(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46916	CRYOSURGERY, ANAL LESION(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46917	LASER SURGERY, ANAL LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46922	EXCISION OF ANAL LESION(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46924	DESTRUCTION, ANAL LESION(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46934	DESTRUCTION OF HEMORRHOIDS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46935	DESTRUCTION OF HEMORRHOIDS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46936	DESTRUCTION OF HEMORRHOIDS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46937	CRYOTHERAPY OF RECTAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46938	CRYOTHERAPY OF RECTAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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46940	TREATMENT OF ANAL FISSURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46942	TREATMENT OF ANAL FISSURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46945	LIGATION OF HEMORRHOIDS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46946	LIGATION OF HEMORRHOIDS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
46999	ANUS SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47000	NEEDLE BIOPSY OF LIVER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47001	NEEDLE BIOPSY, LIVER ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47010	OPEN DRAINAGE, LIVER LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47011	PERCUT DRAIN, LIVER LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47015	INJECT/ASPIRATE LIVER CYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47100	WEDGE BIOPSY OF LIVER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47120	PARTIAL REMOVAL OF LIVER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47122	EXTENSIVE REMOVAL OF LIVER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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47125	PARTIAL REMOVAL OF LIVER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47130	PARTIAL REMOVAL OF LIVER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47133	REMOVAL OF DONOR LIVER	No		0	NA		SNFs cannot be paid for this service.
47134	PARTIAL REMOVAL, DONOR LIVER	No	CIM 35-53	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47135	TRANSPLANTATION OF LIVER	No	CIM 35-53	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47136	TRANSPLANTATION OF LIVER	No	CIM 35-53	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47300	SURGERY FOR LIVER LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47350	REPAIR LIVER WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47360	REPAIR LIVER WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47361	REPAIR LIVER WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47362	REPAIR LIVER WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47370	Laparo ablate liver tumor rf	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
47371	Laparo ablate liver cryosug	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi

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47379	LAPAROSCOPE PROCEDURE, LIVER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47380	Open ablate liver tumor rf	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
47381	Open ablate liver tumor cryo	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
47382	Percut ablate liver rf	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
47399	LIVER SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47400	INCISION OF LIVER DUCT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47420	INCISION OF BILE DUCT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47425	INCISION OF BILE DUCT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47460	INCISE BILE DUCT SPHINCTER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47480	INCISION OF GALLBLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47490	INCISION OF GALLBLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47500	INJECTION FOR LIVER X-RAYS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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47505	INJECTION FOR LIVER X-RAYS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47510	INSERT CATHETER, BILE DUCT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47511	INSERT BILE DUCT DRAIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47525	CHANGE BILE DUCT CATHETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47530	REVISE/REINSERT BILE TUBE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47550	BILE DUCT ENDOSCOPY ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47552	BILIARY ENDOSCOPY THRU SKIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47553	BILIARY ENDOSCOPY THRU SKIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47554	BILIARY ENDOSCOPY THRU SKIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47555	BILIARY ENDOSCOPY THRU SKIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47556	BILIARY ENDOSCOPY THRU SKIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47560	LAPAROSCOPY W/CHOLANGIO	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47561	LAPARO W/CHOLANGIO/BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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47562	LAPAROSCOPIC CHOLECYSTECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47563	LAPARO CHOLECYSTECTOMY/GRAPH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47564	LAPARO CHOLECYSTECTOMY/EXPLR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47570	LAPARO CHOLECYSTOENTEROSTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47579	LAPAROSCOPE PROC, BILIARY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47600	REMOVAL OF GALLBLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47605	REMOVAL OF GALLBLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47610	REMOVAL OF GALLBLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47612	REMOVAL OF GALLBLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47620	REMOVAL OF GALLBLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47630	REMOVE BILE DUCT STONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47700	EXPLORATION OF BILE DUCTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47701	BILE DUCT REVISION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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47711	EXCISION OF BILE DUCT TUMOR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47712	EXCISION OF BILE DUCT TUMOR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47715	EXCISION OF BILE DUCT CYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47716	FUSION OF BILE DUCT CYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47720	FUSE GALLBLADDER & BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47721	FUSE UPPER GI STRUCTURES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47740	FUSE GALLBLADDER & BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47741	FUSE GALLBLADDER & BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47760	FUSE BILE DUCTS AND BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47765	FUSE LIVER DUCTS & BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47780	FUSE BILE DUCTS AND BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47785	FUSE BILE DUCTS AND BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47800	RECONSTRUCTION OF BILE DUCTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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47801	PLACEMENT, BILE DUCT SUPPORT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47802	FUSE LIVER DUCT & INTESTINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47900	SUTURE BILE DUCT INJURY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
47999	BILE TRACT SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48000	DRAINAGE OF ABDOMEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48001	PLACEMENT OF DRAIN, PANCREAS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48005	RESECT/DEBRIDE PANCREAS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48020	REMOVAL OF PANCREATIC STONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48100	BIOPSY OF PANCREAS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48102	NEEDLE BIOPSY, PANCREAS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48120	REMOVAL OF PANCREAS LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48140	PARTIAL REMOVAL OF PANCREAS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48145	PARTIAL REMOVAL OF PANCREAS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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48146	PANCREATECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48148	REMOVAL OF PANCREATIC DUCT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48150	PARTIAL REMOVAL OF PANCREAS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48152	PANCREATECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48153	PANCREATECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48154	PANCREATECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48155	REMOVAL OF PANCREAS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48160	PANCREAS REMOVAL/TRANSPLANT	No	Non-covered by Medicare CIM 35-82	0	NA		SNFs cannot be paid for this service.
48180	FUSE PANCREAS AND BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48400	INJECTION, INTRAOP ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48500	SURGERY OF PANCREAS CYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48510	DRAIN PANCREATIC PSEUDOCYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48511	DRAIN PANCREATIC PSEUDOCYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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48520	FUSE PANCREAS CYST AND BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48540	FUSE PANCREAS CYST AND BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48545	PANCREATORRHAPHY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48547	DUODENAL EXCLUSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48550	DONOR PANCREATECTOMY	No	Non-covered by Medicare CIM 35-82	0	NA		SNFs cannot be paid for this service.
48554	TRANSPL ALLOGRAFT PANCREAS	No	Non-covered by Medicare CIM 35-82	0	NA		SNFs cannot be paid for this service.
48556	REMOVAL, ALLOGRAFT PANCREAS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
48999	PANCREAS SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49000	EXPLORATION OF ABDOMEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49002	REOPENING OF ABDOMEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49010	EXPLORATION BEHIND ABDOMEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49020	DRAIN ABDOMINAL ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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49021	DRAIN ABDOMINAL ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49040	DRAIN, OPEN, ABDOM ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49041	DRAIN, PERCUT, ABDOM ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49060	DRAIN, OPEN, RETROP ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49061	DRAIN, PERCUT, RETROPER ABSC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49062	DRAIN TO PERITONEAL CAVITY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49080	PUNCTURE, PERITONEAL CAVITY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49081	REMOVAL OF ABDOMINAL FLUID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49085	REMOVE ABDOMEN FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49180	BIOPSY, ABDOMINAL MASS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49200	REMOVAL OF ABDOMINAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49201	REMOVAL OF ABDOMINAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49215	EXCISE SACRAL SPINE TUMOR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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49220	MULTIPLE SURGERY, ABDOMEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49250	EXCISION OF UMBILICUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49255	REMOVAL OF OMENTUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49320	DIAG LAPARO SEPARATE PROC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49321	LAPAROSCOPY, BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49322	LAPAROSCOPY, ASPIRATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49323	LAPARO DRAIN LYMPHOCELE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49329	LAPARO PROC, ABDM/PER/OMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49400	AIR INJECTION INTO ABDOMEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49420	INSERT ABDOMINAL DRAIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49421	INSERT ABDOMINAL DRAIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49422	REMOVE PERM CANNULA/CATHETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49423	EXCHANGE DRAINAGE CATHETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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49424	ASSESS CYST, CONTRAST INJECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49425	INSERT ABDOMEN-VENOUS DRAIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49426	REVISE ABDOMEN-VENOUS SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49427	INJECTION, ABDOMINAL SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49428	LIGATION OF SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49429	REMOVAL OF SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49491	Repairing hern premie reduc	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
49492	Rpr ing hern premie, blocked	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
49495	Rpr ing hernia baby, reduc	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49496	Rpr ing hernia baby, blocked	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49500	Rpr ing hernia, init, reduce	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49501	Rpr ing hernia, init blocked	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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49505	Rpr i/hern init reduc>5 yr	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49507	Rpr i/hern init block>5 yr	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49520	Rerepair ing hernia, reduce	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49521	Rerepair ing hernia, blocked	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49525	Repair ing hernia, sliding	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49540	REPAIR LUMBAR HERNIA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49550	Rpr fem hernia, init, reduce	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49553	Rpr fem hernia, init blocked	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49555	Rerepair fem hernia, reduce	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49557	Rerepair fem hernia, blocked	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49560	Rpr ventral hern init, reduc	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49561	Rpr ventral hern init, block	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49565	Rerepair ventrl hern, reduce	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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49566	Rerepair ventrl hern, block	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49568	HERNIA REPAIR W/MESH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49570	Rpr epigastric hern, reduce	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49572	Rpr epigastric hern, blocked	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49580	Rpr umbil hern, reduc <5 yr	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49582	Rpr umbil hern, block < 5 yr	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49585	Rpr umbil hern, reduc > 5 yr	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49587	Rpr umbil hern, block > 5 yr	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49590	Repair spigelian hernia	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49600	REPAIR UMBILICAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49605	REPAIR UMBILICAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49606	REPAIR UMBILICAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49610	REPAIR UMBILICAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

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49611	REPAIR UMBILICAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49650	LAPARO HERNIA REPAIR INITIAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49651	LAPARO HERNIA REPAIR RECUR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49659	LAPARO PROC, HERNIA REPAIR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49900	REPAIR OF ABDOMINAL WALL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49905	OMENTAL FLAP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49906	FREE OMENTAL FLAP, MICROVASC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
49999	ABDOMEN SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50010	EXPLORATION OF KIDNEY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50020	RENAL ABSCESS, OPEN DRAIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50021	RENAL ABSCESS, PERCUT DRAIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50040	DRAINAGE OF KIDNEY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50045	EXPLORATION OF KIDNEY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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50060	REMOVAL OF KIDNEY STONE	No	CIM 35-81	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50065	INCISION OF KIDNEY	No	CIM 35-81	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50070	INCISION OF KIDNEY	No	CIM 35-81	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50075	REMOVAL OF KIDNEY STONE	No	CIM 35-81	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50080	REMOVAL OF KIDNEY STONE	No	CIM 35-81	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50081	REMOVAL OF KIDNEY STONE	No	CIM 35-81	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50100	REVISE KIDNEY BLOOD VESSELS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50120	EXPLORATION OF KIDNEY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50125	EXPLORE AND DRAIN KIDNEY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50130	REMOVAL OF KIDNEY STONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50135	EXPLORATION OF KIDNEY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50200	BIOPSY OF KIDNEY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50205	BIOPSY OF KIDNEY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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50220	Remove kidney, open	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50225	Removal kidney open, complex	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50230	Removal kidney open, radical	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50234	REMOVAL OF KIDNEY & URETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50236	REMOVAL OF KIDNEY & URETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50240	PARTIAL REMOVAL OF KIDNEY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50280	REMOVAL OF KIDNEY LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50290	REMOVAL OF KIDNEY LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50300	REMOVAL OF DONOR KIDNEY	No	SNF 516.3 SNF 260	0	NA		SNFs cannot be paid for this service.
50320	REMOVAL OF DONOR KIDNEY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50340	REMOVAL OF KIDNEY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50360	TRANSPLANTATION OF KIDNEY	No	MCM 4176 CIM 3582	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50365	TRANSPLANTATION OF KIDNEY	No	MCM 4176 CIM 3582	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50370	REMOVE TRANSPLANTED KIDNEY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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50380	REIMPLANTATION OF KIDNEY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50390	DRAINAGE OF KIDNEY LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50392	INSERT KIDNEY DRAIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50393	INSERT URETERAL TUBE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50394	INJECTION FOR KIDNEY X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50395	CREATE PASSAGE TO KIDNEY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50396	MEASURE KIDNEY PRESSURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50398	CHANGE KIDNEY TUBE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50400	REVISION OF KIDNEY/URETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50405	REVISION OF KIDNEY/URETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50500	REPAIR OF KIDNEY WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50520	CLOSE KIDNEY-SKIN FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50525	REPAIR RENAL-ABDOMEN FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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50526	REPAIR RENAL-ABDOMEN FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50540	REVISION OF HORSESHOE KIDNEY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50541	LAPARO ABLATE RENAL CYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50544	LAPAROSCOPY, PYELOPLASTY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50545	LAPARO RADICAL NEPHRECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50546	LAPAROSCOPIC NEPHRECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50547	LAPARO REMOVAL DONOR KIDNEY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50548	LAPARO REMOVE K/URETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50549	LAPAROSCOPE PROC, RENAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50551	KIDNEY ENDOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50553	KIDNEY ENDOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50555	KIDNEY ENDOSCOPY & BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50557	KIDNEY ENDOSCOPY & TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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50559	RENAL ENDOSCOPY/RADIOTRACER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50561	KIDNEY ENDOSCOPY & TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50570	KIDNEY ENDOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50572	KIDNEY ENDOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50574	KIDNEY ENDOSCOPY & BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50575	KIDNEY ENDOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50576	KIDNEY ENDOSCOPY & TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50578	RENAL ENDOSCOPY/RADIOTRACER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50580	KIDNEY ENDOSCOPY & TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50590	FRAGMENTING OF KIDNEY STONE	No	CIM 35-8	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50600	EXPLORATION OF URETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50605	INSERT URETERAL SUPPORT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50610	REMOVAL OF URETER STONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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50620	REMOVAL OF URETER STONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50630	REMOVAL OF URETER STONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50650	REMOVAL OF URETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50660	REMOVAL OF URETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50684	INJECTION FOR URETER X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50686	MEASURE URETER PRESSURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50688	CHANGE OF URETER TUBE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50690	INJECTION FOR URETER X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50700	REVISION OF URETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50715	RELEASE OF URETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50722	RELEASE OF URETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50725	RELEASE/REVISE URETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50727	REVISE URETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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50728	REVISE URETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50740	FUSION OF URETER & KIDNEY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50750	FUSION OF URETER & KIDNEY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50760	FUSION OF URETERS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50770	SPLICING OF URETERS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50780	REIMPLANT URETER IN BLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50782	REIMPLANT URETER IN BLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50783	REIMPLANT URETER IN BLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50785	REIMPLANT URETER IN BLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50800	IMPLANT URETER IN BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50810	FUSION OF URETER & BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50815	Urine shunt to intestine	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50820	CONSTRUCT BOWEL BLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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50825	CONSTRUCT BOWEL BLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50830	REVISE URINE FLOW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50840	REPLACE URETER BY BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50845	APPENDICO-VESICOSTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50860	TRANSPLANT URETER TO SKIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50900	REPAIR OF URETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50920	CLOSURE URETER/SKIN FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50930	CLOSURE URETER/BOWEL FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50940	RELEASE OF URETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50945	LAPAROSCOPY URETEROLITHOTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50947	LAPARO NEW URETER/BLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50948	LAPARO NEW URETER/BLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50949	LAPAROSCOPE PROC, URETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

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50951	ENDOSCOPY OF URETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50953	ENDOSCOPY OF URETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50955	URETER ENDOSCOPY & BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50957	URETER ENDOSCOPY & TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50959	URETER ENDOSCOPY & TRACER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50961	URETER ENDOSCOPY & TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50970	URETER ENDOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50972	URETER ENDOSCOPY & CATHETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50974	URETER ENDOSCOPY & BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50976	URETER ENDOSCOPY & TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50978	URETER ENDOSCOPY & TRACER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
50980	URETER ENDOSCOPY & TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51000	DRAINAGE OF BLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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51005	DRAINAGE OF BLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51010	DRAINAGE OF BLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51020	INCISE & TREAT BLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51030	INCISE & TREAT BLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51040	INCISE & DRAIN BLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51045	INCISE BLADDER/DRAIN URETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51050	REMOVAL OF BLADDER STONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51060	REMOVAL OF URETER STONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51065	Remove ureter calculus	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51080	DRAINAGE OF BLADDER ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51500	REMOVAL OF BLADDER CYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51520	REMOVAL OF BLADDER LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51525	REMOVAL OF BLADDER LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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51530	REMOVAL OF BLADDER LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51535	REPAIR OF URETER LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51550	PARTIAL REMOVAL OF BLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51555	PARTIAL REMOVAL OF BLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51565	REVISE BLADDER & URETER(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51570	REMOVAL OF BLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51575	REMOVAL OF BLADDER & NODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51580	REMOVE BLADDER/REVISE TRACT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51585	REMOVAL OF BLADDER & NODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51590	REMOVE BLADDER/REVISE TRACT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51595	REMOVE BLADDER/REVISE TRACT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51596	REMOVE BLADDER/CREATE POUCH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51597	REMOVAL OF PELVIC STRUCTURES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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51600	INJECTION FOR BLADDER X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51605	PREPARATION FOR BLADDER XRAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51610	INJECTION FOR BLADDER X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51700	IRRIGATION OF BLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51705	CHANGE OF BLADDER TUBE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51710	CHANGE OF BLADDER TUBE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51715	ENDOSCOPIC INJECTION/IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51720	TREATMENT OF BLADDER LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51725	SIMPLE CYSTOMETROGRAM	No	SNF 516.3 SNF 260	1	NA		SNFs cannot be paid for this service.
51726	COMPLEX CYSTOMETROGRAM	No	SNF 516.3 SNF 260	1	NA		SNFs cannot be paid for this service.
51736	URINE FLOW MEASUREMENT	No	SNF 516.3 SNF 260	1	NA		SNFs cannot be paid for this service.
51741	ELECTRO-UROFLOWMETRY, FIRST	No	SNF 516.3 SNF 260	1	NA		SNFs cannot be paid for this service.
51772	URETHRA PRESSURE PROFILE	Yes	SNF 516	1	NA		Physician may bill.
51784	ANAL/URINARY MUSCLE STUDY	Yes	SNF 516	1	NA		Physician may bill.
51785	ANAL/URINARY MUSCLE STUDY	Yes	SNF 516	1	NA		Physician may bill.
51792	URINARY REFLEX STUDY	Yes	SNF 516	1	NA		Physician may bill.
51795	URINE VOIDING PRESSURE STUDY	Yes	SNF 516	1	NA		Physician may bill.
51797	INTRAABDOMINAL PRESSURE TEST	Yes	SNF 516	1	NA		Physician may bill.

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51800	REVISION OF BLADDER/URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51820	REVISION OF URINARY TRACT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51840	ATTACH BLADDER/URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51841	ATTACH BLADDER/URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51845	REPAIR BLADDER NECK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51860	REPAIR OF BLADDER WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51865	REPAIR OF BLADDER WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51880	REPAIR OF BLADDER OPENING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51900	REPAIR BLADDER/VAGINA LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51920	CLOSE BLADDER-UTERUS FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51925	HYSTERECTOMY/BLADDER REPAIR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51940	CORRECTION OF BLADDER DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51960	REVISION OF BLADDER & BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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51980	CONSTRUCT BLADDER OPENING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51990	LAPARO URETHRAL SUSPENSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
51992	LAPARO SLING OPERATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52000	CYSTOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52001	Cystoscopy, removal of clots	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
52005	CYSTOSCOPY & URETER CATHETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52007	CYSTOSCOPY AND BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52010	CYSTOSCOPY & DUCT CATHETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52204	CYSTOSCOPY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52214	CYSTOSCOPY AND TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52224	CYSTOSCOPY AND TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52234	CYSTOSCOPY AND TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52235	CYSTOSCOPY AND TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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52240	CYSTOSCOPY AND TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52250	CYSTOSCOPY AND RADIOTRACER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52260	CYSTOSCOPY AND TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52265	CYSTOSCOPY AND TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52270	CYSTOSCOPY & REVISE URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52275	CYSTOSCOPY & REVISE URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52276	CYSTOSCOPY AND TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52277	CYSTOSCOPY AND TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52281	CYSTOSCOPY AND TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52282	CYSTOSCOPY, IMPLANT STENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52283	CYSTOSCOPY AND TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52285	CYSTOSCOPY AND TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52290	CYSTOSCOPY AND TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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52300	CYSTOSCOPY AND TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52301	CYSTOSCOPY AND TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52305	CYSTOSCOPY AND TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52310	CYSTOSCOPY AND TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52315	CYSTOSCOPY AND TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52317	REMOVE BLADDER STONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52318	REMOVE BLADDER STONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52320	CYSTOSCOPY AND TREATMENT	No	CIM 35-81	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52325	CYSTOSCOPY, STONE REMOVAL	No	CIM 35-81	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52327	CYSTOSCOPY, INJECT MATERIAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52330	CYSTOSCOPY AND TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52332	CYSTOSCOPY AND TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52334	CREATE PASSAGE TO KIDNEY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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52335	Endoscopy of urinary tract	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52336	Cystoscopy, stone removal	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52337	Cystoscopy, stone removal	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52338	Cystoscopy and treatment	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52339	Cystoscopy and treatment	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52340	Cystoscopy and treatment	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52341	CYSTO W/URETER STRICTURE TX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52342	CYSTO W/UP STRICTURE TX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52343	CYSTO W/RENAL STRICTURE TX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52344	CYSTO/URETERO, STONE REMOVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52345	CYSTO/URETERO W/UP STRICTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52346	CYSTOURETERO W/RENAL STRICT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52347	Cystoscopy, resect ducts	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi

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52351	CYSTOURETRO & OR PYELOSCOPE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52352	CYSTOURETRO W/STONE REMOVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52353	CYSTOURETERO W/LITHOTRIPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52354	CYSTOURETERO W/BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52355	CYSTOURETERO W/EXCISE TUMOR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52400	CYSTOURETERO W/CONGEN REPR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52450	INCISION OF PROSTATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52500	REVISION OF BLADDER NECK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52510	DILATION PROSTATIC URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52601	PROSTATECTOMY (TURP)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52606	CONTROL POSTOP BLEEDING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52612	PROSTATECTOMY, FIRST STAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52614	PROSTATECTOMY, SECOND STAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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52620	REMOVE RESIDUAL PROSTATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52630	REMOVE PROSTATE REGROWTH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52640	RELIEVE BLADDER CONTRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52647	LASER SURGERY OF PROSTATE	No	CIM 35-52	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52648	LASER SURGERY OF PROSTATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
52700	DRAINAGE OF PROSTATE ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53000	INCISION OF URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53010	INCISION OF URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53020	INCISION OF URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53025	INCISION OF URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53040	DRAINAGE OF URETHRA ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53060	DRAINAGE OF URETHRA ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53080	DRAINAGE OF URINARY LEAKAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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53085	DRAINAGE OF URINARY LEAKAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53200	BIOPSY OF URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53210	REMOVAL OF URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53215	REMOVAL OF URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53220	TREATMENT OF URETHRA LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53230	REMOVAL OF URETHRA LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53235	REMOVAL OF URETHRA LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53240	SURGERY FOR URETHRA POUCH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53250	REMOVAL OF URETHRA GLAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53260	TREATMENT OF URETHRA LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53265	TREATMENT OF URETHRA LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53270	REMOVAL OF URETHRA GLAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53275	REPAIR OF URETHRA DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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53400	REVISE URETHRA, STAGE 1	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53405	REVISE URETHRA, STAGE 2	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53410	RECONSTRUCTION OF URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53415	RECONSTRUCTION OF URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53420	RECONSTRUCT URETHRA, STAGE 1	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53425	RECONSTRUCT URETHRA, STAGE 2	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53430	RECONSTRUCTION OF URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53431	Reconstruct urethra/bladder	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
53440	CORRECT BLADDER FUNCTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53442	REMOVE PERINEAL PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53443	RECONSTRUCTION OF URETHRA	No	SNF 516.3 SNF 260	0	NA		Discontinue after 12/31/2001 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
53444	Insert tandem cuff	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi

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53445	Insert uro/ves nck sphincter	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53446	Remove uro sphincter	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
53447	Remove/replace ur sphincter	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53448	Remov/replc ur sphinctr comp	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
53449	Repair uro sphincter	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53450	REVISION OF URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53460	REVISION OF URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53502	REPAIR OF URETHRA INJURY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53505	REPAIR OF URETHRA INJURY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53510	REPAIR OF URETHRA INJURY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53515	REPAIR OF URETHRA INJURY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53520	REPAIR OF URETHRA DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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53600	DILATE URETHRA STRICTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53601	DILATE URETHRA STRICTURE	Yes	SNF 516	0	NA		Physician billing to Carrier
53605	DILATE URETHRA STRICTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53620	DILATE URETHRA STRICTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53621	DILATE URETHRA STRICTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53660	DILATION OF URETHRA	Yes	SNF 516	0	NA		Physician billing to Carrier
53661	DILATION OF URETHRA	Yes	SNF 516.3 SNF 260	0	NA		Physician billing to Carrier
53665	DILATION OF URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53670	INSERT URINARY CATHETER	Yes	SNF 516	0	NA		Physician billing to Carrier
53675	INSERT URINARY CATHETER	Yes	SNF 516	0	NA		Physician billing to Carrier
53850	PROSTATIC MICROWAVE THERMOTX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53852	PROSTATIC RF THERMOTX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
53853	Prostatic water thermother	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
53899	UROLOGY SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54000	SLITTING OF PREPUCE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54001	SLITTING OF PREPUCE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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54015	DRAIN PENIS LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54050	DESTRUCTION, PENIS LESION(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54055	DESTRUCTION, PENIS LESION(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54056	CRYOSURGERY, PENIS LESION(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54057	LASER SURG, PENIS LESION(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54060	EXCISION OF PENIS LESION(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54065	DESTRUCTION, PENIS LESION(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54100	BIOPSY OF PENIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54105	BIOPSY OF PENIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54110	TREATMENT OF PENIS LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54111	TREAT PENIS LESION, GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54112	TREAT PENIS LESION, GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54115	TREATMENT OF PENIS LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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54120	PARTIAL REMOVAL OF PENIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54125	REMOVAL OF PENIS	No	CIM 35-61	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54130	REMOVE PENIS & NODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54135	REMOVE PENIS & NODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54150	CIRCUMCISION	Yes	SNF 516	0	NA		Physician billing to Carrier
54152	CIRCUMCISION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54160	CIRCUMCISION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54161	CIRCUMCISION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54162	Lysis penil circumcis lesion	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
54163	Repair of circumcision	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
54164	Frenulotomy of penis	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
54200	TREATMENT OF PENIS LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54205	Insert multi-comp penis pros	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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54220	TREATMENT OF PENIS LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54230	PREPARE PENIS STUDY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54231	DYNAMIC CAVERNOSOMETRY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54235	PENILE INJECTION	Yes	SNF 516	0	NA		Physician billing to Carrier
54240	PENIS STUDY	Yes	CIM 50-54, CIM 50-6 SNF 516	1	NA		Physician may bill.
54250	PENIS STUDY	Yes	MCM 2055 CIM 35-24 SNF 516	1	NA		Physician may bill.
54300	REVISION OF PENIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54304	REVISION OF PENIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54308	RECONSTRUCTION OF URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54312	RECONSTRUCTION OF URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54316	RECONSTRUCTION OF URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54318	RECONSTRUCTION OF URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54322	RECONSTRUCTION OF URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54324	RECONSTRUCTION OF URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

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54326	RECONSTRUCTION OF URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54328	REVISE PENIS/URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54332	REVISE PENIS/URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54336	REVISE PENIS/URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54340	SECONDARY URETHRAL SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54344	SECONDARY URETHRAL SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54348	SECONDARY URETHRAL SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54352	RECONSTRUCT URETHRA/PENIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54360	PENIS PLASTIC SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54380	REPAIR PENIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54385	REPAIR PENIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54390	REPAIR PENIS AND BLADDER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54400	INSERT SEMI-RIGID PROSTHESIS	No	CIM 35-24	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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54401	INSERT SELF-CONTD PROSTHESIS	No	CIM 35-24	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54402	REMOVE PENIS PROSTHESIS	No	CIM 35-24 SNF 516.3 SNF 260	0	NA		Discontinue after 12/31/2001 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
54405	INSERT MULTI-COMP PROSTHESIS	No	CIM 35-24	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54406	Remove multi-comp penis pros	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
54407	REMOVE MULTI-COMP PROSTHESIS	No	CIM 35-24 SNF 516.3 SNF 260	0	NA		Discontinue after 12/31/2001 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
54408	Repair multi-comp penis pros	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
54409	REVISE PENIS PROSTHESIS	No	CIM 35-24 SNF 516.3 SNF 260	0	NA		Discontinue after 12/31/2001 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
54410	Remove/replace penis prosth	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
54411	Remv/replc penis pros, comp	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
54415	Remove self-contd penis pros	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi

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54416	Remv/repl penis contain pros	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
54417	Remv/replc penis pros, compl	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
54420	REVISION OF PENIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54430	REVISION OF PENIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54435	REVISION OF PENIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54440	REPAIR OF PENIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54450	PREPUTIAL STRETCHING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54500	BIOPSY OF TESTIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54505	BIOPSY OF TESTIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54510	REMOVAL OF TESTIS LESION	No	SNF 516.3 SNF 260	0	NA		Discontinue after 12/31/2001 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
54512	EXCISE LESION TESTIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54520	REMOVAL OF TESTIS	No	CIM 35-61	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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54522	ORCHIECTOMY, PARTIAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54530	REMOVAL OF TESTIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54535	EXTENSIVE TESTIS SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54550	EXPLORATION FOR TESTIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54560	EXPLORATION FOR TESTIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54600	REDUCE TESTIS TORSION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54620	SUSPENSION OF TESTIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54640	SUSPENSION OF TESTIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54650	ORCHIOPEXY (FOWLER-STEPHENS)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54660	REVISION OF TESTIS	No	CIM 35-61	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54670	REPAIR TESTIS INJURY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54680	RELOCATION OF TESTIS(ES)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54690	LAPAROSCOPY, ORCHIECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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54692	LAPAROSCOPY, ORCHIOPEXY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54699	LAPAROSCOPE PROC, TESTIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54700	DRAINAGE OF SCROTUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54800	BIOPSY OF EPIDIDYMIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54820	EXPLORATION OF EPIDIDYMIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54830	REMOVE EPIDIDYMIS LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54840	REMOVE EPIDIDYMIS LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54860	REMOVAL OF EPIDIDYMIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54861	REMOVAL OF EPIDIDYMIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54900	FUSION OF SPERMATIC DUCTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
54901	FUSION OF SPERMATIC DUCTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55000	DRAINAGE OF HYDROCELE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55040	REMOVAL OF HYDROCELE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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55041	REMOVAL OF HYDROCELES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55060	REPAIR OF HYDROCELE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55100	DRAINAGE OF SCROTUM ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55110	EXPLORE SCROTUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55120	REMOVAL OF SCROTUM LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55150	REMOVAL OF SCROTUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55175	REVISION OF SCROTUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55180	REVISION OF SCROTUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55200	INCISION OF SPERM DUCT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55250	REMOVAL OF SPERM DUCT(S)	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55300	PREPARE, SPERM DUCT X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55400	REPAIR OF SPERM DUCT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55450	LIGATION OF SPERM DUCT	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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55500	REMOVAL OF HYDROCELE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55520	REMOVAL OF SPERM CORD LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55530	REVISE SPERMATIC CORD VEINS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55535	REVISE SPERMATIC CORD VEINS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55540	REVISE HERNIA & SPERM VEINS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55550	LAPARO LIGATE SPERMATIC VEIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55559	LAPARO PROC, SPERMATIC CORD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55600	INCISE SPERM DUCT POUCH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55605	INCISE SPERM DUCT POUCH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55650	REMOVE SPERM DUCT POUCH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55680	REMOVE SPERM POUCH LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55700	BIOPSY OF PROSTATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55705	BIOPSY OF PROSTATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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55720	DRAINAGE OF PROSTATE ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55725	DRAINAGE OF PROSTATE ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55801	REMOVAL OF PROSTATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55810	EXTENSIVE PROSTATE SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55812	EXTENSIVE PROSTATE SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55815	EXTENSIVE PROSTATE SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55821	REMOVAL OF PROSTATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55831	REMOVAL OF PROSTATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55840	EXTENSIVE PROSTATE SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55842	EXTENSIVE PROSTATE SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55845	EXTENSIVE PROSTATE SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55859	PERCUT/NEEDLE INSERT, PROS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55860	SURGICAL EXPOSURE, PROSTATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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55862	EXTENSIVE PROSTATE SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55865	EXTENSIVE PROSTATE SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55870	ELECTROEJACULATION	Yes	SNF 516	0	NA		Physician billing to Carrier
55873	CRYOABLATE PROSTATE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55899	GENITAL SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
55970	SEX TRANSFORMATION, M TO F	No	Non-covered by Medicare CIM 35-61	0	NA		SNFs cannot be paid for this service.
55980	SEX TRANSFORMATION, F TO M	No	Non-covered by Medicare CIM 35-61	0	NA		SNFs cannot be paid for this service.
56405	I & D OF VULVA/PERINEUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
56420	DRAINAGE OF GLAND ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
56440	SURGERY FOR VULVA LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
56441	LYSIS OF LABIAL LESION(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
56501	Destroy, vulva lesions, simp	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
56515	Destroy vulva lesion/s compl	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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56605	BIOPSY OF VULVA/PERINEUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
56606	BIOPSY OF VULVA/PERINEUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
56620	PARTIAL REMOVAL OF VULVA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
56625	COMPLETE REMOVAL OF VULVA	No	CIM 35-61	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
56630	EXTENSIVE VULVA SURGERY	No	CIM35-61	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
56631	EXTENSIVE VULVA SURGERY	No	CIM35-61	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
56632	EXTENSIVE VULVA SURGERY	No	CIM35-61	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
56633	EXTENSIVE VULVA SURGERY	No	CIM35-61	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
56634	EXTENSIVE VULVA SURGERY	No	CIM35-61	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
56637	EXTENSIVE VULVA SURGERY	No	CIM35-61	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
56640	EXTENSIVE VULVA SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
56700	PARTIAL REMOVAL OF HYMEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
56720	INCISION OF HYMEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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56740	REMOVE VAGINA GLAND LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
56800	REPAIR OF VAGINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
56805	REPAIR CLITORIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
56810	REPAIR OF PERINEUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57000	EXPLORATION OF VAGINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57010	DRAINAGE OF PELVIC ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57020	DRAINAGE OF PELVIC FLUID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57022	I & d vaginal hematoma, pp	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57023	I & d vag hematoma, non-ob	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57061	Destroy vag lesions, simple	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57065	Destroy vag lesions, complex	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57100	BIOPSY OF VAGINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57105	BIOPSY OF VAGINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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57106	REMOVE VAGINA WALL, PARTIAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57107	REMOVE VAGINA TISSUE, PART	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57109	VAGINECTOMY PARTIAL W/NODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57110	REMOVE VAGINA WALL, COMPLETE	No	CIM 35-61	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57111	REMOVE VAGINA TISSUE, COMPL	No	CIM 35-61	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57112	VAGINECTOMY W/NODES, COMPL	No	CIM 35-61	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57120	CLOSURE OF VAGINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57130	REMOVE VAGINA LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57135	REMOVE VAGINA LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57150	TREAT VAGINA INFECTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57155	Insert uteri tandems/ovoids	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
57160	INSERT PESSARY/OTHER DEVICE	Yes	SNF 516	0	NA		Physician billing to Carrier
57170	FITTING OF DIAPHRAGM/CAP	Yes	SNF 516	0	NA		Physician billing to Carrier
57180	TREAT VAGINAL BLEEDING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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57200	REPAIR OF VAGINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57210	REPAIR VAGINA/PERINEUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57220	REVISION OF URETHRA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57230	REPAIR OF URETHRAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57240	REPAIR BLADDER & VAGINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57250	REPAIR RECTUM & VAGINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57260	REPAIR OF VAGINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57265	EXTENSIVE REPAIR OF VAGINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57268	REPAIR OF BOWEL BULGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57270	REPAIR OF BOWEL POUCH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57280	SUSPENSION OF VAGINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57282	REPAIR OF VAGINAL PROLAPSE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57284	REPAIR PARAVAGINAL DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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57287	REVISE/REMOVE SLING REPAIR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57288	REPAIR BLADDER DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57289	REPAIR BLADDER & VAGINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57291	CONSTRUCTION OF VAGINA	No	CIM 35-61	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57292	CONSTRUCT VAGINA WITH GRAFT	No	CIM 35-61	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57300	REPAIR RECTUM-VAGINA FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57305	REPAIR RECTUM-VAGINA FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57307	FISTULA REPAIR & COLOSTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57308	FISTULA REPAIR, TRANSPERINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57310	REPAIR URETHROVAGINAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57311	REPAIR URETHROVAGINAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57320	REPAIR BLADDER-VAGINA LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57330	REPAIR BLADDER-VAGINA LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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57335	REPAIR VAGINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57400	DILATION OF VAGINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57410	PELVIC EXAMINATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57415	REMOVE VAGINAL FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57452	EXAMINATION OF VAGINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57454	VAGINA EXAMINATION & BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57460	CERVIX EXCISION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57500	BIOPSY OF CERVIX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57505	ENDOCERVICAL CURETTAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57510	CAUTERIZATION OF CERVIX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57511	CRYOCAUTERY OF CERVIX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57513	LASER SURGERY OF CERVIX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57520	CONIZATION OF CERVIX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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57522	CONIZATION OF CERVIX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57530	REMOVAL OF CERVIX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57531	REMOVAL OF CERVIX, RADICAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57540	REMOVAL OF RESIDUAL CERVIX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57545	REMOVE CERVIX/REPAIR PELVIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57550	REMOVAL OF RESIDUAL CERVIX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57555	REMOVE CERVIX/REPAIR VAGINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57556	REMOVE CERVIX, REPAIR BOWEL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57700	REVISION OF CERVIX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57720	REVISION OF CERVIX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57800	DILATION OF CERVICAL CANAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
57820	D & C OF RESIDUAL CERVIX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58100	BIOPSY OF UTERUS LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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58120	DILATION AND CURETTAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58140	REMOVAL OF UTERUS LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58145	REMOVAL OF UTERUS LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58150	TOTAL HYSTERECTOMY	No	CIM 35-11, CIM35-61	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58152	TOTAL HYSTERECTOMY	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58180	PARTIAL HYSTERECTOMY	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58200	EXTENSIVE HYSTERECTOMY	No	CIM 35-11, CIM35-61	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58210	EXTENSIVE HYSTERECTOMY	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58240	REMOVAL OF PELVIS CONTENTS	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58260	VAGINAL HYSTERECTOMY	No	CIM 35-11, CIM35-61	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58262	VAGINAL HYSTERECTOMY	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58263	VAGINAL HYSTERECTOMY	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58267	HYSTERECTOMY & VAGINA REPAIR	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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58270	HYSTERECTOMY & VAGINA REPAIR	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58275	HYSTERECTOMY/REVISE VAGINA	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58280	HYSTERECTOMY/REVISE VAGINA	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58285	EXTENSIVE HYSTERECTOMY	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58300	INSERT INTRAUTERINE DEVICE	No	Non-Covered by Medicare Statute 1862a1A SNF 516	0	NA		SNFs cannot be paid for this service.
58301	REMOVE INTRAUTERINE DEVICE	Yes	SNF 516	0	NA		Physician billing to Carrier
58321	ARTIFICIAL INSEMINATION	Yes	MCM 2005.1 SNF 516	0	NA		Physician billing to Carrier
58322	ARTIFICIAL INSEMINATION	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58323	SPERM WASHING	Yes	MCM 2005.1 SNF 516	0	NA		Physician billing to Carrier
58340	CATHETER FOR HYSTEROGRAPHY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58345	REOPEN FALLOPIAN TUBE	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58346	Insert heyman uteri capsule	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi

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58350	REOPEN FALLOPIAN TUBE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58353	ENDOMETR ABLATE, THERMAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58400	SUSPENSION OF UTERUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58410	SUSPENSION OF UTERUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58520	REPAIR OF RUPTURED UTERUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58540	REVISION OF UTERUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58550	LAPARO-ASST VAG HYSTERECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58551	LAPAROSCOPY, REMOVE MYOMA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58555	HYSTEROSCOPY, DX, SEP PROC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58558	HYSTEROSCOPY, BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58559	HYSTEROSCOPY, LYSIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58560	HYSTEROSCOPY, RESECT SEPTUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58561	HYSTEROSCOPY, REMOVE MYOMA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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58562	HYSTEROSCOPY, REMOVE FB	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58563	HYSTEROSCOPY, ABLATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58578	LAPARO PROC, UTERUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58579	HYSTEROSCOPE PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58600	DIVISION OF FALLOPIAN TUBE	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58605	DIVISION OF FALLOPIAN TUBE	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58611	LIGATE OVIDUCT(S) ADD-ON	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58615	OCCLUDE FALLOPIAN TUBE(S)	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58660	LAPAROSCOPY, LYSIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58661	LAPAROSCOPY, REMOVE ADNEXA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58662	LAPAROSCOPY, EXCISE LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58670	LAPAROSCOPY, TUBAL CAUTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58671	LAPAROSCOPY, TUBAL BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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58672	LAPAROSCOPY, FIMBRIOPLASTY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58673	LAPAROSCOPY, SALPINGOSTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58679	LAPARO PROC, OVIDUCT-OVARY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58700	REMOVAL OF FALLOPIAN TUBE	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58720	REMOVAL OF OVARY/TUBE(S)	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58740	REVISE FALLOPIAN TUBE(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58750	REPAIR OVIDUCT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58752	REVISE OVARIAN TUBE(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58760	REMOVE TUBAL OBSTRUCTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58770	CREATE NEW TUBAL OPENING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58800	DRAINAGE OF OVARIAN CYST(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58805	DRAINAGE OF OVARIAN CYST(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58820	DRAIN OVARY ABSCESS, OPEN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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58822	DRAIN OVARY ABSCESS, PERCUT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58823	DRAIN PELVIC ABSCESS, PERCUT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58825	TRANSPOSITION, OVARY(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58900	BIOPSY OF OVARY(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58920	PARTIAL REMOVAL OF OVARY(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58925	REMOVAL OF OVARIAN CYST(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58940	REMOVAL OF OVARY(S)	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58943	REMOVAL OF OVARY(S)	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58950	RESECT OVARIAN MALIGNANCY	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58951	RESECT OVARIAN MALIGNANCY	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58952	RESECT OVARIAN MALIGNANCY	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58953	Tah, rad dissect for debulk	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi

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58954	Tah rad debulk/lymph remove	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
58960	EXPLORATION OF ABDOMEN	No	CIM 35-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58970	RETRIEVAL OF OOCYTE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58974	TRANSFER OF EMBRYO	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58976	TRANSFER OF EMBRYO	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
58999	GENITAL SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59000	Amniocentesis, diagnostic	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59001	Amniocentesis, therapeutic	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
59012	FETAL CORD PUNCTURE,PRENATAL	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59015	CHORION BIOPSY	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59020	FETAL CONTRACT STRESS TEST	Yes	SNF 516	1	NA		Physician may bill.
59025	FETAL NON-STRESS TEST	Yes	SNF 516	1	NA		Physician may bill.
59030	FETAL SCALP BLOOD SAMPLE	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59050	FETAL MONITOR W/REPORT	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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59051	FETAL MONITOR/INTERPRET ONLY	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59100	REMOVE UTERUS LESION	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59120	TREAT ECTOPIC PREGNANCY	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59121	TREAT ECTOPIC PREGNANCY	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59130	TREAT ECTOPIC PREGNANCY	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59135	TREAT ECTOPIC PREGNANCY	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59136	TREAT ECTOPIC PREGNANCY	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59140	TREAT ECTOPIC PREGNANCY	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59150	TREAT ECTOPIC PREGNANCY	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59151	TREAT ECTOPIC PREGNANCY	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59160	D & C AFTER DELIVERY	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59200	INSERT CERVICAL DILATOR	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59300	EPISIOTOMY OR VAGINAL REPAIR	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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59320	REVISION OF CERVIX	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59325	REVISION OF CERVIX	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59350	REPAIR OF UTERUS	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59400	OBSTETRICAL CARE	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59409	OBSTETRICAL CARE	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59410	OBSTETRICAL CARE	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59412	ANTEPARTUM MANIPULATION	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59414	DELIVER PLACENTA	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59425	ANTEPARTUM CARE ONLY	Yes	MCM 2005.1 SNF 516	0	NA		Physician billing to Carrier
59426	ANTEPARTUM CARE ONLY	Yes	MCM 2005.1 SNF 516	0	NA		Physician billing to Carrier
59430	CARE AFTER DELIVERY	Yes	MCM 2005.1 SNF 516	0	NA		Physician billing to Carrier
59510	CESAREAN DELIVERY	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59514	CESAREAN DELIVERY ONLY	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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59515	CESAREAN DELIVERY	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59525	REMOVE UTERUS AFTER CESAREAN	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59610	VBAC DELIVERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59612	VBAC DELIVERY ONLY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59614	VBAC CARE AFTER DELIVERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59618	ATTEMPTED VBAC DELIVERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59620	ATTEMPTED VBAC DELIVERY ONLY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59622	ATTEMPTED VBAC AFTER CARE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59812	TREATMENT OF MISCARRIAGE	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59820	CARE OF MISCARRIAGE	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59821	TREATMENT OF MISCARRIAGE	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59830	TREAT UTERUS INFECTION	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59840	ABORTION	No	MCM 2005.1 CIM 35-99	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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59841	ABORTION	No	MCM 2005.1 CIM 35-99	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59850	ABORTION	No	MCM 2005.1 CIM 35-99	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59851	ABORTION	No	MCM 2005.1 CIM 35-99	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59852	ABORTION	No	MCM 2005.1 CIM 35-99	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59855	ABORTION	No	MCM 2005.1 CIM 35-99	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59856	ABORTION	No	MCM 2005.1 CIM 35-99	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59857	ABORTION	No	MCM 2005.1 CIM 35-99	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59866	ABORTION (MPR)	No	CIM 35-99	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59870	EVACUATE MOLE OF UTERUS	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59871	REMOVE CERCLAGE SUTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59898	LAPARO PROC, OB CARE/DELIVER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
59899	MATERNITY CARE PROCEDURE	No	MCM 2005.1	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60000	DRAIN THYROID/TONGUE CYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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60001	ASPIRATE/INJECT THYRIOD CYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60100	BIOPSY OF THYROID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60200	REMOVE THYROID LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60210	PARTIAL THYROID EXCISION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60212	PARITAL THYROID EXCISION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60220	PARTIAL REMOVAL OF THYROID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60225	PARTIAL REMOVAL OF THYROID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60240	REMOVAL OF THYROID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60252	REMOVAL OF THYROID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60254	EXTENSIVE THYROID SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60260	REPEAT THYROID SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60270	REMOVAL OF THYROID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60271	REMOVAL OF THYROID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

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60280	REMOVE THYROID DUCT LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60281	REMOVE THYROID DUCT LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60500	EXPLORE PARATHYROID GLANDS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60502	RE-EXPLORE PARATHYROIDS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60505	EXPLORE PARATHYROID GLANDS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60512	AUTOTRANSPLANT PARATHYROID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60520	REMOVAL OF THYMUS GLAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60521	REMOVAL OF THYMUS GLAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60522	REMOVAL OF THYMUS GLAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60540	EXPLORE ADRENAL GLAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60545	EXPLORE ADRENAL GLAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60600	REMOVE CAROTID BODY LESION	No	CIM 35-7	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60605	REMOVE CAROTID BODY LESION	No	CIM 35-7	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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60650	LAPAROSCOPY ADRENALECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60659	LAPARO PROC, ENDOCRINE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
60699	ENDOCRINE SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61000	REMOVE CRANIAL CAVITY FLUID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61001	REMOVE CRANIAL CAVITY FLUID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61020	REMOVE BRAIN CAVITY FLUID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61026	INJECTION INTO BRAIN CANAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61050	REMOVE BRAIN CANAL FLUID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61055	INJECTION INTO BRAIN CANAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61070	BRAIN CANAL SHUNT PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61105	TWIST DRILL HOLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61107	DRILL SKULL FOR IMPLANTATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61108	DRILL SKULL FOR DRAINAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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61120	BURR HOLE FOR PUNCTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61140	PIERCE SKULL FOR BIOPSY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61150	PIERCE SKULL FOR DRAINAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61151	PIERCE SKULL FOR DRAINAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61154	PIERCE SKULL & REMOVE CLOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61156	PIERCE SKULL FOR DRAINAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61210	PIERCE SKULL, IMPLANT DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61215	INSERT BRAIN-FLUID DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61250	PIERCE SKULL & EXPLORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61253	PIERCE SKULL & EXPLORE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61304	OPEN SKULL FOR EXPLORATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61305	OPEN SKULL FOR EXPLORATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61312	OPEN SKULL FOR DRAINAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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61313	OPEN SKULL FOR DRAINAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61314	OPEN SKULL FOR DRAINAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61315	OPEN SKULL FOR DRAINAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61320	OPEN SKULL FOR DRAINAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61321	OPEN SKULL FOR DRAINAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61330	DECOMPRESS EYE SOCKET	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61332	EXPLORE/BIOPSY EYE SOCKET	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61333	EXPLORE ORBIT/REMOVE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61334	EXPLORE ORBIT/REMOVE OBJECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61340	RELIEVE CRANIAL PRESSURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61343	INCISE SKULL (PRESS RELIEF)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61345	RELIEVE CRANIAL PRESSURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61440	INCISE SKULL FOR SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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61450	INCISE SKULL FOR SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61458	INCISE SKULL FOR BRAIN WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61460	INCISE SKULL FOR SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61470	INCISE SKULL FOR SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61480	INCISE SKULL FOR SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61490	INCISE SKULL FOR SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61500	REMOVAL OF SKULL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61501	REMOVE INFECTED SKULL BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61510	REMOVAL OF BRAIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61512	REMOVE BRAIN LINING LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61514	REMOVAL OF BRAIN ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61516	REMOVAL OF BRAIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61518	REMOVAL OF BRAIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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61519	REMOVE BRAIN LINING LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61520	REMOVAL OF BRAIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61521	REMOVAL OF BRAIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61522	REMOVAL OF BRAIN ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61524	REMOVAL OF BRAIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61526	REMOVAL OF BRAIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61530	REMOVAL OF BRAIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61531	IMPLANT BRAIN ELECTRODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61533	IMPLANT BRAIN ELECTRODES	No	CIM 50-40	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61534	REMOVAL OF BRAIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61535	REMOVE BRAIN ELECTRODES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61536	REMOVAL OF BRAIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61538	REMOVAL OF BRAIN TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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61539	REMOVAL OF BRAIN TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61541	INCISION OF BRAIN TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61542	REMOVAL OF BRAIN TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61543	REMOVAL OF BRAIN TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61544	REMOVE & TREAT BRAIN LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61545	EXCISION OF BRAIN TUMOR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61546	REMOVAL OF PITUITARY GLAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61548	REMOVAL OF PITUITARY GLAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61550	RELEASE OF SKULL SEAMS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61552	RELEASE OF SKULL SEAMS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61556	INCISE SKULL/SUTURES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61557	INCISE SKULL/SUTURES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61558	EXCISION OF SKULL/SUTURES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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61559	EXCISION OF SKULL/SUTURES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61563	EXCISION OF SKULL TUMOR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61564	EXCISION OF SKULL TUMOR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61570	REMOVE FOREIGN BODY, BRAIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61571	INCISE SKULL FOR BRAIN WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61575	SKULL BASE/BRAINSTEM SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61576	SKULL BASE/BRAINSTEM SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61580	CRANIOFACIAL APPROACH, SKULL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61581	CRANIOFACIAL APPROACH, SKULL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61582	CRANIOFACIAL APPROACH, SKULL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61583	CRANIOFACIAL APPROACH, SKULL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61584	ORBITOCRANIAL APPROACH/SKULL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61585	ORBITOCRANIAL APPROACH/SKULL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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61586	RESECT NASOPHARYNX, SKULL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61590	INFRATEMPORAL APPROACH/SKULL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61591	INFRATEMPORAL APPROACH/SKULL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61592	ORBITOCRANIAL APPROACH/SKULL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61595	TRANSTEMPORAL APPROACH/SKULL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61596	TRANSCOCHLEAR APPROACH/SKULL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61597	TRANSCONDYLAR APPROACH/SKULL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61598	TRANSPETROSAL APPROACH/SKULL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61600	RESECT/EXCISE CRANIAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61601	RESECT/EXCISE CRANIAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61605	RESECT/EXCISE CRANIAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61606	RESECT/EXCISE CRANIAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61607	RESECT/EXCISE CRANIAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

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61608	RESECT/EXCISE CRANIAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61609	TRANSECT ARTERY, SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61610	TRANSECT ARTERY, SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61611	TRANSECT ARTERY, SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61612	TRANSECT ARTERY, SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61613	REMOVE ANEURYSM, SINUS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61615	RESECT/EXCISE LESION, SKULL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61616	RESECT/EXCISE LESION, SKULL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61618	REPAIR DURA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61619	REPAIR DURA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61624	OCCLUSION/EMBOLIZATION CATH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61626	OCCLUSION/EMBOLIZATION CATH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61680	INTRACRANIAL VESSEL SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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61682	INTRACRANIAL VESSEL SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61684	INTRACRANIAL VESSEL SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61686	INTRACRANIAL VESSEL SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61690	INTRACRANIAL VESSEL SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61692	INTRACRANIAL VESSEL SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61697	BRAIN ANEURYSM REPR, COMPLX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61698	BRAIN ANEURYSM REPR, COMPLX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61700	BRAIN ANEURYSM REPR , SIMPLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61702	INNER SKULL VESSEL SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61703	CLAMP NECK ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61705	REVISE CIRCULATION TO HEAD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61708	REVISE CIRCULATION TO HEAD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61710	REVISE CIRCULATION TO HEAD	No	CIM 35-35	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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61711	FUSION OF SKULL ARTERIES	No	CIM 35-37	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61720	INCISE SKULL/BRAIN SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61735	INCISE SKULL/BRAIN SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61750	INCISE SKULL/BRAIN BIOPSY	No	CIM 35-84	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61751	BRAIN BIOPSY W/ CT/MR GUIDE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61760	IMPLANT BRAIN ELECTRODES	No	CIM 50-40	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61770	INCISE SKULL FOR TREATMENT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61790	TREAT TRIGEMINAL NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61791	TREAT TRIGEMINAL TRACT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61793	FOCUS RADIATION BEAM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61795	BRAIN SURGERY USING COMPUTER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61850	IMPLANT NEUROELECTRODES	No	CIM 65-8	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61860	IMPLANT NEUROELECTRODES	No	CIM 65-8	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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61862	IMPLANT NEUROSTIMUL, SUBCORT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61870	IMPLANT NEUROELECTRODES	No	CIM 65-8	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61875	IMPLANT NEUROELECTRODES	No	CIM 65-8	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61880	REVISE/REMOVE NEUROELECTRODE	No	CIM 65-8	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61885	IMPLANT NEUROSTIM ONE ARRAY	No	CIM 65-8	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61886	IMPLANT NEUROSTIM ARRAYS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
61888	REVISE/REMOVE NEURORECEIVER	No	CIM 65-8	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62000	TREAT SKULL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62005	TREAT SKULL FRACTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62010	TREATMENT OF HEAD INJURY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62100	REPAIR BRAIN FLUID LEAKAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62115	REDUCTION OF SKULL DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62116	REDUCTION OF SKULL DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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62117	REDUCTION OF SKULL DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62120	REPAIR SKULL CAVITY LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62121	INCISE SKULL REPAIR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62140	REPAIR OF SKULL DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62141	REPAIR OF SKULL DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62142	REMOVE SKULL PLATE/FLAP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62143	REPLACE SKULL PLATE/FLAP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62145	REPAIR OF SKULL & BRAIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62146	REPAIR OF SKULL WITH GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62147	REPAIR OF SKULL WITH GRAFT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62180	ESTABLISH BRAIN CAVITY SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62190	ESTABLISH BRAIN CAVITY SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62192	ESTABLISH BRAIN CAVITY SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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62194	REPLACE/IRRIGATE CATHETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62200	ESTABLISH BRAIN CAVITY SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62201	ESTABLISH BRAIN CAVITY SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62220	ESTABLISH BRAIN CAVITY SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62223	ESTABLISH BRAIN CAVITY SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62225	REPLACE/IRRIGATE CATHETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62230	REPLACE/REVISE BRAIN SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62252	CSF SHUNT REPROGRAM	No	SNF 516	1	Fee		Rendering provider may bill or SNF may bill under arrangements
62256	REMOVE BRAIN CAVITY SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62258	REPLACE BRAIN CAVITY SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62263	LYSIS EPIDURAL ADHESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62268	DRAIN SPINAL CORD CYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62269	NEEDLE BIOPSY, SPINAL CORD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62270	SPINAL FLUID TAP, DIAGNOSTIC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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62272	Drain cerebro spinal fluid	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62273	TREAT EPIDURAL SPINE LESION	No	CIM 45-11	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62280	TREAT SPINAL CORD LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62281	TREAT SPINAL CORD LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62282	TREAT SPINAL CANAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62284	INJECTION FOR MYELOGRAM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62287	PERCUTANEOUS DISKECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62290	INJECT FOR SPINE DISK X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62291	INJECT FOR SPINE DISK X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62292	INJECTION INTO DISK LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62294	INJECTION INTO SPINAL ARTERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62310	INJECT SPINE C/T	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62311	INJECT SPINE L/S (CD)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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62318	INJECT SPINE W/CATH, C/T	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62319	INJECT SPINE W/CATH L/S (CD)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62350	IMPLANT SPINAL CANAL CATH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62351	IMPLANT SPINAL CANAL CATH	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62355	REMOVE SPINAL CANAL CATHETER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62360	INSERT SPINE INFUSION DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62361	IMPLANT SPINE INFUSION PUMP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62362	IMPLANT SPINE INFUSION PUMP	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62365	REMOVE SPINE INFUSION DEVICE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
62367	ANALYZE SPINE INFUSION PUMP	Yes	SNF 516	1	NA		Physician may bill.
62368	ANALYZE SPINE INFUSION PUMP	Yes	SNF 516	1	NA		Physician may bill.
63001	REMOVAL OF SPINAL LAMINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63003	REMOVAL OF SPINAL LAMINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63005	REMOVAL OF SPINAL LAMINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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63011	REMOVAL OF SPINAL LAMINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63012	REMOVAL OF SPINAL LAMINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63015	REMOVAL OF SPINAL LAMINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63016	REMOVAL OF SPINAL LAMINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63017	REMOVAL OF SPINAL LAMINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63020	NECK SPINE DISK SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63030	LOW BACK DISK SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63035	SPINAL DISK SURGERY ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63040	LAMINOTOMY, SINGLE CERVICAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63042	LAMINOTOMY, SINGLE LUMBAR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63043	LAMINOTOMY, ADDL CERVICAL	No	SNF 516.3 SNF 260	0	NA		SNFs cannot be paid for this service.
63044	LAMINOTOMY, ADDL LUMBAR	No	SNF 516.3 SNF 260	0	NA		SNFs cannot be paid for this service.
63045	REMOVAL OF SPINAL LAMINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63046	REMOVAL OF SPINAL LAMINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

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63047	REMOVAL OF SPINAL LAMINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63048	REMOVE SPINAL LAMINA ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63055	DECOMPRESS SPINAL CORD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63056	DECOMPRESS SPINAL CORD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63057	DECOMPRESS SPINE CORD ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63064	DECOMPRESS SPINAL CORD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63066	DECOMPRESS SPINE CORD ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63075	NECK SPINE DISK SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63076	NECK SPINE DISK SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63077	SPINE DISK SURGERY, THORAX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63078	SPINE DISK SURGERY, THORAX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63081	REMOVAL OF VERTEBRAL BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63082	REMOVE VERTEBRAL BODY ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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63085	REMOVAL OF VERTEBRAL BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63086	REMOVE VERTEBRAL BODY ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63087	REMOVAL OF VERTEBRAL BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63088	REMOVE VERTEBRAL BODY ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63090	REMOVAL OF VERTEBRAL BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63091	REMOVE VERTEBRAL BODY ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63170	INCISE SPINAL CORD TRACT(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63172	DRAINAGE OF SPINAL CYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63173	DRAINAGE OF SPINAL CYST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63180	REVISE SPINAL CORD LIGAMENTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63182	REVISE SPINAL CORD LIGAMENTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63185	INCISE SPINAL COLUMN/NERVES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63190	INCISE SPINAL COLUMN/NERVES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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63191	INCISE SPINAL COLUMN/NERVES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63194	INCISE SPINAL COLUMN & CORD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63195	INCISE SPINAL COLUMN & CORD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63196	INCISE SPINAL COLUMN & CORD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63197	INCISE SPINAL COLUMN & CORD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63198	INCISE SPINAL COLUMN & CORD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63199	INCISE SPINAL COLUMN & CORD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63200	RELEASE OF SPINAL CORD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63250	REVISE SPINAL CORD VESSELS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63251	REVISE SPINAL CORD VESSELS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63252	REVISE SPINAL CORD VESSELS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63265	EXCISE INTRASPINAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63266	EXCISE INTRASPINAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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63267	EXCISE INTRASPINAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63268	EXCISE INTRASPINAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63270	EXCISE INTRASPINAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63271	EXCISE INTRASPINAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63272	EXCISE INTRASPINAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63273	EXCISE INTRASPINAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63275	BIOPSY/EXCISE SPINAL TUMOR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63276	BIOPSY/EXCISE SPINAL TUMOR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63277	BIOPSY/EXCISE SPINAL TUMOR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63278	BIOPSY/EXCISE SPINAL TUMOR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63280	BIOPSY/EXCISE SPINAL TUMOR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63281	BIOPSY/EXCISE SPINAL TUMOR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63282	BIOPSY/EXCISE SPINAL TUMOR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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63283	BIOPSY/EXCISE SPINAL TUMOR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63285	BIOPSY/EXCISE SPINAL TUMOR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63286	BIOPSY/EXCISE SPINAL TUMOR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63287	BIOPSY/EXCISE SPINAL TUMOR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63290	BIOPSY/EXCISE SPINAL TUMOR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63300	REMOVAL OF VERTEBRAL BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63301	REMOVAL OF VERTEBRAL BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63302	REMOVAL OF VERTEBRAL BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63303	REMOVAL OF VERTEBRAL BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63304	REMOVAL OF VERTEBRAL BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63305	REMOVAL OF VERTEBRAL BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63306	REMOVAL OF VERTEBRAL BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63307	REMOVAL OF VERTEBRAL BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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63308	REMOVE VERTEBRAL BODY ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63600	REMOVE SPINAL CORD LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63610	STIMULATION OF SPINAL CORD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63615	REMOVE LESION OF SPINAL CORD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63650	IMPLANT NEUROELECTRODES	No	CIM 35-20, CIM 35-46, CIM 65-8	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63655	IMPLANT NEUROELECTRODES	No	CIM 35-20, CIM 35-46, CIM 65-8	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63660	REVISE/REMOVE NEUROELECTRODE	No	CIM 65-8	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63685	IMPLANT NEURORECEIVER	No	CIM 65-8	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63688	REVISE/REMOVE NEURORECEIVER	No	CIM 65-8	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63700	REPAIR OF SPINAL HERNIATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63702	REPAIR OF SPINAL HERNIATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63704	REPAIR OF SPINAL HERNIATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63706	REPAIR OF SPINAL HERNIATION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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63707	REPAIR SPINAL FLUID LEAKAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63709	REPAIR SPINAL FLUID LEAKAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63710	GRAFT REPAIR OF SPINE DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63740	INSTALL SPINAL SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63741	INSTALL SPINAL SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63744	REVISION OF SPINAL SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
63746	REMOVAL OF SPINAL SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64400	INJECTION FOR NERVE BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64402	INJECTION FOR NERVE BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64405	INJECTION FOR NERVE BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64408	INJECTION FOR NERVE BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64410	INJECTION FOR NERVE BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64412	INJECTION FOR NERVE BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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64413	INJECTION FOR NERVE BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64415	INJECTION FOR NERVE BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64417	INJECTION FOR NERVE BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64418	INJECTION FOR NERVE BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64420	INJECTION FOR NERVE BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64421	INJECTION FOR NERVE BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64425	INJECTION FOR NERVE BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64430	INJECTION FOR NERVE BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64435	INJECTION FOR NERVE BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64445	INJECTION FOR NERVE BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64450	INJECTION FOR NERVE BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64470	INJ PARAVERTEBRAL C/T	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64472	INJ PARAVERTEBRAL C/T ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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64475	INJ PARAVERTEBRAL L/S	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64476	INJ PARAVERTEBRAL L/S ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64479	INJ FORAMEN EPIDURAL C/T	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64480	INJ FORAMEN EPIDURAL ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64483	INJ FORAMEN EPIDURAL L/S	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64484	INJ FORAMEN EPIDURAL ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64505	INJECTION FOR NERVE BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64508	INJECTION FOR NERVE BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64510	INJECTION FOR NERVE BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64520	INJECTION FOR NERVE BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64530	INJECTION FOR NERVE BLOCK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64550	APPLY NEUROSTIMULATOR	Yes	CIM 35-20, CIM 65-8 SNF 516	0	Fee		Part B - Defined as therapy when rendered by therapist (revenue codes 042X, 043X, 044X) an SNFs must bill. Otherwise, defined as surgery and billed by rendering provider.

SNF HCPCS HELP FILE

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64553	IMPLANT NEUROELECTRODES	No	CIM 65-8, CIM 35-20	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64555	IMPLANT NEUROELECTRODES	No	CIM 65-8, CIM 35-20	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64560	IMPLANT NEUROELECTRODES	No	CIM 65-8, CIM 35-20, CIM 65-4	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64561	IMPLANT NEUROELECTRODES	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
64565	IMPLANT NEUROELECTRODES	No	CIM 65-8, CIM 35-20	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64573	IMPLANT NEUROELECTRODES	No	CIM 65-8, CIM 35-20	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64575	IMPLANT NEUROELECTRODES	No	CIM 65-8, CIM 35-20	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64577	IMPLANT NEUROELECTRODES	No	CIM 65-8, CIM 35-20	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64580	IMPLANT NEUROELECTRODES	No	CIM 65-8, CIM 35-20	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64581	IMPLANT NEUROELECTRODES	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
64585	REVISE/REMOVE NEUROELECTRODE	No	CIM 65-8, CIM 35-20	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64590	IMPLANT NEURORECEIVER	No	CIM 65-8	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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64595	REVISE/REMOVE NEUORECEIVER	No	CIM 65-8	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64600	INJECTION TREATMENT OF NERVE	No	CIM 35-17	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64605	INJECTION TREATMENT OF NERVE	No	CIM 35-17	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64610	INJECTION TREATMENT OF NERVE	No	CIM 35-17	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64612	DESTROY NERVE, FACE MUSCLE	No	CIM 35-17	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64613	DESTROY NERVE, SPINE MUSCLE	No	CIM 35-17	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64614	DESTROY NERVE, EXTREM MUSC	No	CIM 35-17	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64620	INJECTION TREATMENT OF NERVE	No	CIM 35-17	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64622	DESTR PARAVERTEBRL NERVE L/S	No	CIM 35-17	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64623	DESTR PARAVERTEBRAL N ADD-ON	No	CIM 35-17	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64626	DESTR PARAVERTEBRL NERVE C/T	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64627	DESTR PARAVERTEBRAL N ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64630	INJECTION TREATMENT OF NERVE	No	CIM 35-17	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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64640	INJECTION TREATMENT OF NERVE	No	CIM 35-17	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64680	INJECTION TREATMENT OF NERVE	No	CIM 35-17	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64702	REVISE FINGER/TOE NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64704	REVISE HAND/FOOT NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64708	REVISE ARM/LEG NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64712	REVISION OF SCIATIC NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64713	REVISION OF ARM NERVE(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64714	REVISE LOW BACK NERVE(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64716	REVISION OF CRANIAL NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64718	REVISE ULNAR NERVE AT ELBOW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64719	REVISE ULNAR NERVE AT WRIST	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64721	CARPAL TUNNEL SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64722	RELIEVE PRESSURE ON NERVE(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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64726	RELEASE FOOT/TOE NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64727	INTERNAL NERVE REVISION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64732	INCISION OF BROW NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64734	INCISION OF CHEEK NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64736	INCISION OF CHIN NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64738	INCISION OF JAW NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64740	INCISION OF TONGUE NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64742	INCISION OF FACIAL NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64744	INCISE NERVE, BACK OF HEAD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64746	INCISE DIAPHRAGM NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64752	INCISION OF VAGUS NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64755	INCISION OF STOMACH NERVES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64760	INCISION OF VAGUS NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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64761	INCISION OF PELVIS NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64763	INCISE HIP/THIGH NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64766	INCISE HIP/THIGH NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64771	SEVER CRANIAL NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64772	INCISION OF SPINAL NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64774	REMOVE SKIN NERVE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64776	REMOVE DIGIT NERVE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64778	DIGIT NERVE SURGERY ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64782	REMOVE LIMB NERVE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64783	LIMB NERVE SURGERY ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64784	REMOVE NERVE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64786	REMOVE SCIATIC NERVE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64787	IMPLANT NERVE END	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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64788	REMOVE SKIN NERVE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64790	REMOVAL OF NERVE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64792	REMOVAL OF NERVE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64795	BIOPSY OF NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64802	REMOVE SYMPATHETIC NERVES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64804	REMOVE SYMPATHETIC NERVES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64809	REMOVE SYMPATHETIC NERVES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64818	REMOVE SYMPATHETIC NERVES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64820	REMOVE SYMPATHETIC NERVES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64821	REMOVE SYMPATHETIC NERVES	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
64822	REMOVE SYMPATHETIC NERVES	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
64823	REMOVE SYMPATHETIC NERVES	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi

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64831	REPAIR OF DIGIT NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64832	REPAIR NERVE ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64834	REPAIR OF HAND OR FOOT NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64835	REPAIR OF HAND OR FOOT NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64836	REPAIR OF HAND OR FOOT NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64837	REPAIR NERVE ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64840	REPAIR OF LEG NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64856	REPAIR/TRANSPOSE NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64857	REPAIR ARM/LEG NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64858	REPAIR SCIATIC NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64859	NERVE SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64861	REPAIR OF ARM NERVES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64862	REPAIR OF LOW BACK NERVES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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64864	REPAIR OF FACIAL NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64865	REPAIR OF FACIAL NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64866	FUSION OF FACIAL/OTHER NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64868	FUSION OF FACIAL/OTHER NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64870	FUSION OF FACIAL/OTHER NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64872	SUBSEQUENT REPAIR OF NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64874	REPAIR & REVISE NERVE ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64876	REPAIR NERVE/SHORTEN BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64885	NERVE GRAFT, HEAD OR NECK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64886	NERVE GRAFT, HEAD OR NECK	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64890	NERVE GRAFT, HAND OR FOOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64891	NERVE GRAFT, HAND OR FOOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64892	NERVE GRAFT, ARM OR LEG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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64893	NERVE GRAFT, ARM OR LEG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64895	NERVE GRAFT, HAND OR FOOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64896	NERVE GRAFT, HAND OR FOOT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64897	NERVE GRAFT, ARM OR LEG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64898	NERVE GRAFT, ARM OR LEG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64901	NERVE GRAFT ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64902	NERVE GRAFT ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64905	NERVE PEDICLE TRANSFER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64907	NERVE PEDICLE TRANSFER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
64999	NERVOUS SYSTEM SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65091	REVISE EYE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65093	REVISE EYE WITH IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65101	REMOVAL OF EYE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

SNF HCPCS HELP FILE

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65103	REMOVE EYE/INSERT IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65105	REMOVE EYE/ATTACH IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65110	REMOVAL OF EYE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65112	REMOVE EYE/REVISE SOCKET	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65114	REMOVE EYE/REVISE SOCKET	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65125	REVISE OCULAR IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65130	INSERT OCULAR IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65135	INSERT OCULAR IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65140	ATTACH OCULAR IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65150	REVISE OCULAR IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65155	REINSERT OCULAR IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65175	REMOVAL OF OCULAR IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65205	REMOVE FOREIGN BODY FROM EYE	Yes	SNF 516	0	NA		Physician billing to Carrier
65210	REMOVE FOREIGN BODY FROM EYE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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65220	REMOVE FOREIGN BODY FROM EYE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65222	REMOVE FOREIGN BODY FROM EYE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65235	REMOVE FOREIGN BODY FROM EYE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65260	REMOVE FOREIGN BODY FROM EYE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65265	REMOVE FOREIGN BODY FROM EYE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65270	REPAIR OF EYE WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65272	REPAIR OF EYE WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65273	REPAIR OF EYE WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65275	REPAIR OF EYE WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65280	REPAIR OF EYE WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65285	REPAIR OF EYE WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65286	REPAIR OF EYE WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65290	REPAIR OF EYE SOCKET WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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65400	REMOVAL OF EYE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65410	BIOPSY OF CORNEA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65420	REMOVAL OF EYE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65426	REMOVAL OF EYE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65430	CORNEAL SMEAR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65435	CURETTE/TREAT CORNEA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65436	CURETTE/TREAT CORNEA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65450	TREATMENT OF CORNEAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65600	REVISION OF CORNEA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65710	CORNEAL TRANSPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65730	CORNEAL TRANSPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65750	CORNEAL TRANSPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65755	CORNEAL TRANSPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65760	REVISION OF CORNEA	No	CIM 35-54	0	NA		SNFs cannot be paid for this service.

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65765	REVISION OF CORNEA	No	CIM 35-54	0	NA		SNFs cannot be paid for this service.
65767	CORNEAL TISSUE TRANSPLANT	No	CIM 35-54	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65770	REVISE CORNEA WITH IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65771	RADIAL KERATOTOMY	No	CIM 35-54	0	NA		SNFs cannot be paid for this service.
65772	CORRECTION OF ASTIGMATISM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65775	CORRECTION OF ASTIGMATISM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65800	DRAINAGE OF EYE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65805	DRAINAGE OF EYE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65810	DRAINAGE OF EYE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65815	DRAINAGE OF EYE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65820	RELIEVE INNER EYE PRESSURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65850	INCISION OF EYE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65855	LASER SURGERY OF EYE	No	CIM 35-52	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65860	INCISE INNER EYE ADHESIONS	No	CIM 35-52	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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65865	INCISE INNER EYE ADHESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65870	INCISE INNER EYE ADHESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65875	INCISE INNER EYE ADHESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65880	INCISE INNER EYE ADHESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65900	REMOVE EYE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65920	REMOVE IMPLANT FROM EYE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
65930	REMOVE BLOOD CLOT FROM EYE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66020	INJECTION TREATMENT OF EYE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66030	INJECTION TREATMENT OF EYE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66130	REMOVE EYE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66150	GLAUCOMA SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66155	GLAUCOMA SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66160	GLAUCOMA SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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66165	GLAUCOMA SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66170	GLAUCOMA SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66172	INCISION OF EYE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66180	IMPLANT EYE SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66185	REVISE EYE SHUNT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66220	REPAIR EYE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66225	REPAIR/GRAFT EYE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66250	FOLLOW-UP SURGERY OF EYE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66500	INCISION OF IRIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66505	INCISION OF IRIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66600	REMOVE IRIS AND LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66605	REMOVAL OF IRIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66625	REMOVAL OF IRIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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66630	REMOVAL OF IRIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66635	REMOVAL OF IRIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66680	REPAIR IRIS & CILIARY BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66682	REPAIR IRIS & CILIARY BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66700	DESTRUCTION, CILIARY BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66710	DESTRUCTION, CILIARY BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66720	DESTRUCTION, CILIARY BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66740	DESTRUCTION, CILIARY BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66761	REVISION OF IRIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66762	REVISION OF IRIS	No	CIM 35-52	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66770	REMOVAL OF INNER EYE LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66820	INCISION, SECONDARY CATARACT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66821	AFTER CATARACT LASER SURGERY	No	CIM 35-52	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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66825	REPOSITION INTRAOCULAR LENS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66830	REMOVAL OF LENS LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66840	REMOVAL OF LENS MATERIAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66850	REMOVAL OF LENS MATERIAL	No	CIM 35-9	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66852	REMOVAL OF LENS MATERIAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66920	EXTRACTION OF LENS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66930	EXTRACTION OF LENS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66940	EXTRACTION OF LENS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66982	CATARACT SURGERY, COMPLEX	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66983	CATARACT SURG W/IOL, 1 STAGE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66984	CATARACT SURG W/IOL, I STAGE	No	CIM 35-9	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66985	INSERT LENS PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
66986	EXCHANGE LENS PROSTHESIS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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66999	EYE SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67005	PARTIAL REMOVAL OF EYE FLUID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67010	PARTIAL REMOVAL OF EYE FLUID	No	CIM 35-16	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67015	RELEASE OF EYE FLUID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67025	REPLACE EYE FLUID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67027	IMPLANT EYE DRUG SYSTEM	No	MCM 2049	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67028	INJECTION EYE DRUG	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67030	INCISE INNER EYE STRANDS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67031	LASER SURGERY, EYE STRANDS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67036	REMOVAL OF INNER EYE FLUID	No	CIM 35-16	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67038	STRIP RETINAL MEMBRANE	No	CIM 35-16	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67039	LASER TREATMENT OF RETINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67040	LASER TREATMENT OF RETINA	No	CIM 35-16	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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67101	REPAIR DETACHED RETINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67105	REPAIR DETACHED RETINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67107	REPAIR DETACHED RETINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67108	REPAIR DETACHED RETINA	No	CIM 35-16	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67110	REPAIR DETACHED RETINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67112	REREPAIR DETACHED RETINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67115	RELEASE ENCIRCLING MATERIAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67120	REMOVE EYE IMPLANT MATERIAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67121	REMOVE EYE IMPLANT MATERIAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67141	TREATMENT OF RETINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67145	TREATMENT OF RETINA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67208	TREATMENT OF RETINAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67210	TREATMENT OF RETINAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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67218	TREATMENT OF RETINAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67220	TREATMENT OF CHOROID LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67221	OCULAR PHOTODYNAMIC THER	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67225	Eye photodynamic ther add-on	No	SNF 516.3 SNF 260	0	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
67227	TREATMENT OF RETINAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67228	TREATMENT OF RETINAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67250	REINFORCE EYE WALL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67255	REINFORCE/GRAFT EYE WALL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67299	EYE SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67311	REVISE EYE MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67312	REVISE TWO EYE MUSCLES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67314	REVISE EYE MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67316	REVISE TWO EYE MUSCLES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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67318	REVISE EYE MUSCLE(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67320	REVISE EYE MUSCLE(S) ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67331	EYE SURGERY FOLLOW-UP ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67332	REREVISE EYE MUSCLES ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67334	REVISE EYE MUSCLE W/SUTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67335	EYE SUTURE DURING SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67340	REVISE EYE MUSCLE ADD-ON	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67343	RELEASE EYE TISSUE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67345	DESTROY NERVE OF EYE MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67350	BIOPSY EYE MUSCLE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67399	EYE MUSCLE SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67400	EXPLORE/BIOPSY EYE SOCKET	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67405	EXPLORE/DRAIN EYE SOCKET	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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67412	EXPLORE/TREAT EYE SOCKET	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67413	EXPLORE/TREAT EYE SOCKET	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67414	EXPLR/DECOMPRESS EYE SOCKET	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67415	ASPIRATION, ORBITAL CONTENTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67420	EXPLORE/TREAT EYE SOCKET	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67430	EXPLORE/TREAT EYE SOCKET	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67440	EXPLORE/DRAIN EYE SOCKET	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67445	EXPLR/DECOMPRESS EYE SOCKET	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67450	EXPLORE/BIOPSY EYE SOCKET	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67500	INJECT/TREAT EYE SOCKET	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67505	INJECT/TREAT EYE SOCKET	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67515	INJECT/TREAT EYE SOCKET	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67550	INSERT EYE SOCKET IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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67560	REVISE EYE SOCKET IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67570	DECOMPRESS OPTIC NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67599	ORBIT SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67700	DRAINAGE OF EYELID ABSCESS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67710	INCISION OF EYELID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67715	INCISION OF EYELID FOLD	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67800	REMOVE EYELID LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67801	REMOVE EYELID LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67805	REMOVE EYELID LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67808	REMOVE EYELID LESION(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67810	BIOPSY OF EYELID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67820	REVISE EYELASHES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67825	REVISE EYELASHES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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67830	REVISE EYELASHES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67835	REVISE EYELASHES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67840	REMOVE EYELID LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67850	TREAT EYELID LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67875	CLOSURE OF EYELID BY SUTURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67880	REVISION OF EYELID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67882	REVISION OF EYELID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67900	REPAIR BROW DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67901	REPAIR EYELID DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67902	REPAIR EYELID DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67903	REPAIR EYELID DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67904	REPAIR EYELID DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67906	REPAIR EYELID DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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67908	REPAIR EYELID DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67909	REVISE EYELID DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67911	REVISE EYELID DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67914	REPAIR EYELID DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67915	REPAIR EYELID DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67916	REPAIR EYELID DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67917	REPAIR EYELID DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67921	REPAIR EYELID DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67922	REPAIR EYELID DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67923	REPAIR EYELID DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67924	REPAIR EYELID DEFECT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67930	REPAIR EYELID WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67935	REPAIR EYELID WOUND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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67938	REMOVE EYELID FOREIGN BODY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67950	REVISION OF EYELID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67961	REVISION OF EYELID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67966	REVISION OF EYELID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67971	RECONSTRUCTION OF EYELID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67973	RECONSTRUCTION OF EYELID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67974	RECONSTRUCTION OF EYELID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67975	RECONSTRUCTION OF EYELID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
67999	REVISION OF EYELID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68020	INCISE/DRAIN EYELID LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68040	TREATMENT OF EYELID LESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68100	BIOPSY OF EYELID LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68110	REMOVE EYELID LINING LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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68115	REMOVE EYELID LINING LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68130	REMOVE EYELID LINING LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68135	REMOVE EYELID LINING LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68200	TREAT EYELID BY INJECTION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68320	REVISE/GRAFT EYELID LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68325	REVISE/GRAFT EYELID LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68326	REVISE/GRAFT EYELID LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68328	REVISE/GRAFT EYELID LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68330	REVISE EYELID LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68335	REVISE/GRAFT EYELID LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68340	SEPARATE EYELID ADHESIONS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68360	REVISE EYELID LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68362	REVISE EYELID LINING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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68399	EYELID LINING SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68400	INCISE/DRAIN TEAR GLAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68420	INCISE/DRAIN TEAR SAC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68440	INCISE TEAR DUCT OPENING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68500	REMOVAL OF TEAR GLAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68505	PARTIAL REMOVAL, TEAR GLAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68510	BIOPSY OF TEAR GLAND	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68520	REMOVAL OF TEAR SAC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68525	BIOPSY OF TEAR SAC	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68530	CLEARANCE OF TEAR DUCT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68540	REMOVE TEAR GLAND LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68550	REMOVE TEAR GLAND LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68700	REPAIR TEAR DUCTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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68705	REVISE TEAR DUCT OPENING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68720	CREATE TEAR SAC DRAIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68745	CREATE TEAR DUCT DRAIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68750	CREATE TEAR DUCT DRAIN	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68760	CLOSE TEAR DUCT OPENING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68761	CLOSE TEAR DUCT OPENING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68770	CLOSE TEAR SYSTEM FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68801	DILATE TEAR DUCT OPENING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68810	PROBE NASOLACRIMAL DUCT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68811	PROBE NASOLACRIMAL DUCT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68815	PROBE NASOLACRIMAL DUCT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68840	EXPLORE/IRRIGATE TEAR DUCTS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
68850	INJECTION FOR TEAR SAC X-RAY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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68899	TEAR DUCT SYSTEM SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69000	DRAIN EXTERNAL EAR LESION	Yes	SNF 516	0	NA		Physician billing to Carrier
69005	DRAIN EXTERNAL EAR LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69020	DRAIN OUTER EAR CANAL LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69090	PIERCE EARLOBES		Non-Covered by Medicare Statute 1862a1A	0	NA		Non covered for Medicare SNFs cannot be paid for this service.
69100	BIOPSY OF EXTERNAL EAR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69105	BIOPSY OF EXTERNAL EAR CANAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69110	REMOVE EXTERNAL EAR, PARTIAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69120	REMOVAL OF EXTERNAL EAR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69140	REMOVE EAR CANAL LESION(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69145	REMOVE EAR CANAL LESION(S)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69150	EXTENSIVE EAR CANAL SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69155	EXTENSIVE EAR/NECK SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69200	CLEAR OUTER EAR CANAL	Yes	SNF 516	0	NA		Physician billing to Carrier

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69205	CLEAR OUTER EAR CANAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69210	REMOVE IMPACTED EAR WAX	Yes	SNF 516	0	NA		Physician billing to Carrier
69220	CLEAN OUT MASTOID CAVITY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69222	CLEAN OUT MASTOID CAVITY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69300	REVISE EXTERNAL EAR	No	MCM 2329	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69310	REBUILD OUTER EAR CANAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69320	REBUILD OUTER EAR CANAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69399	OUTER EAR SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69400	INFLATE MIDDLE EAR CANAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69401	INFLATE MIDDLE EAR CANAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69405	CATHETERIZE MIDDLE EAR CANAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69410	INSET MIDDLE EAR (BAFFLE)	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69420	INCISION OF EARDRUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69421	INCISION OF EARDRUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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69424	REMOVE VENTILATING TUBE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69433	CREATE EARDRUM OPENING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69436	CREATE EARDRUM OPENING	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69440	EXPLORATION OF MIDDLE EAR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69450	EARDRUM REVISION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69501	MASTOIDECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69502	MASTOIDECTOMY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69505	REMOVE MASTOID STRUCTURES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69511	EXTENSIVE MASTOID SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69530	EXTENSIVE MASTOID SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69535	REMOVE PART OF TEMPORAL BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69540	REMOVE EAR LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69550	REMOVE EAR LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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69552	REMOVE EAR LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69554	REMOVE EAR LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69601	MASTOID SURGERY REVISION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69602	MASTOID SURGERY REVISION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69603	MASTOID SURGERY REVISION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69604	MASTOID SURGERY REVISION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69605	MASTOID SURGERY REVISION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69610	REPAIR OF EARDRUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69620	REPAIR OF EARDRUM	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69631	REPAIR EARDRUM STRUCTURES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69632	REBUILD EARDRUM STRUCTURES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69633	REBUILD EARDRUM STRUCTURES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69635	REPAIR EARDRUM STRUCTURES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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69636	REBUILD EARDRUM STRUCTURES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69637	REBUILD EARDRUM STRUCTURES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69641	REVISE MIDDLE EAR & MASTOID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69642	REVISE MIDDLE EAR & MASTOID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69643	REVISE MIDDLE EAR & MASTOID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69644	REVISE MIDDLE EAR & MASTOID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69645	REVISE MIDDLE EAR & MASTOID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69646	REVISE MIDDLE EAR & MASTOID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69650	RELEASE MIDDLE EAR BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69660	REVISE MIDDLE EAR BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69661	REVISE MIDDLE EAR BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69662	REVISE MIDDLE EAR BONE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69666	REPAIR MIDDLE EAR STRUCTURES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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69667	REPAIR MIDDLE EAR STRUCTURES	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69670	REMOVE MASTOID AIR CELLS	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69676	REMOVE MIDDLE EAR NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69700	CLOSE MASTOID FISTULA	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69710	IMPLANT/REPLACE HEARING AID	No	Non-covered by Medicare Statute 1862(a)7	0	NA		SNFs cannot be paid for this service.
69711	REMOVE/REPAIR HEARING AID	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69714	IMPLANT TEMPLE BONE W/STIMUL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69715	TEMPLE BNE IMPLNT W/STIMULAT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69717	TEMPLE BONE IMPLANT REVISION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69718	REVISE TEMPLE BONE IMPLANT	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69720	RELEASE FACIAL NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69725	RELEASE FACIAL NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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69740	REPAIR FACIAL NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69745	REPAIR FACIAL NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69799	MIDDLE EAR SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69801	INCISE INNER EAR	No	CIM 35-4	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69802	INCISE INNER EAR	No	CIM 35-4	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69805	EXPLORE INNER EAR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69806	EXPLORE INNER EAR	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69820	ESTABLISH INNER EAR WINDOW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69840	REVISE INNER EAR WINDOW	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69905	REMOVE INNER EAR	No	CIM 35-50	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69910	REMOVE INNER EAR & MASTOID	No	CIM 35-50	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69915	INCISE INNER EAR NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69930	IMPLANT COCHLEAR DEVICE	No	CIM 65-14	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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69949	INNER EAR SURGERY PROCEDURE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69950	INCISE INNER EAR NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69955	RELEASE FACIAL NERVE	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69960	RELEASE INNER EAR CANAL	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69970	REMOVE INNER EAR LESION	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69979	TEMPORAL BONE SURGERY	No	SNF 516.3 SNF 260	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
69990	MICROSURGERY ADD-ON	No	MCM 15054	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
70010	CONTRAST X-RAY OF BRAIN	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70015	CONTRAST X-RAY OF BRAIN	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70030	X-RAY EYE FOR FOREIGN BODY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70100	X-RAY EXAM OF JAW	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70110	X-RAY EXAM OF JAW	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70120	X-RAY EXAM OF MASTOIDS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70130	X-RAY EXAM OF MASTOIDS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70134	X-RAY EXAM OF MIDDLE EAR	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70140	X-RAY EXAM OF FACIAL BONES	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70150	X-RAY EXAM OF FACIAL BONES	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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70160	X-RAY EXAM OF NASAL BONES	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70170	X-RAY EXAM OF TEAR DUCT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70190	X-RAY EXAM OF EYE SOCKETS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70200	X-RAY EXAM OF EYE SOCKETS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70210	X-RAY EXAM OF SINUSES	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70220	X-RAY EXAM OF SINUSES	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70240	X-RAY EXAM, PITUITARY SADDLE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70250	X-RAY EXAM OF SKULL	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70260	X-RAY EXAM OF SKULL	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70300	X-RAY EXAM OF TEETH	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70310	X-RAY EXAM OF TEETH	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70320	FULL MOUTH X-RAY OF TEETH	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70328	X-RAY EXAM OF JAW JOINT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70330	X-RAY EXAM OF JAW JOINTS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70332	X-RAY EXAM OF JAW JOINT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70336	MAGNETIC IMAGE, JAW JOINT	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
70350	X-RAY HEAD FOR ORTHODONTIA	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70355	PANORAMIC X-RAY OF JAWS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70360	X-RAY EXAM OF NECK	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70370	THROAT X-RAY & FLUOROSCOPY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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70371	SPEECH EVALUATION, COMPLEX	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70373	CONTRAST X-RAY OF LARYNX	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70380	X-RAY EXAM OF SALIVARY GLAND	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70390	X-RAY EXAM OF SALIVARY DUCT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
70450	CT HEAD/BRAIN W/O DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
70460	CT HEAD/BRAIN W/DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
70470	CT HEAD/BRAIN W/O&W DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
70480	CT ORBIT/EAR/FOSSA W/O DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
70481	CT ORBIT/EAR/FOSSA W/DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
70482	CT ORBIT/EAR/FOSSA W/O&W DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
70486	CT MAXILLOFACIAL W/O DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
70487	CT MAXILLOFACIAL W/DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
70488	CT MAXILLOFACIAL W/O&W DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
70490	CT SOFT TISSUE NECK W/O DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
70491	CT SOFT TISSUE NECK W/DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements

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70492	CT SFT TSUE NCK W/O & W/DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
70496	CT ANGIOGRAPHY, HEAD	No	SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
70498	CT ANGIOGRAPHY, NECK	No	CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
70540	MRI ORBIT/FACE/NECK W/O DYE	No	SNF 516 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
70542	MRI ORBIT/FACE/NECK W/DYE	No	CIM 50-14	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
70543	MRI ORBT/FAC/NCK W/O&W DYE	No	CIM 50-14	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
70544	MR ANGIOGRAPHY HEAD W/O DYE	No	CIM 50-14	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
70545	MR ANGIOGRAPHY HEAD W/DYE	No	CIM 50-14	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
70546	MR ANGIOGRAPH HEAD W/O&W DYE	No	CIM 50-14	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
70547	MR ANGIOGRAPHY NECK W/O DYE	No	CIM 50-14	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
70548	MR ANGIOGRAPHY NECK W/DYE	No	CIM 50-14	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
70549	MR ANGIOGRAPH NECK W/O&W DYE	No	CIM 50-14	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
70551	MRI BRAIN W/O DYE	No	SNF 516 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill

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70552	MRI BRAIN W/DYE	No	SNF 516 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
70553	MRI BRAIN W/O&W DYE	No	SNF 516 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
71010	CHEST X-RAY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
71015	CHEST X-RAY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
71020	CHEST X-RAY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
71021	CHEST X-RAY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
71022	CHEST X-RAY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
71023	CHEST X-RAY AND FLUOROSCOPY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
71030	CHEST X-RAY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
71034	CHEST X-RAY AND FLUOROSCOPY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
71035	CHEST X-RAY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
71040	CONTRAST X-RAY OF BRONCHI	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
71060	CONTRAST X-RAY OF BRONCHI	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
71090	X-RAY & PACEMAKER INSERTION	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
71100	X-RAY EXAM OF RIBS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
71101	X-RAY EXAM OF RIBS/CHEST	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
71110	X-RAY EXAM OF RIBS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
71111	X-RAY EXAM OF RIBS/ CHEST	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
71120	X-RAY EXAM OF BREASTBONE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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71130	X-RAY EXAM OF BREASTBONE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
71250	CT THORAX W/O DYE	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
71260	CT THORAX W/DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
71270	CT THORAX W/O&W DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
71275	CT ANGIOGRAPHY, CHEST	No	SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
71550	MRI CHEST W/O DYE	No	SNF 516 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
71551	MRI CHEST W/DYE	No	SNF 531 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
71552	MRI CHEST W/O&W DYE	No	SNF 531 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
71555	MRI ANGIO CHEST W OR W/O DYE	No	SNF 516 CIM 50-14	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
72010	X-RAY EXAM OF SPINE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72020	X-RAY EXAM OF SPINE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72040	X-RAY EXAM OF NECK SPINE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72050	X-RAY EXAM OF NECK SPINE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72052	X-RAY EXAM OF NECK SPINE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72069	X-RAY EXAM OF TRUNK SPINE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72070	X-RAY EXAM OF THORACIC SPINE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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72072	X-RAY EXAM OF THORACIC SPINE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72074	X-RAY EXAM OF THORACIC SPINE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72080	X-RAY EXAM OF TRUNK SPINE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72090	X-RAY EXAM OF TRUNK SPINE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72100	X-RAY EXAM OF LOWER SPINE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72110	X-RAY EXAM OF LOWER SPINE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72114	X-RAY EXAM OF LOWER SPINE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72120	X-RAY EXAM OF LOWER SPINE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72125	CT NECK SPINE W/O DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
72126	CT NECK SPINE W/DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
72127	CT NECK SPINE W/O&W DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
72128	CT CHEST SPINE W/O DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
72129	CT CHEST SPINE W/DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
72130	CT CHEST SPINE W/O&W DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
72131	CT LUMBAR SPINE W/O DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
72132	CT LUMBAR SPINE W/DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements

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72133	CT LUMBAR SPINE W/O&W DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
72141	MRI NECK SPINE W/O DYE	No	SNF 516 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
72142	MRI NECK SPINE W/DYE	No	SNF 516 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
72146	MRI CHEST SPINE W/O DYE	No	SNF 516 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
72147	MRI CHEST SPINE W/DYE	No	SNF 516 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
72148	MRI LUMBAR SPINE W/O DYE	No	SNF 516 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
72149	MRI LUMBAR SPINE W/DYE	No	SNF 516 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
72156	MRI NECK SPINE W/O&W DYE	No	SNF 516 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
72157	MRI CHEST SPINE W/O&W DYE	No	SNF 516 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
72158	MRI LUMBAR SPINE W/O&W DYE	No	SNF 516 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
72159	MR ANGIO SPINE W/O&W DYE	No	Non-covered by Medicare, CIM 50-14 SNF 516	1	NA		Non covered for Medicare SNFs cannot be paid for this service.
72170	X-RAY EXAM OF PELVIS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72190	X-RAY EXAM OF PELVIS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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72191	CT ANGIOGRAPH PELV W/O&W DYE	No	SNF 260.1 SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
72192	CT PELVIS W/O DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
72193	CT PELVIS W/DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
72194	CT PELVIS W/O&W DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
72195	MRI PELVIS W/O DYE	No	SNF 531 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
72196	MRI PELVIS W/DYE	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
72197	MRI PELVIS W/O & W DYE	No	CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
72198	MR ANGIO PELVIS W/O&W DYE	No	Non-covered by Medicare, CIM 50-14 SNF 531	1	NA		Non covered for Medicare 1/01/2002 SNFs cannot be paid for this service.
72200	X-RAY EXAM SACROILIAC JOINTS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72202	X-RAY EXAM SACROILIAC JOINTS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72220	X-RAY EXAM OF TAILBONE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72240	CONTRAST X-RAY OF NECK SPINE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72255	CONTRAST X-RAY, THORAX SPINE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72265	CONTRAST X-RAY, LOWER SPINE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72270	CONTRAST X-RAY OF SPINE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

SNF HCPCS HELP FILE

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72275	EPIDUROGRAPHY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72285	X-RAY C/T SPINE DISK	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
72295	X-RAY OF LOWER SPINE DISK	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73000	X-RAY EXAM OF COLLAR BONE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73010	X-RAY EXAM OF SHOULDER BLADE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73020	X-RAY EXAM OF SHOULDER	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73030	X-RAY EXAM OF SHOULDER	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73040	CONTRAST X-RAY OF SHOULDER	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73050	X-RAY EXAM OF SHOULDERS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73060	X-RAY EXAM OF HUMERUS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73070	X-RAY EXAM OF ELBOW	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73080	X-RAY EXAM OF ELBOW	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73085	CONTRAST X-RAY OF ELBOW	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73090	X-RAY EXAM OF FOREARM	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73092	X-RAY EXAM OF ARM, INFANT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73100	X-RAY EXAM OF WRIST	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73110	X-RAY EXAM OF WRIST	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73115	CONTRAST X-RAY OF WRIST	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73120	X-RAY EXAM OF HAND	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73130	X-RAY EXAM OF HAND	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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73140	X-RAY EXAM OF FINGER(S)	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73200	CT UPPER EXTREMITY W/O DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
73201	CT UPPER EXTREMITY W/DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
73202	CT UPPR EXTREMITY W/O&W DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
73206	CT ANGIO UPR EXTRM W/O&W DYE	No	SNF 531 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
73218	MRI UPPER EXTREMITY W/O DYE	No	CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
73219	MRI UPPER EXTREMITY W/DYE	No	CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
73220	MRI UPPR EXTREMITY W/O&W DYE	No	SNF 516 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
73221	MRI JOINT UPR EXTREM W/O DYE	No	SNF 516 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
73222	MRI JOINT UPR EXTREM W/ DYE	No	SNF 531 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
73223	MRI JOINT UPR EXTR W/O&W DYE	No	SNF 531 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
73225	MR ANGIO UPR EXTR W/O&W DYE	No	Non-covered by Medicare SNF 516 CIM 50-14	1	NA		Non covered for Medicare SNFs cannot be paid for this service.
73500	X-RAY EXAM OF HIP	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73510	X-RAY EXAM OF HIP	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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73520	X-RAY EXAM OF HIPS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73525	CONTRAST X-RAY OF HIP	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73530	X-RAY EXAM OF HIP	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73540	X-RAY EXAM OF PELVIS & HIPS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73542	X-RAY EXAM, SACROILIAC JOINT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73550	X-RAY EXAM OF THIGH	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73560	X-RAY EXAM OF KNEE, 1 OR 3	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73562	X-RAY EXAM OF KNEE, 4	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73564	X-RAY EXAM, KNEE, 4 OR MORE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73565	X-RAY EXAM OF KNEES	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73580	CONTRAST X-RAY OF KNEE JOINT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73590	X-RAY EXAM OF LOWER LEG	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73592	X-RAY EXAM OF LEG, INFANT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73600	X-RAY EXAM OF ANKLE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73610	X-RAY EXAM OF ANKLE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73615	CONTRAST X-RAY OF ANKLE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73620	X-RAY EXAM OF FOOT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73630	X-RAY EXAM OF FOOT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73650	X-RAY EXAM OF HEEL	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
73660	X-RAY EXAM OF TOE(S)	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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73700	CT LOWER EXTREMITY W/O DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
73701	CT LOWER EXTREMITY W/DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
73702	CT LWR EXTREMITY W/O&W DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
73706	CT ANGIO LWR EXTR W/O&W DYE	No	SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
73718	MRI LOWER EXTREMITY W/O DYE	No	SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
73719	MRI LOWER EXTREMITY W/DYE	No	CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
73720	MRI LWR EXTREMITY W/O&W DYE	No	SNF 533 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
73721	MRI JOINT OF LWR EXTRE W/O D	No	SNF 533 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
73722	MRI JOINT OF LWR EXTR W/DYE	No	SNF 533 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
73723	MRI JOINT LWR EXTR W/O&W DYE	No	SNF 533 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
73725	MR ANG LWR EXT W OR W/O DYE	No	SNF 533 CIM 50-14	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
74000	X-RAY EXAM OF ABDOMEN	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74010	X-RAY EXAM OF ABDOMEN	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74020	X-RAY EXAM OF ABDOMEN	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74022	X-RAY EXAM SERIES, ABDOMEN	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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74150	CT ABDOMEN W/O DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
74160	CT ABDOMEN W/DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
74170	CT ABDOMEN W/O&W DYE	No	SNF 516 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
74175	CT ANGIO ABDOM W/O&W DYE	No	SNF 531 CIM 50-12	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
74181	MRI ABDOMEN W/O DYE	No	SNF 516 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
74182	MRI ABDOMEN W/DYE	No	SNF 531 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
74183	MRI ABDOMEN W/O&W DYE	No	CIM 50-14	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
74185	MRI ANGIO, ABDOM W OR W/O DY	No	SNF 516 CIM 50-14	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
74190	X-RAY EXAM OF PERITONEUM	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74210	CONTRST X-RAY EXAM OF THROAT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74220	CONTRAST X-RAY, ESOPHAGUS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74230	Cine/video x-ray, throat/eso	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74235	REMOVE ESOPHAGUS OBSTRUCTION	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74240	X-RAY EXAM, UPPER GI TRACT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74241	X-RAY EXAM, UPPER GI TRACT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74245	X-RAY EXAM, UPPER GI TRACT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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74246	CONTRST X-RAY UPPR GI TRACT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74247	CONTRST X-RAY UPPR GI TRACT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74249	CONTRST X-RAY UPPR GI TRACT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74250	X-RAY EXAM OF SMALL BOWEL	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74251	X-RAY EXAM OF SMALL BOWEL	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74260	X-RAY EXAM OF SMALL BOWEL	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74270	CONTRAST X-RAY EXAM OF COLON	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74280	CONTRAST X-RAY EXAM OF COLON	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74283	CONTRAST X-RAY EXAM OF COLON	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74290	CONTRAST X-RAY, GALLBLADDER	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74291	CONTRAST X-RAYS, GALLBLADDER	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74300	X-RAY BILE DUCTS/PANCREAS	Yes	SNF 260.1 SNF 533	1	IC		Rendering provider may bill or SNF may bill under arrangements
74301	X-RAYS AT SURGERY ADD-ON	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74305	X-RAY BILE DUCTS/PANCREAS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74320	CONTRAST X-RAY OF BILE DUCTS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74327	X-RAY BILE STONE REMOVAL	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74328	XRAY BILE DUCT ENDOSCOPY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74329	X-RAY FOR PANCREAS ENDOSCOPY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74330	X-RAY BILE/PANC ENDOSCOPY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74340	X-RAY GUIDE FOR GI TUBE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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74350	X-RAY GUIDE, STOMACH TUBE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74355	X-RAY GUIDE, INTESTINAL TUBE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74360	X-RAY GUIDE, GI DILATION	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74363	X-RAY, BILE DUCT DILATION	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74400	CONTRST X-RAY, URINARY TRACT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74410	CONTRST X-RAY, URINARY TRACT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74415	CONTRST X-RAY, URINARY TRACT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74420	CONTRST X-RAY, URINARY TRACT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74425	CONTRST X-RAY, URINARY TRACT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74430	CONTRAST X-RAY, BLADDER	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74440	X-RAY, MALE GENITAL TRACT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74445	X-RAY EXAM OF PENIS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74450	X-RAY, URETHRA/BLADDER	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74455	X-RAY, URETHRA/BLADDER	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74470	X-RAY EXAM OF KIDNEY LESION	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74475	X-RAY CONTROL, CATH INSERT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74480	X-RAY CONTROL, CATH INSERT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74485	X-RAY GUIDE, GU DILATION	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74710	X-RAY MEASUREMENT OF PELVIS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74740	X-RAY, FEMALE GENITAL TRACT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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74742	X-RAY, FALLOPIAN TUBE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
74775	X-RAY EXAM OF PERINEUM	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
75552	HEART MRI FOR MORPH W/O DYE	No	SNF 516 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75553	HEART MRI FOR MORPH W/DYE	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75554	CARDIAC MRI/FUNCTION	No	SNF 516 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75555	CARDIAC MRI/LIMITED STUDY	No	SNF 516 CIM 50-13	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75556	CARDIAC MRI/FLOW MAPPING	No	Non-covered by Medicare CIM 50-13 SNF 531	9	NA		SNFs cannot be paid for this service.
75600	CONTRAST X-RAY EXAM OF AORTA	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75605	CONTRAST X-RAY EXAM OF AORTA	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75625	CONTRAST X-RAY EXAM OF AORTA	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75630	X-RAY AORTA, LEG ARTERIES	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75635	CT ANGIO ABDOMINAL ARTERIES	No	SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75650	ARTERY X-RAYS, HEAD & NECK	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements

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75658	ARTERY X-RAYS, ARM	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75660	ARTERY X-RAYS, HEAD & NECK	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75662	ARTERY X-RAYS, HEAD & NECK	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75665	ARTERY X-RAYS, HEAD & NECK	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75671	ARTERY X-RAYS, HEAD & NECK	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75676	ARTERY X-RAYS, NECK	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75680	ARTERY X-RAYS, NECK	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75685	ARTERY X-RAYS, SPINE	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75705	ARTERY X-RAYS, SPINE	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75710	ARTERY X-RAYS, ARM/LEG	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75716	ARTERY X-RAYS, ARMS/LEGS	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75722	ARTERY X-RAYS, KIDNEY	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75724	ARTERY X-RAYS, KIDNEYS	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements

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75726	ARTERY X-RAYS, ABDOMEN	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75731	ARTERY X-RAYS, ADRENAL GLAND	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75733	ARTERY X-RAYS, ADRENALS	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75736	ARTERY X-RAYS, PELVIS	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75741	ARTERY X-RAYS, LUNG	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75743	ARTERY X-RAYS, LUNGS	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75746	ARTERY X-RAYS, LUNG	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75756	ARTERY X-RAYS, CHEST	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75774	ARTERY X-RAY, EACH VESSEL	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75790	VISUALIZE A-V SHUNT	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75801	LYMPH VESSEL X-RAY, ARM/LEG	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75803	LYMPH VESSEL X-RAY,ARMS/LEGS	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75805	LYMPH VESSEL X-RAY, TRUNK	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements

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75807	LYMPH VESSEL X-RAY, TRUNK	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75809	NONVASCULAR SHUNT, X-RAY	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75810	VEIN X-RAY, SPLEEN/LIVER	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75820	VEIN X-RAY, ARM/LEG	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75822	VEIN X-RAY, ARMS/LEGS	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75825	VEIN X-RAY, TRUNK	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75827	VEIN X-RAY, CHEST	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75831	VEIN X-RAY, KIDNEY	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75833	VEIN X-RAY, KIDNEYS	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75840	VEIN X-RAY, ADRENAL GLAND	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75842	VEIN X-RAY, ADRENAL GLANDS	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75860	VEIN X-RAY, NECK	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75870	VEIN X-RAY, SKULL	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements

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75872	VEIN X-RAY, SKULL	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75880	VEIN X-RAY, EYE SOCKET	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75885	VEIN X-RAY, LIVER	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75887	VEIN X-RAY, LIVER	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75889	VEIN X-RAY, LIVER	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75891	VEIN X-RAY, LIVER	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75893	VENOUS SAMPLING BY CATHETER	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75894	X-RAYS, TRANSCATH THERAPY	No	SNF 516 MCM 2070, CIM 35-35	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75896	X-RAYS, TRANSCATH THERAPY Xref 75894	No	SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75898	FOLLOW-UP ANGIOGRAM	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75900	ARTERIAL CATHETER EXCHANGE	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75940	X-RAY PLACEMENT, VEIN FILTER	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75945	INTRAVASCULAR US	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
75946	INTRAVASCULAR US ADD-ON	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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75952	ENDOVASC REPAIR ABDOM AORTA	No	SNF 533	1	NA		Part B - Non covered for SNF. Physician may bil
75953	ABDOM ANEURYSM ENDOVAS RPR	No	SNF 533	1	NA		Part B - Non covered for SNF. Physician may bil
75960	TRANSCATHETER INTRO, STENT	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75961	RETRIEVAL, BROKEN CATHETER	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75962	REPAIR ARTERIAL BLOCKAGE	No	SNF 516 CIM 50-32	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75964	REPAIR ARTERY BLOCKAGE, EACH	No	SNF 516 CIM 50-32	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75966	REPAIR ARTERIAL BLOCKAGE	No	SNF 516 CIM 50-32	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75968	REPAIR ARTERY BLOCKAGE, EACH	No	SNF 516 CIM 50-32	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75970	VASCULAR BIOPSY	No	SNF 516 CIM 50-32	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75978	REPAIR VENOUS BLOCKAGE	No	SNF 516 CIM 50-32	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75980	CONTRAST XRAY EXAM BILE DUCT	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75982	CONTRAST XRAY EXAM BILE DUCT	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
75984	XRAY CONTROL CATHETER CHANGE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
75989	ABSCESS DRAINAGE UNDER X-RAY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
75992	ATHERECTOMY, X-RAY EXAM	No	SNF 516 CIM 50-32	1	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil

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75993	ATHERECTOMY, X-RAY EXAM	No	SNF 516 CIM 50-32	1	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
75994	ATHERECTOMY, X-RAY EXAM	No	SNF 516 CIM 50-32	1	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
75995	ATHERECTOMY, X-RAY EXAM	No	SNF 516 CIM 50-32	1	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
75996	ATHERECTOMY, X-RAY EXAM	No	SNF 516 CIM 50-32	1	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
76000	FLUOROSCOPE EXAMINATION	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76001	FLUOROSCOPE EXAM, EXTENSIVE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76003	NEEDLE LOCALIZATION BY X-RAY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76005	FLUOROGUIDE FOR SPINE INJECT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76006	X-RAY STRESS VIEW	Yes	SNF 260.1 SNF 533	2	NA		Physician billing to Carrier
76010	X-RAY, NOSE TO RECTUM	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76012	PERCUT VERTEBROPLASTY FLUOR	Yes	SNF 260.1 SNF 533	1	NA		Rendering provider may bill or SNF may bill under arrangements
76013	PERCUT VERTEBROPLASTY, CT	Yes	SNF 260.1 SNF 533	1	NA		Rendering provider may bill or SNF may bill under arrangements
76020	X-RAYS FOR BONE AGE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76040	X-RAYS, BONE EVALUATION	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76061	X-RAYS, BONE SURVEY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76062	X-RAYS, BONE SURVEY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76065	X-RAYS, BONE EVALUATION	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76066	Joint survey, single view	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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76070	CT SCAN, BONE DENSITY STUDY	Yes	SNF 260.1 SNF 533	1	NA		Not Valid for Medicare SNFs cannot be paid for this service.
76075	Us exam, abdom, limited	No	MIM 3631	1	Fee		Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
76076	DUAL ENERGY X-RAY STUDY	No	MIM 3631	1	Fee		Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
76078	Radiographic absorptiometry	No	MIM 3631	1	Fee		Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
76080	X-RAY EXAM OF FISTULA	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76085	Computer mammogram add-on	No	MIM 3660.10G MCM 4601 MCM 4601.2 SNF 537	1	Fee		Code Effective 1/1/2002 Review manual references for special billing instructions.
76086	X-RAY OF MAMMARY DUCT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76088	X-RAY OF MAMMARY DUCTS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76090	MAMMOGRAM, ONE BREAST	No	MIM 3660.10 MCM 4601 SNF 260.1 SNF 537	1	Fee		Review manual references for special billing/pricing instructions. Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
76091	MAMMOGRAM, BOTH BREASTS	No	MIM 3660.10 MCM 4601 SNF 260.1 SNF 537	1	Fee		Review manual references for special billing/pricing instructions. Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.

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76092	MAMM0GRAM, SCREENING	No	MIM 3660.10G MCM 4601 MCM 4601.2 SNF 537	9	Payment Limit		Review manual references for special billing/pricing instructions. Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
76093	MAGNETIC IMAGE, BREAST	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
76094	MAGNETIC IMAGE, BOTH BREASTS	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
76095	STEREOTACTIC BREAST BIOPSY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76096	X-RAY OF NEEDLE WIRE, BREAST	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76098	X-RAY EXAM, BREAST SPECIMEN	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76100	X-RAY EXAM OF BODY SECTION	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76101	COMPLEX BODY SECTION X-RAY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76102	COMPLEX BODY SECTION X-RAYS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76120	Cine/video x-rays	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76125	Cine/ video x-rays add-on	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76140	X-RAY CONSULTATION	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.
76150	X-RAY EXAM, DRY PROCESS	Yes	SNF 260.1 SNF 533	3	Fee		Rendering provider may bill or SNF may bill under arrangements
76350	SPECIAL X-RAY CONTRAST STUDY	Yes	SNF 260.1 SNF 533	3	Fee		Rendering provider may bill or SNF may bill under arrangements
76355	CAT SCAN FOR LOCALIZATION	No	SNF 515.1 SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
76360	CAT SCAN FOR NEEDLE BIOPSY	No	SNF 515.1 SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements

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76362	Cat scan for tissue ablation	No	SNF 515.1 SNF 516	1	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
76370	CAT SCAN FOR THERAPY GUIDE	No	SNF 515.1 SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
76375	3D/HOLOGRAPH RECONSTR ADD-ON	No	SNF 515.1 SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
76380	CAT SCAN FOLLOW-UP STUDY	No	SNF 515.1 SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
76390	MR SPECTROSCOPY	No	SNF 515.1 SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
76393	MR GUIDANCE FOR NEEDLE PLACE	No	SNF 533	1	Fee		Part B - Non covered for SNF. Physician may bil
76394	MRI for tissue ablation	No	SNF 515.1 SNF 516	1	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
76400	MAGNETIC IMAGE, BONE MARROW	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
76490	Us for tissue ablation	Yes		1	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
76497	Unlisted computed tomography procedure (eg, diagnostic, interventiona	No					Code effective 01/01/03. Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	No					Code effective 01/01/03. Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
76499	RADIOGRAPHIC PROCEDURE	Yes	SNF 260.1 SNF 533	1	IC		Rendering provider may bill or SNF may bill under arrangements

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76506	ECHO EXAM OF HEAD	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76511	ECHO EXAM OF EYE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76512	ECHO EXAM OF EYE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76513	ECHO EXAM OF EYE, WATER BATH	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76516	ECHO EXAM OF EYE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76519	ECHO EXAM OF EYE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76529	ECHO EXAM OF EYE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76536	Us exam of head and neck	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76604	Us exam, chest, b-scan	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76645	Us exam, breast(s)	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76700	Us exam, abdom, complete	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76705	Us exam, abdom, limited	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76770	Us exam abdo back wall, comp	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76775	Us exam abdo back wall, lim	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76778	Us exam kidney transplant	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76800	Us exam, spinal canal	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76805	Us exam, pg uterus, compl	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76810	Us exam, pg uterus, mult	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76815	Us exam, pg uterus limit	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76816	Us exam pg uterus repeat	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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76818	Fetal biophy profile w/nst	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76819	Fetal biophys profil w/o nst	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76825	ECHO EXAM OF FETAL HEART	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76826	ECHO EXAM OF FETAL HEART	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76827	ECHO EXAM OF FETAL HEART	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76828	ECHO EXAM OF FETAL HEART	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76830	Us exam, transvaginal	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76831	ECHO EXAM, UTERUS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76856	Us exam, pelvic, complete	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76857	Us exam, pelvic, limited	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76870	Us exam, scrotum	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76872	Us exam, extremity	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76873	Us exam infant hips, dynamic	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76880	Us exam infant hips, static	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76885	ECHO EXAM, INFANT HIPS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76886	ECHO EXAM, INFANT HIPS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76930	ECHO GUIDE, CARDIOCENTESIS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76932	ECHO GUIDE FOR HEART BIOPSY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76936	ECHO GUIDE FOR ARTERY REPAIR	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76941	ECHO GUIDE FOR TRANSFUSION	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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76942	ECHO GUIDE FOR BIOPSY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76945	ECHO GUIDE, VILLUS SAMPLING	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76946	ECHO GUIDE FOR AMNIOCENTESIS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76948	ECHO GUIDE, OVA ASPIRATION	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76950	ECHO GUIDANCE RADIOTHERAPY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76965	ECHO GUIDANCE RADIOTHERAPY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76970	ULTRASOUND EXAM FOLLOW-UP	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76975	GI ENDOSCOPIC ULTRASOUND	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76977	US BONE DENSITY MEASURE	No	MIM 3631	1	Fee		Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
76986	ULTRASOUND GUIDE INTRAOPER	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
76999	ECHO EXAMINATION PROCEDURE	Yes	SNF 260.1 SNF 533	1	IC		Rendering provider may bill or SNF may bill under arrangements
77261	RADIATION THERAPY PLANNING	No	SNF 516	2	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77262	RADIATION THERAPY PLANNING	No	SNF 516	2	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77263	RADIATION THERAPY PLANNING	No	SNF 516	2	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77280	SET RADIATION THERAPY FIELD	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77285	SET RADIATION THERAPY FIELD	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements

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77290	SET RADIATION THERAPY FIELD	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77295	SET RADIATION THERAPY FIELD	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77299	RADIATION THERAPY PLANNING	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77300	RADIATION THERAPY DOSE PLAN	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77301	Radioltherapy dos plan, imrt	No	SNF 515.1 SNF 516.3	1	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77305	RADIATION THERAPY DOSE PLAN	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77310	RADIATION THERAPY DOSE PLAN	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77315	RADIATION THERAPY DOSE PLAN	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77321	RADIATION THERAPY PORT PLAN	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77326	RADIATION THERAPY DOSE PLAN	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77327	RADIATION THERAPY DOSE PLAN	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77328	RADIATION THERAPY DOSE PLAN	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77331	SPECIAL RADIATION DOSIMETRY	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements

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77332	RADIATION TREATMENT AID(S)	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77333	RADIATION TREATMENT AID(S)	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77334	RADIATION TREATMENT AID(S)	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77336	RADIATION PHYSICS CONSULT	No	SNF 516	3	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77370	RADIATION PHYSICS CONSULT	No	SNF 516	3	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77399	EXTERNAL RADIATION DOSIMETRY	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77401	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77402	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77403	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77404	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77406	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77407	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77408	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements

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77409	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77411	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77412	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77413	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77414	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77416	RADIATION TREATMENT DELIVERY	No	SNF 516	3	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77417	RADIOLOGY PORT FILM(S)	No	SNF 516	3	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77418	Radiation tx delivery, imrt	No	SNF 515.1 SNF 516.3	3	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77427	RADIATION TX MANAGEMENT, X5	No	SNF 533	2	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77431	RADIATION THERAPY MANAGEMENT	No	SNF 533	2	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77432	STEREOTACTIC RADIATION TRMT	No	SNF 533	2	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77470	SPECIAL RADIATION TREATMENT	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77499	RADIATION THERAPY MANAGEMENT	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements

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77520	PROTON TRMT, SIMPLE W/O COMP	No	SNF 260.1 SNF 533	3	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77522	PROTON TRMT, SIMPLE W/COMP	No	SNF 260.1 SNF 533	3	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77523	PROTON TRMT, INTERMEDIATE	No	SNF 260.1 SNF 533	3	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77525	PROTON TREATMENT, COMPLEX	No	SNF 260.1 SNF 533	3	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77600	HYPERTHERMIA TREATMENT	No	SNF 260.1 SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77605	HYPERTHERMIA TREATMENT	No	SNF 260.1 SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77610	HYPERTHERMIA TREATMENT	No	SNF 260.1 SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77615	HYPERTHERMIA TREATMENT	No	SNF 260.1 SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77620	HYPERTHERMIA TREATMENT	No	SNF 260.1 SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77750	INFUSE RADIOACTIVE MATERIALS	No	SNF 260.1 SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77761	APPLY INTRCAV RADIAT SIMPLE	No	SNF 260.1 SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77762	APPLY INTRCAV RADIAT INTERM	No	SNF 260.1 SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77763	APPLY INTRCAV RADIAT COMPL	No	SNF 260.1 SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements

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77776	APPLY INTERSTIT RADIAT SIMPL	No	SNF 260.1 SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77777	APPLY INTERSTIT RADIAT INTER	No	SNF 260.1 SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77778	APPLY ITERSTIT RADIAT COMPL	No	SNF 260.1 SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77781	HIGH INTENSITY BRACHYTHERAPY	No	SNF 260.1 SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77782	HIGH INTENSITY BRACHYTHERAPY	No	SNF 260.1 SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77783	HIGH INTENSITY BRACHYTHERAPY	No	SNF 260.1 SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77784	HIGH INTENSITY BRACHYTHERAPY	No	SNF 260.1 SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77789	APPLY SURFACE RADIATION	No	SNF 260.1 SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77790	RADIATION HANDLING	No	SNF 260.1 SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
77799	RADIUM/RADIOISOTOPE THERAPY	No	SNF 260.1 SNF 533	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
78000	THYROID, SINGLE UPTAKE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78001	THYROID, MULTIPLE UPTAKES	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78003	THYROID SUPPRESS/STIMUL	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78006	THYROID IMAGING WITH UPTAKE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78007	THYROID IMAGE, MULT UPTAKES	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

SNF HCPCS HELP FILE

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78010	THYROID IMAGING	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78011	THYROID IMAGING WITH FLOW	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78015	THYROID MET IMAGING	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78016	THYROID MET IMAGING/STUDIES	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78018	THYROID MET IMAGING, BODY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78020	THYROID MET UPTAKE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78070	PARATHYROID NUCLEAR IMAGING	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78075	ADRENAL NUCLEAR IMAGING	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78099	ENDOCRINE NUCLEAR PROCEDURE	Yes	SNF 260.1 SNF 533	1	IC		Rendering provider may bill or SNF may bill under arrangements
78102	BONE MARROW IMAGING, LTD	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78103	BONE MARROW IMAGING, MULT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78104	BONE MARROW IMAGING, BODY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78110	PLASMA VOLUME, SINGLE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78111	PLASMA VOLUME, MULTIPLE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78120	RED CELL MASS, SINGLE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78121	RED CELL MASS, MULTIPLE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78122	BLOOD VOLUME	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78130	RED CELL SURVIVAL STUDY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78135	RED CELL SURVIVAL KINETICS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78140	RED CELL SEQUESTRATION	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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78160	PLASMA IRON TURNOVER	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78162	IRON ABSORPTION EXAM	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78170	RED CELL IRON UTILIZATION	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78172	TOTAL BODY IRON ESTIMATION	Yes	SNF 260.1 SNF 533	1	IC		Rendering provider may bill or SNF may bill under arrangements
78185	SPLEEN IMAGING	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78190	PLATELET SURVIVAL, KINETICS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78191	PLATELET SURVIVAL	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78195	LYMPH SYSTEM IMAGING	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78199	BLOOD/LYMPH NUCLEAR EXAM	Yes	SNF 260.1 SNF 533	1	IC		Rendering provider may bill or SNF may bill under arrangements
78201	LIVER IMAGING	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78202	LIVER IMAGING WITH FLOW	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78205	LIVER IMAGING (3D)	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78206	LIVER IMAGE (3D) W/FLOW	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78215	LIVER AND SPLEEN IMAGING	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78216	LIVER & SPLEEN IMAGE/FLOW	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78220	LIVER FUNCTION STUDY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78223	HEPATOBILIARY IMAGING	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78230	SALIVARY GLAND IMAGING	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78231	SERIAL SALIVARY IMAGING	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78232	SALIVARY GLAND FUNCTION EXAM	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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78258	ESOPHAGEAL MOTILITY STUDY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78261	GASTRIC MUCOSA IMAGING	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78262	GASTROESOPHAGEAL REFLUX EXAM	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78264	GASTRIC EMPTYING STUDY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78267	BREATH TST ATTAIN/ANAL C-14	Yes	SNF 260.1 SNF 533	9	Fee		Rendering provider may bill or SNF may bill under arrangements
78268	BREATH TEST ANALYSIS, C-14	Yes	SNF 260.1 SNF 533	9	Fee		Rendering provider may bill or SNF may bill under arrangements
78270	VIT B-12 ABSORPTION EXAM	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78271	VIT B-12 ABSORP EXAM, IF	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78272	VIT B-12 ABSORP, COMBINED	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78278	ACUTE GI BLOOD LOSS IMAGING	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78282	GI PROTEIN LOSS EXAM	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78290	MECKEL'S DIVERT EXAM	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78291	LEVEEN/SHUNT PATENCY EXAM	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78299	GI NUCLEAR PROCEDURE	Yes	SNF 260.1 SNF 533	1	IC		Rendering provider may bill or SNF may bill under arrangements
78300	BONE IMAGING, LIMITED AREA	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78305	BONE IMAGING, MULTIPLE AREAS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78306	BONE IMAGING, WHOLE BODY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78315	BONE IMAGING, 3 PHASE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78320	BONE IMAGING (3D)	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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78350	BONE MINERAL, SINGLE PHOTON	No	MIM 3631	1	Fee		Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
78351	BONE MINERAL, DUAL PHOTON	No	Non-covered by Medicare CIM 50-44 SNF 533	9	NA		SNFs cannot be paid for this service.
78399	MUSCULOSKELETAL NUCLEAR EXAM	Yes	SNF 260.1 SNF 533	1	IC		Rendering provider may bill or SNF may bill under arrangements
78414	NON-IMAGING HEART FUNCTION	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78428	CARDIAC SHUNT IMAGING	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78445	VASCULAR FLOW IMAGING	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78455	VENOUS THROMBOSIS STUDY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78456	ACUTE VENOUS THROMBUS IMAGE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78457	VENOUS THROMBOSIS IMAGING	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78458	VEN THROMBOSIS IMAGES, BILAT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78459	HEART MUSCLE IMAGING (PET)	No	Not valid for Medicare	1	NA		SNFs cannot be paid for this service.
78460	HEART MUSCLE BLOOD, SINGLE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78461	HEART MUSCLE BLOOD, MULTIPLE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78464	HEART IMAGE (3D), SINGLE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78465	HEART IMAGE (3D), MULTIPLE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78466	HEART INFARCT IMAGE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78468	HEART INFARCT IMAGE (EF)	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78469	HEART INFARCT IMAGE (3D)	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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78472	GATED HEART, PLANAR, SINGLE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78473	GATED HEART, MULTIPLE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78478	HEART WALL MOTION ADD-ON	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78480	HEART FUNCTION ADD-ON	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78481	HEART FIRST PASS, SINGLE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78483	HEART FIRST PASS, MULTIPLE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78491	HEART IMAGE (PET), SINGLE	No	Not valid for Medicare	1	NA		SNFs cannot be paid for this service.
78492	HEART IMAGE (PET), MULTIPLE	No	Not valid for Medicare	1	NA		SNFs cannot be paid for this service.
78494	HEART IMAGE, SPECT	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78496	HEART FIRST PASS ADD-ON	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78499	CARDIOVASCULAR NUCLEAR EXAM	Yes	SNF 260.1 SNF 533	1	IC		Rendering provider may bill or SNF may bill under arrangements
78580	LUNG PERFUSION IMAGING	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78584	LUNG V/Q IMAGE SINGLE BREATH	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78585	LUNG V/Q IMAGING	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78586	AEROSOL LUNG IMAGE, SINGLE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78587	AEROSOL LUNG IMAGE, MULTIPLE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78588	PERFUSION LUNG IMAGE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78591	VENT IMAGE, 1 BREATH, 1 PROJ	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78593	VENT IMAGE, 1 PROJ, GAS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78594	VENT IMAGE, MULT PROJ, GAS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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78596	LUNG DIFFERENTIAL FUNCTION	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78599	RESPIRATORY NUCLEAR EXAM	Yes	SNF 260.1 SNF 533	1	IC		Rendering provider may bill or SNF may bill under arrangements
78600	BRAIN IMAGING, LTD STATIC	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78601	BRAIN IMAGING, LTD W/ FLOW	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78605	BRAIN IMAGING, COMPLETE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78606	BRAIN IMAGING, COMPL W/FLOW	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78607	BRAIN IMAGING (3D)	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78608	BRAIN IMAGING (PET)	No	Non-covered by Medicare CIM 50-36 SNF 533	9	NA		SNFs cannot be paid for this service.
78609	BRAIN IMAGING (PET)	No	Non-covered by Medicare CIM 50-36 SNF 533	9	NA		SNFs cannot be paid for this service.
78610	BRAIN FLOW IMAGING ONLY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78615	Cerebral vascular flow image	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78630	CEREBROSPINAL FLUID SCAN	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78635	CSF VENTRICULOGRAPHY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78645	CSF SHUNT EVALUATION	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78647	CEREBROSPINAL FLUID SCAN	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78650	CSF LEAKAGE IMAGING	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78660	NUCLEAR EXAM OF TEAR FLOW	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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78699	NERVOUS SYSTEM NUCLEAR EXAM	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78700	KIDNEY IMAGING, STATIC	Yes	SNF 260.1 SNF 533	1	IC		Rendering provider may bill or SNF may bill under arrangements
78701	KIDNEY IMAGING WITH FLOW	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78704	IMAGING RENOGRAM	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78707	KIDNEY FLOW/FUNCTION IMAGE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78708	KIDNEY FLOW/FUNCTION IMAGE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78709	KIDNEY FLOW/FUNCTION IMAGE	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78710	KIDNEY IMAGING (3D)	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78715	RENAL VASCULAR FLOW EXAM	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78725	KIDNEY FUNCTION STUDY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78730	URINARY BLADDER RETENTION	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78740	URETERAL REFLUX STUDY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78760	TESTICULAR IMAGING	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78761	TESTICULAR IMAGING/FLOW	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78799	GENITOURINARY NUCLEAR EXAM	Yes	SNF 260.1 SNF 533	1	IC		Rendering provider may bill or SNF may bill under arrangements
78800	TUMOR IMAGING, LIMITED AREA	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78801	TUMOR IMAGING, MULT AREAS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78802	TUMOR IMAGING, WHOLE BODY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78803	TUMOR IMAGING (3D)	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78805	ABSCESS IMAGING, LTD AREA	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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78806	ABSCESS IMAGING, WHOLE BODY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78807	NUCLEAR LOCALIZATION/ABSCESS	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
78810	TUMOR IMAGING (PET)	No	Non-covered by Medicare CIM 50-36	1	NA		SNFs cannot be paid for this service.
78890	NUCLEAR MEDICINE DATA PROC	Yes	SNF 260.1 SNF 533	1	NA		Rendering provider may bill or SNF may bill under arrangements
78891	NUCLEAR MED DATA PROC	Yes	SNF 260.1 SNF 533	1	NA		Rendering provider may bill or SNF may bill under arrangements
78990	PROVIDE DIAG RADIONUCLIDE(S)	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.
78999	NUCLEAR DIAGNOSTIC EXAM	Yes	SNF 260.1 SNF 533	1	IC		Rendering provider may bill or SNF may bill under arrangements
79000	INIT HYPERTHYROID THERAPY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
79001	REPEAT HYPERTHYROID THERAPY	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
79020	THYROID ABLATION	Yes	SNF 260.1 SNF 533	1	Fee		Rendering provider may bill or SNF may bill under arrangements
79030	THYROID ABLATION, CARCINOMA	No	SNF 516	1	NA		Part A resident- Rendering provider must bill. Part B -Rendering provider may bill or SNF may bill under arrangements
79035	THYROID METASTATIC THERAPY	No	SNF 516	1	NA		Part A resident- Rendering provider must bill. Part B -Rendering provider may bill or SNF may bill under arrangements
79100	HEMATOPOETIC NUCLEAR THERAPY	No	SNF 516	1	NA		Part A resident- Rendering provider must bill. Part B -Rendering provider may bill or SNF may bill under arrangements
79200	INTRACAVITARY NUCLEAR TRMT	No	SNF 516	1	NA		Part A resident- Rendering provider must bill. Part B -Rendering provider may bill or SNF may bill under arrangements

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79300	INTERSTITIAL NUCLEAR THERAPY	No	SNF 516	1	NA		Part A resident- Rendering provider must bill. Part B -Rendering provider may bill or SNF may bill under arrangements
79400	NONHEMATO NUCLEAR THERAPY	No	SNF 516	1	NA		Part A resident- Rendering provider must bill. Part B -Rendering provider may bill or SNF may bill under arrangements
79420	INTRAVASCULAR NUCLEAR THER	No	SNF 516	1	NA		Part A resident- Rendering provider must bill. Part B -Rendering provider may bill or SNF may bill under arrangements
79440	NUCLEAR JOINT THERAPY	No	SNF 516	1	NA		Part A resident- Rendering provider must bill. Part B -Rendering provider may bill or SNF may bill under arrangements
79900	PROVIDE THER RADIOPHARM(S)	Yes	SNF 260.1 SNF 533.2H	3	IC		Rendering provider may bill or SNF may bill under arrangements
79999	NUCLEAR MEDICINE THERAPY	Yes	SNF 260.1 SNF 533	1	IC		Rendering provider may bill or SNF may bill under arrangements
80048	BASIC METABOLIC PANEL	Yes	MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80051	ELECTROLYTE PANEL	Yes	MCM 2070.1m MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80053	COMPREHEN METABOLIC PANEL	Yes	MCM 2070.1m MCM 5114.1 SNF 260.1 SNF260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80061	LIPID PANEL	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill

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80069	RENAL FUNCTION PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80072	ARTHRITIS PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Discontinue after 12/31/2001 Rendering provider may bill or SNF may bill under arrangements
80074	ACUTE HEPATITIS PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80076	HEPATIC FUNCTION PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80090	TORCH ANTIBODY PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80100	DRUG SCREEN, QUALITATE/MULTI	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80101	DRUG SCREEN, SINGLE	Yes	SNF 541, PM AB-01-95 AB-02-091	9	Fee		CLIA waived test. SNF or rendering provider may bill. Program Memo AB-01-95 - Contact your Medicare Carrier for claims instructions
80102	DRUG CONFIRMATION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80103	Tissue preparation for drug analysis	Yes		9	NA		Not separately priced.
80150	ASSAY OF AMIKACIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80152	ASSAY OF AMITRIPTYLINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80154	ASSAY OF BENZODIAZEPINES	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80156	ASSAY, CARBAMAZEPINE, TOTAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80157	ASSAY, CARBAMAZEPINE, FREE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80158	ASSAY OF CYCLOSPORINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80160	ASSAY OF DESIPRAMINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80162	ASSAY OF DIGOXIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80164	ASSAY, DIPROPYLACETIC ACID	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80166	ASSAY OF DOXEPIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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80168	ASSAY OF ETHOSUXIMIDE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80170	ASSAY OF GENTAMICIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80172	ASSAY OF GOLD	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80173	ASSAY OF HALOPERIDOL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80174	ASSAY OF IMIPRAMINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80176	ASSAY OF LIDOCAINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80178	ASSAY OF LITHIUM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80182	ASSAY OF NORTRIPTYLINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80184	ASSAY OF PHENOBARBITAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80185	ASSAY OF PHENYTOIN, TOTAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80186	ASSAY OF PHENYTOIN, FREE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80188	ASSAY OF PRIMIDONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80190	ASSAY OF PROCAINAMIDE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80192	ASSAY OF PROCAINAMIDE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80194	ASSAY OF QUINIDINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80196	ASSAY OF SALICYLATE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80197	ASSAY OF TACROLIMUS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80198	ASSAY OF THEOPHYLLINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80200	ASSAY OF TOBRAMYCIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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80201	ASSAY OF TOPIRAMATE	Yes	MCM 2070.1, MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80202	ASSAY OF VANCOMYCIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80299	QUANTITATIVE ASSAY, DRUG	Yes	SNF 260.1 SNF 541	9	IC		Rendering provider may bill or SNF may bill under arrangements
80400	ACTH STIMULATION PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80402	ACTH STIMULATION PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80406	ACTH STIMULATION PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80408	ALDOSTERONE SUPPRESSION EVAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80410	CALCITONIN STIMUL PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80412	CRH STIMULATION PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80414	TESTOSTERONE RESPONSE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80415	ESTRADIOL RESPONSE PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80416	RENIN STIMULATION PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80417	RENIN STIMULATION PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80418	PITUITARY EVALUATION PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80420	DEXAMETHASONE PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80422	GLUCAGON TOLERANCE PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80424	GLUCAGON TOLERANCE PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80426	GONADOTROPIN HORMONE PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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80428	GROWTH HORMONE PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80430	GROWTH HORMONE PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80432	INSULIN SUPPRESSION PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80434	INSULIN TOLERANCE PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80435	INSULIN TOLERANCE PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80436	METYRAPONE PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80438	TRH STIMULATION PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80439	TRH STIMULATION PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80440	TRH STIMULATION PANEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
80500	LAB PATHOLOGY CONSULTATION	No		0	NA		Part B - Non covered for SNF. Physician may bil
80502	LAB PATHOLOGY CONSULTATION	No		0	NA		Part B - Non covered for SNF. Physician may bil
81000	URINALYSIS, NONAUTO W/SCOPE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
81001	URINALYSIS, AUTO W/SCOPE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
81002	URINALYSIS NONAUTO W/O SCOPE	Yes	SNF 541 PM-AB-02-091	9	Fee		CLIA waived test. SNF or rendering provider may bill
81003	URINALYSIS, AUTO, W/O SCOPE	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
81005	URINALYSIS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
81007	URINE SCREEN FOR BACTERIA	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
81015	MICROSCOPIC EXAM OF URINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
81020	URINALYSIS, GLASS TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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81025	URINE PREGNANCY TEST	Yes	SNF 260.1 SNF 541, PM AB-01-95	9	Fee		CLIA waived test. SNF or rendering provider may bill
81050	URINALYSIS, VOLUME MEASURE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
81099	URINALYSIS TEST PROCEDURE	Yes	SNF 260.1 SNF 541	9	IC		Rendering provider may bill or SNF may bill under arrangements
82000	ASSAY OF BLOOD ACETALDEHYDE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82003	ASSAY OF ACETAMINOPHEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82009	TEST FOR ACETONE/KETONES	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82010	ACETONE ASSAY	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
82013	ACETYLCHOLINESTERASE ASSAY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82016	ACYLCARNITINES, QUAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82017	ACYLCARNITINES, QUANT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82024	ASSAY OF ACTH	Yes	CIM 50-34 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82030	ASSAY OF ADP & AMP	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82040	ASSAY OF SERUM ALBUMIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82042	ASSAY OF URINE ALBUMIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82043	MICROALBUMIN, QUANTITATIVE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82044	MICROALBUMIN, SEMIQUANT	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
82055	ASSAY OF ETHANOL	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
82075	ASSAY OF BREATH ETHANOL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82085	ASSAY OF ALDOLASE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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82088	ASSAY OF ALDOSTERONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82101	ASSAY OF URINE ALKALOIDS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82103	ALPHA-1-ANTITRYPSIN, TOTAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82104	ALPHA-1-ANTITRYPSIN, PHENO	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82105	ALPHA-FETOPROTEIN, SERUM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82106	ALPHA-FETOPROTEIN, AMNIOTIC	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82108	ASSAY OF ALUMINUM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82120	AMINES, VAGINAL FLUID QUAL	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
82127	AMINO ACID, SINGLE QUAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82128	AMINO ACIDS, MULT QUAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82131	AMINO ACIDS, SINGLE QUANT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82135	ASSAY, AMINOLEVULINIC ACID	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82136	AMINO ACIDS, QUANT, 2-5	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82139	AMINO ACIDS, QUAN, 6 OR MORE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82140	ASSAY OF AMMONIA	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82143	AMNIOTIC FLUID SCAN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82145	ASSAY OF AMPHETAMINES	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82150	ASSAY OF AMYLASE	Yes	CIM 50-34 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82154	ANDROSTANEDIOL GLUCURONIDE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82157	ASSAY OF ANDROSTENEDIONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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82160	ASSAY OF ANDROSTERONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82163	ASSAY OF ANGIOTENSIN II	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82164	ANGIOTENSIN I ENZYME TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82172	ASSAY OF APOLIPOPROTEIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82175	ASSAY OF ARSENIC	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82180	ASSAY OF ASCORBIC ACID	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82190	ATOMIC ABSORPTION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82205	ASSAY OF BARBITURATES	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82232	ASSAY OF BETA-2 PROTEIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82239	BILE ACIDS, TOTAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82240	BILE ACIDS, CHOLYLGLYCINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82247	BILIRUBIN, TOTAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82248	BILIRUBIN, DIRECT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82252	FECAL BILIRUBIN TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82261	ASSAY OF BIOTINIDASE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82270	TEST FOR BLOOD, FECES	Yes	MCM 2320 SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
82273	TEST FOR BLOOD, OTHER SOURCE	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
82274	Assay test for blood, fecal	Yes		9	Fee		Code Effective 1/1/2002 CLIA waived test. SNF or rendering provider may bill
82286	ASSAY OF BRADYKININ	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82300	ASSAY OF CADMIUM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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82306	ASSAY OF VITAMIN D	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82307	ASSAY OF VITAMIN D	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82308	ASSAY OF CALCITONIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82310	ASSAY OF CALCIUM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82330	ASSAY OF CALCIUM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82331	CALCIUM INFUSION TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82340	ASSAY OF CALCIUM IN URINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82355	Calculus analysis, qual	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82360	Calculus assay, quant	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82365	Calculus spectroscopy	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82370	X-RAY ASSAY, CALCULUS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82373	ASSAY, C-D TRANSFER MEASURE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82374	ASSAY, BLOOD CARBON DIOXIDE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82375	ASSAY, BLOOD CARBON MONOXIDE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82376	TEST FOR CARBON MONOXIDE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82378	CARCINOEMBRYONIC ANTIGEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82379	ASSAY OF CARNITINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82380	ASSAY OF CAROTENE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82382	ASSAY, URINE CATECHOLAMINES	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82383	ASSAY, BLOOD CATECHOLAMINES	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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82384	ASSAY, THREE CATECHOLAMINES	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82387	ASSAY OF CATHEPSIN-D	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82390	ASSAY OF CERULOPLASMIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82397	CHEMILUMINESCENT ASSAY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82415	ASSAY OF CHLORAMPHENICOL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82435	ASSAY OF BLOOD CHLORIDE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82436	ASSAY OF URINE CHLORIDE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82438	ASSAY, OTHER FLUID CHLORIDES	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82441	TEST FOR CHLOROHYDROCARBONS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82465	ASSAY, BLD/SERUM CHOLESTEROL	Yes	SNF 541, PM AB-01-95	9	Fee		CLIA waived test. SNF or rendering provider may bill. Program Memo AB-01-95 - Contact your Medicare Carrier for claims instructions
82480	ASSAY, SERUM CHOLINESTERASE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82482	ASSAY, RBC CHOLINESTERASE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82485	ASSAY, CHONDROITIN SULFATE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82486	GAS/LIQUID CHROMATOGRAPHY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82487	PAPER CHROMATOGRAPHY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82488	PAPER CHROMATOGRAPHY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82489	THIN LAYER CHROMATOGRAPHY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82491	CHROMOTOGRAPHY, QUANT, SING	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82492	CHROMOTOGRAPHY, QUANT, MULT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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82495	ASSAY OF CHROMIUM	Yes	CIM 50-34 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82507	ASSAY OF CITRATE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82520	ASSAY OF COCAINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82523	COLLAGEN CROSSLINKS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82525	ASSAY OF COPPER	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82528	ASSAY OF CORTICOSTERONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82530	CORTISOL, FREE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82533	TOTAL CORTISOL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82540	ASSAY OF CREATINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82541	COLUMN CHROMOTOGRAPHY, QUAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82542	COLUMN CHROMOTOGRAPHY, QUANT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82543	COLUMN CHROMOTOGRAPH/ISOTOPE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82544	COLUMN CHROMOTOGRAPH/ISOTOPE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82550	ASSAY OF CK (CPK)	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82552	ASSAY OF CPK IN BLOOD	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82553	CREATINE, MB FRACTION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82554	CREATINE, ISOFORMS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82565	ASSAY OF CREATININE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82570	ASSAY OF URINE CREATININE	Yes	SNF 260.1 SNF 541, PM AB-01-95	9	Fee		CLIA waived test. SNF or rendering provider may bill

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82575	CREATININE CLEARANCE TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82585	ASSAY OF CRYOFIBRINOGEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82595	ASSAY OF CRYOGLOBULIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82600	ASSAY OF CYANIDE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82607	VITAMIN B-12	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82608	B-12 BINDING CAPACITY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82615	TEST FOR URINE CYSTINES	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82626	DEHYDROEPIANDROSTERONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82627	DEHYDROEPIANDROSTERONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82633	DESOXYCORTICOSTERONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82634	DEOXYCORTISOL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82638	ASSAY OF DIBUCAINE NUMBER	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82646	ASSAY OF DIHYDROCODEINONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82649	ASSAY OF DIHYDROMORPHINONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82651	ASSAY OF DIHYDROTESTOSTERONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82652	ASSAY OF DIHYDROXYVITAMIN D	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82654	ASSAY OF DIMETHADIONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82657	ENZYME CELL ACTIVITY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82658	ENZYME CELL ACTIVITY, RA	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82664	ELECTROPHORETIC TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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82666	ASSAY OF EPIANDROSTERONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82668	ASSAY OF ERYTHROPOIETIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82670	ASSAY OF ESTRADIOL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82671	ASSAY OF ESTROGENS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82672	ASSAY OF ESTROGEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82677	ASSAY OF ESTRIOL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82679	ASSAY OF ESTRONE	Yes	SNF 260.1 SNF 54, PM AB-01-95	9	Fee		CLIA waived test. SNF or rendering provider may bill. Program Memo AB-01-95 - Contact your Medicare Carrier for claims instructions
82690	ASSAY OF ETHCHLORVYNOL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82693	ASSAY OF ETHYLENE GLYCOL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82696	ASSAY OF ETIOCHOLANOLONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82705	FATS/LIPIDS, FECES, QUAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82710	FATS/LIPIDS, FECES, QUANT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82715	ASSAY OF FECAL FAT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82725	ASSAY OF BLOOD FATTY ACIDS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82726	LONG CHAIN FATTY ACIDS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82728	ASSAY OF FERRITIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82731	ASSAY OF FETAL FIBRONECTIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82735	ASSAY OF FLUORIDE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82742	ASSAY OF FLURAZEPAM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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82746	BLOOD FOLIC ACID SERUM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82747	ASSAY OF FOLIC ACID, RBC	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82757	ASSAY OF SEMEN FRUCTOSE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82759	ASSAY OF RBC GALACTOKINASE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82760	ASSAY OF GALACTOSE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82775	ASSAY GALACTOSE TRANSFERASE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82776	GALACTOSE TRANSFERASE TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82784	ASSAY OF GAMMAGLOBULIN IGM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82785	ASSAY OF GAMMAGLOBULIN IGE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82787	IGG 1, 2, 3 OR 4, EACH	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82800	BLOOD PH	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82803	BLOOD GASES: PH, PO2 & PCO2	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82805	BLOOD GASES W/02 SATURATION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82810	BLOOD GASES, O2 SAT ONLY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82820	HEMOGLOBIN-OXYGEN AFFINITY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82926	ASSAY OF GASTRIC ACID	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82928	ASSAY OF GASTRIC ACID	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82938	GASTRIN TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82941	ASSAY OF GASTRIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82943	ASSAY OF GLUCAGON	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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82945	GLUCOSE OTHER FLUID	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82946	GLUCAGON TOLERANCE TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82947	ASSAY, GLUCOSE, BLOOD QUANT	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
82948	REAGENT STRIP/BLOOD GLUCOSE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82950	GLUCOSE TEST	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
82951	GLUCOSE TOLERANCE TEST (GTT)	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
82952	GTT-ADDED SAMPLES	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
82953	GLUCOSE-TOLBUTAMIDE TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82955	ASSAY OF G6PD ENZYME	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82960	TEST FOR G6PD ENZYME	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82962	GLUCOSE BLOOD TEST	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
82963	ASSAY OF GLUCOSIDASE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82965	ASSAY OF GDH ENZYME	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82975	ASSAY OF GLUTAMINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82977	ASSAY OF GGT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82978	ASSAY OF GLUTATHIONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82979	ASSAY, RBC GLUTATHIONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82980	ASSAY OF GLUTETHIMIDE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
82985	GLYCATED PROTEIN	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill

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83001	GONADOTROPIN (FSH)	Yes	SNF 260.1 SNF 541, PM AB-01-95	9	Fee		CLIA waived test. SNF or rendering provider may bill
83002	GONADOTROPIN (LH)	Yes	SNF 260.1 SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
83003	ASSAY, GROWTH HORMONE (HGH)	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83008	ASSAY OF GUANOSINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83010	ASSAY OF HAPTOGLOBIN, QUANT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83012	ASSAY OF HAPTOGLOBINS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83013	H PYLORI ANALYSIS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83014	H PYLORI DRUG ADMIN/COLLECT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83015	HEAVY METAL SCREEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83018	QUANTITATIVE SCREEN, METALS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83020	HEMOGLOBIN ELECTROPHORESIS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements. Physician bills professional component to Carrier.
83021	HEMOGLOBIN CHROMOTOGRAPHY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83026	HEMOGLOBIN, COPPER SULFATE	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
83030	FETAL HEMOGLOBIN, CHEMICAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83033	FETAL HEMOGLOBIN ASSAY, QUAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83036	GLYCATED HEMOGLOBIN TEST	Yes	SNF 541 PM-AB-02-091	9	Fee		CLIA waived test. SNF or rendering provider may bill
83045	BLOOD METHEMOGLOBIN TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83050	BLOOD METHEMOGLOBIN ASSAY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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83051	ASSAY OF PLASMA HEMOGLOBIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83055	BLOOD SULFHEMOGLOBIN TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83060	BLOOD SULFHEMOGLOBIN ASSAY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83065	ASSAY OF HEMOGLOBIN HEAT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83068	HEMOGLOBIN STABILITY SCREEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83069	ASSAY OF URINE HEMOGLOBIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83070	ASSAY OF HEMOSIDERIN, QUAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83071	ASSAY OF HEMOSIDERIN, QUANT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83080	ASSAY OF B HEXOSAMINIDASE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83088	ASSAY OF HISTAMINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83090	ASSAY OF HOMOCYSTINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83150	ASSAY OF FOR HVA	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83491	ASSAY OF CORTICOSTEROIDS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83497	ASSAY OF 5-HIAA	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83498	ASSAY OF PROGESTERONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83499	ASSAY OF PROGESTERONE	Yes	SNF 260.1 SNF 541	9	IC		Rendering provider may bill or SNF may bill under arrangements
83500	ASSAY, FREE HYDROXYPROLINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83505	ASSAY, TOTAL HYDROXYPROLINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83516	IMMUNOASSAY, NONANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83518	IMMUNOASSAY, DIPSTICK	Yes	SNF 541 PM-AB-02-091	9	Fee		CLIA waived test. SNF or rendering provider may bill

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83519	IMMUNOASSAY, NONANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83520	IMMUNOASSAY, RIA	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83525	ASSAY OF INSULIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83527	ASSAY OF INSULIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83528	ASSAY OF INTRINSIC FACTOR	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83540	ASSAY OF IRON	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83550	IRON BINDING TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83570	ASSAY OF IDH ENZYME	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83582	ASSAY OF KETOGENIC STEROIDS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83586	ASSAY 17- KETOSTEROIDS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83593	FRACTIONATION, KETOSTEROIDS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83605	ASSAY OF LACTIC ACID	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83615	LACTATE (LD) (LDH) ENZYME	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83625	ASSAY OF LDH ENZYMES	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83632	PLACENTAL LACTOGEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83633	TEST URINE FOR LACTOSE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83634	ASSAY OF URINE FOR LACTOSE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83655	ASSAY OF LEAD	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83661	L/S RATIO, FETAL LUNG	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83662	FOAM STABILITY, FETAL LUNG	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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83663	FLUORO POLARIZE, FETAL LUNG	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83664	LAMELLAR BDY, FETAL LUNG	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83670	ASSAY OF LAP ENZYME	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83690	ASSAY OF LIPASE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83715	ASSAY OF BLOOD LIPOPROTEINS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83716	ASSAY OF BLOOD LIPOPROTEINS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83718	ASSAY OF LIPOPROTEIN	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
83719	ASSAY OF BLOOD LIPOPROTEIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83721	ASSAY OF BLOOD LIPOPROTEIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83727	ASSAY OF LRH HORMONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83735	ASSAY OF MAGNESIUM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83775	ASSAY OF MD ENZYME	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83785	ASSAY OF MANGANESE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83788	MASS SPECTROMETRY QUAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83789	MASS SPECTROMETRY QUANT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83805	ASSAY OF MEPROBAMATE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83825	ASSAY OF MERCURY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83835	ASSAY OF METANEPHRINES	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83840	ASSAY OF METHADONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83857	ASSAY OF METHEMALBUMIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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83858	ASSAY OF METHSUXIMIDE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83864	MUCOPOLYSACCHARIDES	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83866	MUCOPOLYSACCHARIDES SCREEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83872	ASSAY SYNOVIAL FLUID MUCIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83873	ASSAY OF CSF PROTEIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83874	ASSAY OF MYOGLOBIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83883	ASSAY, NEPHELOMETRY NOT SPEC	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83885	ASSAY OF NICKEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83887	ASSAY OF NICOTINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83890	MOLECULE ISOLATE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83891	MOLECULE ISOLATE NUCLEIC	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83892	MOLECULAR DIAGNOSTICS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83893	MOLECULE DOT/SLOT/BLOT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83894	MOLECULE GEL ELECTROPHOR	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83896	MOLECULAR DIAGNOSTICS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83897	MOLECULE NUCLEIC TRANSFER	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83898	MOLECULE NUCLEIC AMPLI	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83901	MOLECULE NUCLEIC AMPLI	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83902	MOLECULAR DIAGNOSTICS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83903	MOLECULE MUTATION SCAN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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83904	MOLECULE MUTATION IDENTIFY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83905	MOLECULE MUTATION IDENTIFY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83906	MOLECULE MUTATION IDENTIFY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83912	GENETIC EXAMINATION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements. Physician bills professional component to Carrier.
83915	ASSAY OF NUCLEOTIDASE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83916	OLIGOCLONAL BANDS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83918	ORGANIC ACIDS, TOTAL, QUANT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83919	ORGANIC ACIDS, QUAL, EACH	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83921	ORGANIC ACID, SINGLE, QUANT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83925	ASSAY OF OPIATES	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83930	ASSAY OF BLOOD OSMOLALITY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83935	ASSAY OF URINE OSMOLALITY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83937	ASSAY OF OSTEOCALCIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83945	ASSAY OF OXALATE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83950	Oncorprotein, her-2/neu	Yes		9	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
83970	ASSAY OF PARATHORMONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
83986	ASSAY OF BODY FLUID ACIDITY	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
83992	ASSAY FOR PHENCYCLIDINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84022	ASSAY OF PHENOTHIAZINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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84030	ASSAY OF BLOOD PKU	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84035	ASSAY OF PHENYLKETONES	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84060	ASSAY ACID PHOSPHATASE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84061	PHOSPHATASE, FORENSIC EXAM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84066	ASSAY PROSTATE PHOSPHATASE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84075	ASSAY ALKALINE PHOSPHATASE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84078	ASSAY ALKALINE PHOSPHATASE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84080	ASSAY ALKALINE PHOSPHATASES	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84081	AMNIOTIC FLUID ENZYME TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84085	ASSAY OF RBC PG6D ENZYME	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84087	ASSAY PHOSPHOHEXOSE ENZYMES	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84100	ASSAY OF PHOSPHORUS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84105	ASSAY OF URINE PHOSPHORUS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84106	TEST FOR PORPHOBILINOGEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84110	ASSAY OF PORPHOBILINOGEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84119	TEST URINE FOR PORPHYRINS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84120	ASSAY OF URINE PORPHYRINS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84126	ASSAY OF FECES PORPHYRINS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84127	ASSAY OF FECES PORPHYRINS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84132	ASSAY OF SERUM POTASSIUM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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84133	ASSAY OF URINE POTASSIUM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84134	ASSAY OF PREALBUMIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84135	ASSAY OF PREGNANEDIOL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84138	ASSAY OF PREGNANETRIOL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84140	ASSAY OF PREGNENOLONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84143	ASSAY OF 17-HYDROXYPREGNENO	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84144	ASSAY OF PROGESTERONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84146	ASSAY OF PROLACTIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84150	ASSAY OF PROSTAGLANDIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84152	ASSAY OF PSA, COMPLEXED	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84153	ASSAY OF PSA, TOTAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84154	ASSAY OF PSA, FREE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84155	ASSAY OF PROTEIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84160	ASSAY OF SERUM PROTEIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84165	ASSAY OF SERUM PROTEINS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements. Physician bills professional component to Carrier.
84181	WESTERN BLOT TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements. Physician bills professional component to Carrier.
84182	PROTEIN, WESTERN BLOT TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements. Physician bills professional component to Carrier.

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84202	ASSAY RBC PROTOPORPHYRIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84203	TEST RBC PROTOPORPHYRIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84206	ASSAY OF PROINSULIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84207	ASSAY OF VITAMIN B-6	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84210	ASSAY OF PYRUVATE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84220	ASSAY OF PYRUVATE KINASE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84228	ASSAY OF QUININE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84233	ASSAY OF ESTROGEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84234	ASSAY OF PROGESTERONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84235	ASSAY OF ENDOCRINE HORMONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84238	ASSAY, NONENDOCRINE RECEPTOR	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84244	ASSAY OF RENIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84252	ASSAY OF VITAMIN B-2	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84255	ASSAY OF SELENIUM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84260	ASSAY OF SEROTONIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84270	ASSAY OF SEX HORMONE GLOBUL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84275	ASSAY OF SIALIC ACID	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84285	ASSAY OF SILICA	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84295	ASSAY OF SERUM SODIUM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84300	ASSAY OF URINE SODIUM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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84305	ASSAY OF SOMATOMEDIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84307	ASSAY OF SOMATOSTATIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84311	SPECTROPHOTOMETRY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84315	BODY FLUID SPECIFIC GRAVITY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84375	CHROMATOGRAM ASSAY, SUGARS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84376	SUGARS, SINGLE, QUAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84377	SUGARS, MULTIPLE, QUAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84378	SUGARS SINGLE QUANT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84379	SUGARS MULTIPLE QUANT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84392	ASSAY OF URINE SULFATE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84402	ASSAY OF TESTOSTERONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84403	ASSAY OF TOTAL TESTOSTERONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84425	ASSAY OF VITAMIN B-1	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84430	ASSAY OF THIOCYANATE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84432	ASSAY OF THYROGLOBULIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84436	ASSAY OF TOTAL THYROXINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84437	ASSAY OF NEONATAL THYROXINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84439	ASSAY OF FREE THYROXINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84442	ASSAY OF THYROID ACTIVITY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84443	ASSAY THYROID STIM HORMONE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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84445	ASSAY OF TSI	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84446	ASSAY OF VITAMIN E	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84449	ASSAY OF TRANSCORTIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84450	TRANSFERASE (AST) (SGOT)	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84460	ALANINE AMINO (ALT) (SGPT)	Yes	SNF 260.1 SNF 541, PM AB-01-95	9	Fee		CLIA waived test. SNF or rendering provider may bill
84466	ASSAY OF TRANSFERRIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84478	ASSAY OF TRIGLYCERIDES	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
84479	ASSAY OF THYROID (T3 OR T4)	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84480	ASSAY, TRIIODOTHYRONINE (T3)	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84481	FREE ASSAY (FT-3)	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84482	Reverse assay (t3)	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84484	ASSAY OF TROPONIN, QUANT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84485	ASSAY DUODENAL FLUID TRYPSIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84488	TEST FECES FOR TRYPSIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84490	ASSAY OF FECES FOR TRYPSIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84510	ASSAY OF TYROSINE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84512	ASSAY OF TROPONIN, QUAL	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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84520	ASSAY OF UREA NITROGEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84525	UREA NITROGEN SEMI-QUANT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84540	ASSAY OF URINE/UREA-N	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84545	UREA-N CLEARANCE TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84550	ASSAY OF BLOOD/URIC ACID	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84560	ASSAY OF URINE/URIC ACID	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84577	ASSAY OF FECES/UROBILINOGEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84578	TEST URINE UROBILINOGEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84580	ASSAY OF URINE UROBILINOGEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84583	ASSAY OF URINE UROBILINOGEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84585	ASSAY OF URINE VMA	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84586	ASSAY OF VIP	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84588	ASSAY OF VASOPRESSIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84590	ASSAY OF VITAMIN A	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84591	ASSAY OF NOS VITAMIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84597	ASSAY OF VITAMIN K	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84600	ASSAY OF VOLATILES	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84620	XYLOSE TOLERANCE TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84630	ASSAY OF ZINC	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
84681	ASSAY OF C-PEPTIDE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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84702	CHORIONIC GONADOTROPIN TEST	Yes	SNF 260.1 SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
84703	CHORIONIC GONADOTROPIN ASSAY	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
84830	OVULATION TESTS	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
84999	CLINICAL CHEMISTRY TEST	Yes	SNF 260.1 SNF 541	9	IC		Rendering provider may bill or SNF may bill under arrangements
85002	BLEEDING TIME TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85007	DIFFERENTIAL WBC COUNT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85008	NONDIFFERENTIAL WBC COUNT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85009	DIFFERENTIAL WBC COUNT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85013	HEMATOCRIT	Yes	SNF 547	9	Fee		CLIA waived test. SNF or rendering provider may bill
85014	HEMATOCRIT	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
85018	HEMOGLOBIN	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
85021	AUTOMATED HEMOGRAM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85022	AUTOMATED HEMOGRAM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85023	AUTOMATED HEMOGRAM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85024	AUTOMATED HEMOGRAM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85025	AUTOMATED HEMOGRAM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85027	AUTOMATED HEMOGRAM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85031	MANUAL HEMOGRAM, CBC	Yes	SNF 260.1 SNF 541, PM AB-01-95	9	Fee		CLIA waived test. SNF or rendering provider may bill
85041	RED BLOOD CELL (RBC) COUNT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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85044	RETICULOCYTE COUNT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85045	RETICULOCYTE COUNT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85046	RETICYTE/HGB CONCENTRATE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85048	WHITE BLOOD CELL (WBC) COUNT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85060	BLOOD SMEAR INTERPRETATION	No		8	NA		Part B - Non covered for SNF. Physician may bil
85095	BONE MARROW ASPIRATION	No		0	NA		Discontinue after 12/31/2001 Part B - Non covered for SNF. Physician may bil
85097	BONE MARROW INTERPRETATION	No		0	NA		Part B - Non covered for SNF. Physician may bil
85102	BONE MARROW BIOPSY	No		0	NA		Discontinue after 12/31/2001 Part B - Non covered for SNF. Physician may bil
85130	CHROMOGENIC SUBSTRATE ASSAY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85170	BLOOD CLOT RETRACTION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85175	BLOOD CLOT LYSIS TIME	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85210	BLOOD CLOT FACTOR II TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85220	BLOOD CLOT FACTOR V TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85230	BLOOD CLOT FACTOR VII TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85240	BLOOD CLOT FACTOR VIII TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85244	BLOOD CLOT FACTOR VIII TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85245	BLOOD CLOT FACTOR VIII TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85246	BLOOD CLOT FACTOR VIII TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85247	BLOOD CLOT FACTOR VIII TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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85250	BLOOD CLOT FACTOR IX TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85260	BLOOD CLOT FACTOR X TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85270	BLOOD CLOT FACTOR XI TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85280	BLOOD CLOT FACTOR XII TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85290	BLOOD CLOT FACTOR XIII TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85291	BLOOD CLOT FACTOR XIII TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85292	BLOOD CLOT FACTOR ASSAY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85293	BLOOD CLOT FACTOR ASSAY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85300	ANTITHROMBIN III TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85301	ANTITHROMBIN III TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85302	BLOOD CLOT INHIBITOR ANTIGEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85303	BLOOD CLOT INHIBITOR TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85305	BLOOD CLOT INHIBITOR ASSAY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85306	BLOOD CLOT INHIBITOR TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85307	ASSAY ACTIVATED PROTEIN C	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85335	FACTOR INHIBITOR TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85337	THROMBOMODULIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85345	COAGULATION TIME	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85347	COAGULATION TIME	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85348	COAGULATION TIME	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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85360	EUGLOBULIN LYSIS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85362	FIBRIN DEGRADATION PRODUCTS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85366	FIBRINOGEN TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85370	FIBRINOGEN TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85378	FIBRIN DEGRADATION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85379	FIBRIN DEGRADATION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85384	FIBRINOGEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85385	FIBRINOGEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85390	FIBRINOLYSINS SCREEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements. Physician bills professional component to Carrier.
85400	FIBRINOLYTIC PLASMIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85410	FIBRINOLYTIC ANTIPLASMIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85415	FIBRINOLYTIC PLASMINOGEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85420	FIBRINOLYTIC PLASMINOGEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85421	FIBRINOLYTIC PLASMINOGEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85441	HEINZ BODIES, DIRECT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85445	HEINZ BODIES, INDUCED	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85460	HEMOGLOBIN, FETAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85461	HEMOGLOBIN, FETAL	Yes	MCM 2005.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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85475	HEMOLYSIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85520	HEPARIN ASSAY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85525	HEPARIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85530	HEPARIN-PROTAMINE TOLERANCE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85535	IRON STAIN, BLOOD CELLS	Yes	SNF 260.1 SNF 541	9	Fee		Discontinue after 12/31/2001 Rendering provider may bill or SNF may bill under arrangements
85536	IRON STAIN PERIPHERAL BLOOD	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85540	WBC ALKALINE PHOSPHATASE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85547	RBC MECHANICAL FRAGILITY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85549	MURAMIDASE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85555	RBC OSMOTIC FRAGILITY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85557	RBC OSMOTIC FRAGILITY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85576	BLOOD PLATELET AGGREGATION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements. Physician bills professional component to Carrier.
85585	BLOOD PLATELET ESTIMATION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85590	PLATELET COUNT, MANUAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85595	PLATELET COUNT, AUTOMATED	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85597	PLATELET NEUTRALIZATION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85610	PROTHROMBIN TIME	Yes	SNF 541, PM AB-01-95	9	Fee		CLIA waived test. SNF or rendering provider may bill. Program Memo AB-01-95 - Contact your Medicare Carrier for claims instructions
85611	PROTHROMBIN TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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85612	VIPER VENOM PROTHROMBIN TIME	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85613	RUSSELL VIPER VENOM, DILUTED	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85635	REPTILASE TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85651	RBC SED RATE, NONAUTOMATED	Yes	SNF 542	9	Fee		CLIA waived test. SNF or rendering provider may bill
85652	RBC SED RATE, AUTOMATED	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85660	RBC SICKLE CELL TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85670	THROMBIN TIME, PLASMA	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85675	THROMBIN TIME, TITER	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85705	THROMBOPLASTIN INHIBITION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85730	THROMBOPLASTIN TIME, PARTIAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85732	THROMBOPLASTIN TIME, PARTIAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85810	BLOOD VISCOSITY EXAMINATION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
85999	HEMATOLOGY PROCEDURE	Yes	SNF 260.1 SNF 541	9	IC		Rendering provider may bill or SNF may bill under arrangements
86000	AGGLUTININS, FEBRILE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86001	ALLERGEN SPECIFIC IGG	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86003	ALLERGEN SPECIFIC IGE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86005	ALLERGEN SPECIFIC IGE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86021	WBC ANTIBODY IDENTIFICATION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86022	PLATELET ANTIBODIES	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86023	IMMUNOGLOBULIN ASSAY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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86038	ANTINUCLEAR ANTIBODIES	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86039	ANTINUCLEAR ANTIBODIES (ANA)	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86060	ANTISTREPTOLYSIN O, TITER	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86063	ANTISTREPTOLYSIN O, SCREEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86077	PHYSICIAN BLOOD BANK SERVICE	No		0	NA		Part B - Non covered for SNF. Physician may bil
86078	PHYSICIAN BLOOD BANK SERVICE	No		0	NA		Part B - Non covered for SNF. Physician may bil
86079	PHYSICIAN BLOOD BANK SERVICE	No		0	NA		Part B - Non covered for SNF. Physician may bil
86140	C-REACTIVE PROTEIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86141	C-reactive protein, hs	Yes		9	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
86146	GLYCOPROTEIN ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86147	CARDIOLIPIN ANTIBODY	Yes	MCM 2070.1, MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86148	PHOSPHOLIPID ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86155	CHEMOTAXIS ASSAY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86156	COLD AGGLUTININ, SCREEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86157	COLD AGGLUTININ, TITER	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86160	COMPLEMENT, ANTIGEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86161	COMPLEMENT/FUNCTION ACTIVITY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86162	COMPLEMENT, TOTAL (CH50)	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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86171	COMPLEMENT FIXATION, EACH	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86185	COUNTERIMMUNOELECTROPHORESIS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86215	DEOXYRIBONUCLEASE, ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86225	DNA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86226	DNA ANTIBODY, SINGLE STRAND	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86235	NUCLEAR ANTIGEN ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86243	FC RECEPTOR	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86255	FLUORESCENT ANTIBODY, SCREEN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements. Physician bills professional component to Carrier.
86256	FLUORESCENT ANTIBODY, TITER	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements. Physician bills professional component to Carrier.
86277	GROWTH HORMONE ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86280	HEMAGGLUTINATION INHIBITION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86294	IMMUNOASSAY, TUMOR QUAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86300	IMMUNOASSAY, TUMOR CA 15-3	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86301	IMMUNOASSAY, TUMOR, CA 19-9	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86304	IMMUNOASSAY, TUMOR CA 125	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86308	HETEROPHILE ANTIBODIES	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
86309	HETEROPHILE ANTIBODIES	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86310	HETEROPHILE ANTIBODIES	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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86316	IMMUNOASSAY, TUMOR OTHER	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86317	IMMUNOASSAY,INFECTIOUS AGENT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86318	IMMUNOASSAY,INFECTIOUS AGENT	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
86320	SERUM IMMUNOELECTROPHORESIS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements. Physician bills professional component to Carrier.
86325	OTHER IMMUNOELECTROPHORESIS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements. Physician bills professional component to Carrier.
86327	IMMUNOELECTROPHORESIS ASSAY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements. Physician bills professional component to Carrier.
86329	IMMUNODIFFUSION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86331	IMMUNODIFFUSION OUCHTERLONY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86332	IMMUNE COMPLEX ASSAY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86334	IMMUNOFIXATION PROCEDURE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements. Physician bills professional component to Carrier.
86336	Inhibin A	Yes		9	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
86337	INSULIN ANTIBODIES	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86340	INTRINSIC FACTOR ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86341	ISLET CELL ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86343	LEUKOCYTE HISTAMINE RELEASE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86344	LEUKOCYTE PHAGOCYTOSIS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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86353	LYMPHOCYTE TRANSFORMATION	Yes	CIM 50-45 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86359	T CELLS, TOTAL COUNT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86360	T CELL, ABSOLUTE COUNT/RATIO	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86361	T CELL, ABSOLUTE COUNT	Yes	MCM 2070.1, MCM 5114.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86376	MICROSOMAL ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86378	MIGRATION INHIBITORY FACTOR	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86382	NEUTRALIZATION TEST, VIRAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86384	NITROBLUE TETRAZOLIUM DYE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86403	PARTICLE AGGLUTINATION TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86406	PARTICLE AGGLUTINATION TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86430	RHEUMATOID FACTOR TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86431	RHEUMATOID FACTOR, QUANT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86485	SKIN TEST, CANDIDA	No	SNF 260.1 SNF 541	3	IC		Part B - Non covered for SNF. Physician may bil
86490	COCCIDIOIDOMYCOSIS SKIN TEST	Yes	SNF 260.1 SNF 541	3	Fee		Rendering provider may bill or SNF may bill under arrangements
86510	HISTOPLASMOSIS SKIN TEST	Yes	SNF 260.1 SNF 541	3	Fee		Rendering provider may bill or SNF may bill under arrangements
86580	TB INTRADERMAL TEST	Yes	SNF 260.1 SNF 541	3	Fee		Rendering provider may bill or SNF may bill under arrangements
86585	TB TINE TEST	Yes	SNF 260.1 SNF 541	3	Fee		Rendering provider may bill or SNF may bill under arrangements
86586	SKIN TEST, UNLISTED	No	SNF 260.1 SNF 541	3	IC		Part B - Non covered for SNF. Physician may bil
86590	STREPTOKINASE, ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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86592	BLOOD SEROLOGY, QUALITATIVE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86593	BLOOD SEROLOGY, QUANTITATIVE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86602	ANTINOMYCES ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86603	ADENOVIRUS ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86606	ASPERGILLUS ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86609	BACTERIUM ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86611	BARTONELLA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86612	BLASTOMYCES ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86615	BORDETELLA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86617	LYME DISEASE ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86618	LYME DISEASE ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86619	BORRELIA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86622	BRUCELLA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86625	CAMPYLOBACTER ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86628	CANDIDA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86631	CHLAMYDIA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86632	CHLAMYDIA IGM ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86635	COCCIDIOIDES ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86638	Q FEVER ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86641	CRYPTOCOCCUS ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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86644	CMV ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86645	CMV ANTIBODY, IGM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86648	DIPHTHERIA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86651	ENCEPHALITIS ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86652	ENCEPHALITIS ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86653	ENCEPHALITIS ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86654	ENCEPHALITIS ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86658	ENTEROVIRUS ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86663	EPSTEIN-BARR ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86664	EPSTEIN-BARR ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86665	EPSTEIN-BARR ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86666	EHRLICHIA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86668	FRANCISELLA TULARENSIS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86671	FUNGUS ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86674	GIARDIA LAMBLIA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86677	HELICOBACTER PYLORI	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86682	HELMINTH ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86683	HEMOGLOBIN, FECAL ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Discontinue after 12/31/2001 Rendering provider may bill or SNF may bill under arrangements
86684	HEMOPHILUS INFLUENZA	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86687	HTLV-I ANTIBODY	Yes	CIM 50-52 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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86688	HTLV-II ANTIBODY	Yes	CIM 50-52 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86689	HTLV/HIV CONFIRMATORY TEST	Yes	CIM 50-52 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86692	HEPATITIS, DELTA AGENT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86694	HERPES SIMPLEX TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86695	HERPES SIMPLEX TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86696	HERPES SIMPLEX TYPE 2	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86698	HISTOPLASMA	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86701	HIV-1	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86702	HIV-2	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86703	HIV-1/HIV-2, SINGLE ASSAY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86704	HEP B CORE ANTIBODY, TOTAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86705	HEP B CORE ANTIBODY, IGM	Yes	MCM 2070.1, MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86706	HEP B SURFACE ANTIBODY	Yes	MCM 2070.1, MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86707	HEP BE ANTIBODY	Yes	MCM 2070.1, MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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86708	HEP A ANTIBODY, TOTAL	Yes	MCM 2070.1, MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86709	HEP A ANTIBODY, IGM	Yes	MCM 2070.1, MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86710	INFLUENZA VIRUS ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86713	LEGIONELLA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86717	LEISHMANIA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86720	LEPTOSPIRA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86723	LISTERIA MONOCYTOGENES AB	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86727	LYMPH CHORIOMENINGITIS AB	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86729	LYMPHO VENEREUM ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86732	MUCORMYCOSIS ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86735	MUMPS ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86738	MYCOPLASMA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86741	NEISSERIA MENINGITIDIS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86744	NOCARDIA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86747	PARVOVIRUS ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86750	MALARIA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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86753	PROTOZOA ANTIBODY NOS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86756	RESPIRATORY VIRUS ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86757	RICKETTSIA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86759	ROTAVIRUS ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86762	RUBELLA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86765	RUBEOLA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86768	SALMONELLA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86771	SHIGELLA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86774	TETANUS ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86777	TOXOPLASMA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86778	TOXOPLASMA ANTIBODY, IGM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86781	TREPONEMA PALLIDUM, CONFIRM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86784	TRICHINELLA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86787	VARICELLA-ZOSTER ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86790	VIRUS ANTIBODY NOS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86793	YERSINIA ANTIBODY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86800	THYROGLOBULIN ANTIBODY	Yes	MCM 2070.1, MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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86803	HEPATITIS C AB TEST	Yes	MCM 2070.1, MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86804	HEP C AB TEST, CONFIRM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86805	LYMPHOCYTOTOXICITY ASSAY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86806	LYMPHOCYTOTOXICITY ASSAY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86807	CYTOTOXIC ANTIBODY SCREENING	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86808	CYTOTOXIC ANTIBODY SCREENING	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86812	HLA TYPING, A, B, OR C	Yes	CIM 50-213 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86813	HLA TYPING, A, B, OR C	Yes	CIM 50-213 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86816	HLA TYPING, DR/DQ	Yes	CIM 50-213 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86817	HLA TYPING, DR/DQ	Yes	CIM 50-213 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86821	LYMPHOCYTE CULTURE, MIXED	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86822	LYMPHOCYTE CULTURE, PRIMED	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86849	IMMUNOLOGY PROCEDURE	Yes	SNF 260.1 SNF 541	9	Fee		Price established by Carrier Rendering provider may bill or SNF may bill under arrangements
86850	RBC ANTIBODY SCREEN	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86860	RBC ANTIBODY ELUTION	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86870	RBC ANTIBODY IDENTIFICATION	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86880	COOMBS TEST	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86885	COOMBS TEST	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements

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86886	COOMBS TEST	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86890	AUTOLOGOUS BLOOD PROCESS	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86891	AUTOLOGOUS BLOOD, OP SALVAGE	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86900	BLOOD TYPING, ABO	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86901	BLOOD TYPING, RH (D)	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86903	BLOOD TYPING, ANTIGEN SCREEN	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86904	BLOOD TYPING, PATIENT SERUM	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86905	BLOOD TYPING, RBC ANTIGENS	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86906	BLOOD TYPING, RH PHENOTYPE	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86910	BLOOD TYPING, FOR PATERNITY TESTING, PER INDIVIDUAL; ABO, RH AND MN		Non-coverd by Medicare Statute 1862a1a	9	NA		SNFs cannot be paid for this service.
86911	BLOOD TYPING, FOR PATERNITY TESTING, PER INDIVIDUAL; EACH ADDITIONAL ANTIGEN SYSTEM		Non-coverd by Medicare Statute 1862a1a	9	NA		SNFs cannot be paid for this service.
86915	BONE MARROW/STEM CELL PREP	Yes	CIM 35-30 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86920	COMPATIBILITY TEST	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86921	COMPATIBILITY TEST	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86922	COMPATIBILITY TEST	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86927	PLASMA, FRESH FROZEN	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86930	FROZEN BLOOD PREP	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements

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86931	FROZEN BLOOD THAW	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86932	FROZEN BLOOD FREEZE/THAW	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86940	HEMOLYSINS/AGGLUTININS, AUTO	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86941	HEMOLYSINS/AGGLUTININS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
86945	BLOOD PRODUCT/IRRADIATION	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86950	LEUKACYTE TRANSFUSION	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86965	POOLING BLOOD PLATELETS	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86970	RBC PRETREATMENT	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86971	RBC PRETREATMENT	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86972	RBC PRETREATMENT	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86975	RBC PRETREATMENT, SERUM	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86976	RBC PRETREATMENT, SERUM	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86977	RBC PRETREATMENT, SERUM	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86978	RBC PRETREATMENT, SERUM	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86985	SPLIT BLOOD OR PRODUCTS	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
86999	TRANSFUSION PROCEDURE	Yes	SNF 260.1 SNF 541	9	IC		Rendering provider may bill or SNF may bill under arrangements
87001	SMALL ANIMAL INOCULATION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87003	SMALL ANIMAL INOCULATION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87015	SPECIMEN CONCENTRATION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87040	BLOOD CULTURE FOR BACTERIA	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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87045	Feces culture, bacteria	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87046	STOOL CULTR, BACTERIA, EACH	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87070	CULTURE, BACTERIA, OTHER	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87071	CULTURE BACTERI AEROBIC OTHR	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87073	CULTURE BACTERIA ANAEROBIC	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87075	CULTURE BACTERIA ANAEROBIC	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87076	CULTURE ANAEROBE IDENT, EACH	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87077	CULTURE AEROBIC IDENTIFY	Yes	SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
87081	CULTURE SCREEN ONLY	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87084	CULTURE OF SPECIMEN BY KIT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87086	URINE CULTURE/COLONY COUNT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87088	URINE BACTERIA CULTURE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87101	SKIN FUNGI CULTURE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87102	FUNGUS ISOLATION CULTURE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87103	BLOOD FUNGUS CULTURE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87106	FUNGI IDENTIFICATION, YEAST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87107	FUNGI IDENTIFICATION, MOLD	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87109	MYCOPLASMA	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87110	CHLAMYDIA CULTURE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87116	MYCOBACTERIA CULTURE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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87118	MYCOBACTERIC IDENTIFICATION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87140	CULTUR TYPE IMMUNOFLUORESC	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87143	CULTURE TYPING, GLC/HPLC	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87147	CULTURE TYPE, IMMUNOLOGIC	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87149	CULTURE TYPE, NUCLEIC ACID	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87152	CULTURE TYPE PULSE FIELD GEL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87158	CULTURE TYPING, ADDED METHOD	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87164	DARK FIELD EXAMINATION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements. Physician bills professional component to Carrier.
87166	DARK FIELD EXAMINATION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87168	MACROSCOPIC EXAM ARTHROPOD	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87169	MACACROSCOPIC EXAM PARASITE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87172	PINWORM EXAM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87176	TISSUE HOMOGENIZATION, CULTR	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87177	OVA AND PARASITES SMEARS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87181	MICROBE SUSCEPTIBLE, DIFFUSE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87184	MICROBE SUSCEPTIBLE, DISK	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87185	MICROBE SUSCEPTIBLE, ENZYME	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87186	MICROBE SUSCEPTIBLE, MIC	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87187	MICROBE SUSCEPTIBLE, MLC	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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87188	MICROBE SUSCEPT, MACROBROTH	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87190	MICROBE SUSCEPT, MYCOBACTERI	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87197	BACTERICIDAL LEVEL, SERUM	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87198	Cytomegalovirus antibody dfa	Yes		9	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
87199	Enterovirus antibody, dfa	Yes		9	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
87205	SMEAR, GRAM STAIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87206	SMEAR, FLUORESCENT/ACID STAI	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87207	SMEAR, SPECIAL STAIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements. Physician bills professional component to Carrier.
87210	SMEAR, WET MOUNT, SALINE/INK	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87220	TISSUE EXAM FOR FUNGI	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87230	ASSAY, TOXIN OR ANTITOXIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87250	VIRUS INOCULATE, EGGS/ANIMAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87252	VIRUS INOCULATION, TISSUE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87253	VIRUS INOCULATE TISSUE, ADDL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87254	VIRUS INOCULATION, SHELL VIA	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87260	ADENOVIRUS AG, IF	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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87265	PERTUSSIS AG, IF	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87270	CHLAMYDIA TRACHOMATIS AG, IF	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87272	CRYPTOSPORIDUM/GARDIA AG, IF	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87273	HERPES SIMPLEX 2, AG, IF	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87274	HERPES SIMPLEX 1, AG, IF	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87275	INFLUENZA B, AG, IF	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87276	INFLUENZA A, AG, IF	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87277	LEGIONELLA MICDADEI, AG, IF	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87278	LEGION PNEUMOPHILIA AG, IF	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87279	PARAINFLUENZA, AG, IF	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

SNF HCPCS HELP FILE

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87280	RESPIRATORY SYNCYTIAL AG, IF	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87281	PNEUMOCYSTIS CARINII, AG, IF	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87283	RUBEOLA, AG, IF	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87285	TREPONEMA PALLIDUM, AG, IF	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87290	VARICELLA ZOSTER, AG, IF	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87299	ANTIBODY DETECTION, NOS, IF	Yes	SNF 260.1 SNF 541	9	IC		Rendering provider may bill or SNF may bill under arrangements
87300	AG DETECTION, POLYVAL, IF	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87301	ADENOVIRUS AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87320	CHYLMD TRACH AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87324	CLOSTRIDIUM AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87327	CRYPTOCOCCUS NEOFORM AG, EIA	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87328	CRYPTOSPOR AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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87332	CYTOMEGALOVIRUS AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87335	E COLI 0157 AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87336	ENTAMOEB HIST DISPR, AG, EIA	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87337	ENTAMOEB HIST GROUP, AG, EIA	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87338	HPYLORI, STOOL, EIA	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87339	HPYLORI AG, EIA	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87340	HEPATITIS B SURFACE AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87341	HEPATITIS B SURFACE, AG, EIA	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87350	HEPATITIS BE AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87380	HEPATITIS DELTA AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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87385	HISTOPLASMA CAPSUL AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87390	HIV-1 AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87391	HIV-2 AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87400	INFLUENZA A/B, AG, EIA	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87420	RESP SYNCYTIAL AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87425	ROTAVIRUS AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87427	SHIGA-LIKE TOXIN AG, EIA	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87430	STREP A AG, EIA	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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87449	AG DETECT NOS, EIA, MULT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87450	AG DETECT NOS, EIA, SINGLE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87451	AG DETECT POLYVAL, EIA, MULT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87470	BARTONELLA, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87471	BARTONELLA, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87472	BARTONELLA, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87475	LYME DIS, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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87476	LYME DIS, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87477	LYME DIS, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87480	CANDIDA, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87481	CANDIDA, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87482	CANDIDA, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87485	CHYLMD PNEUM, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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87486	CHYLMD PNEUM, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87487	CHYLMD PNEUM, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87490	CHYLMD TRACH, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87491	CHYLMD TRACH, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87492	CHYLMD TRACH, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87495	CYTOMEG, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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87496	CYTOMEG, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87497	CYTOMEG, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87510	GARDNER VAG, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87511	GARDNER VAG, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87512	GARDNER VAG, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87515	HEPATITIS B, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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87516	HEPATITIS B , DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87517	HEPATITIS B , DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87520	HEPATITIS C , RNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87521	HEPATITIS C , RNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87522	HEPATITIS C, RNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87525	HEPATITIS G , DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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87526	HEPATITIS G, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87527	HEPATITIS G, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87528	HSV, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87529	HSV, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87530	HSV, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87531	HHV-6, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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87532	HHV-6, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87533	HHV-6, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87534	HIV-1, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87535	HIV-1, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87536	HIV-1, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87537	HIV-2, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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87538	HIV-2, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87539	HIV-2, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87540	LEGION PNEUMO, DNA, DIR PROB	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87541	LEGION PNEUMO, DNA, AMP PROB	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87542	LEGION PNEUMO, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87550	MYCOBACTERIA, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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87551	MYCOBACTERIA, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87552	MYCOBACTERIA, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87555	M.TUBERCULO, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87556	M.TUBERCULO, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87557	M.TUBERCULO, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87560	M.AVIUM-INTRA, DNA, DIR PROB	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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87561	M.AVIUM-INTRA, DNA, AMP PROB	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87562	M.AVIUM-INTRA, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87580	M.PNEUMON, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87581	M.PNEUMON, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87582	M.PNEUMON, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87590	N.GONORRHOEAE, DNA, DIR PROB	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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87591	N.GONORRHOEAE, DNA, AMP PROB	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87592	N.GONORRHOEAE, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87620	HPV, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87621	HPV, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87622	HPV, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87650	STREP A, DNA, DIR PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

SNF HCPCS HELP FILE

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87651	STREP A, DNA, AMP PROBE	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87652	STREP A, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87797	DETECT AGENT NOS, DNA, DIR	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87798	DETECT AGENT NOS, DNA, AMP	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87799	DETECT AGENT NOS, DNA, QUANT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	IC		Rendering provider may bill or SNF may bill under arrangements
87800	DETECT AGNT MULT, DNA, DIREC	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87801	DETECT AGNT MULT, DNA, AMPLI	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87802	Strep b assay w/optic	Yes		9	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
87803	Clostridium toxin a w/optic	Yes		9	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements

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87804	Influenza assay w/optic	Yes		9	Fee		Code Effective 1/1/2002 Rendering provider bills
87810	CHYLMD TRACH ASSAY W/OPTIC	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87850	N. GONORRHOEAE ASSAY W/OPTIC	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87880	STREP A ASSAY W/OPTIC	Yes	MCM 2070.1 MCM 5114.1 SNF 541	9	Fee		CLIA waived test. SNF or rendering provider may bill
87899	AGENT NOS ASSAY W/OPTIC	Yes	MCM 2070.1 MCM 5114.1 SNF 541	9	IC		CLIA waived test. SNF or rendering provider may bill
87901	GENOTYPE, DNA, HIV REVERSE T	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87902	Genotype, dna, hepatitis C	Yes		9	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
87903	PHENOTYPE, DNA HIV W/CULTURE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87904	PHENOTYPE, DNA HIV W/CLT ADD	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
87999	MICROBIOLOGY PROCEDURE	Yes	SNF 260.1 SNF 541	9	IC		Rendering provider may bill or SNF may bill under arrangements
88000	NECROPSY (AUTOPSY), GROSS EXAM	No	Non-covered by Medicare Statute 1862(a)1A	9	NA		SNFs cannot be paid for this service.

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88005	NECROPSY (AUTOPSY), GROSS EXAM	No	Non-covered by Medicare Statute 1862(a)1A	9	NA		SNFs cannot be paid for this service.
88007	NECROPSY (AUTOPSY), GROSS EXAM	No	Non-covered by Medicare Statute 1862(a)1A	9	NA		SNFs cannot be paid for this service.
88012	NECROPSY (AUTOPSY), GROSS EXAM	No	Non-covered by Medicare Statute 1862(a)1A	9	NA		SNFs cannot be paid for this service.
88014	NECROPSY (AUTOPSY), GROSS EXAM	No	Non-covered by Medicare Statute 1862(a)1A	9	NA		SNFs cannot be paid for this service.
88016	NECROPSY (AUTOPSY), GROSS EXAM	No	Non-covered by Medicare Statute 1862(a)1A	9	NA		SNFs cannot be paid for this service.
88020	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC EXAM	No	Non-covered by Medicare Statute 1862(a)1A	9	NA		SNFs cannot be paid for this service.
88025	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC EXAM	No	Non-covered by Medicare Statute 1862(a)1A	9	NA		SNFs cannot be paid for this service.
88027	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC EXAM	No	Non-covered by Medicare Statute 1862(a)1A	9	NA		SNFs cannot be paid for this service.

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88028	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC EXAM	No	Non-covered by Medicare Statute 1862(a)1A	9	NA		SNFs cannot be paid for this service.
88029	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC EXAM	No	Non-covered by Medicare Statute 1862(a)1A	9	NA		SNFs cannot be paid for this service.
88036	NECROPSY (AUTOPSY), LIMITED GROSS AND/OR MICROSCOPIC	No	Non-covered by Medicare Statute 1862(a)1A	9	NA		SNFs cannot be paid for this service.
88037	NECROPSY (AUTOPSY), LIMITED GROSS AND/OR MICROSCOPIC	No	Non-covered by Medicare Statute 1862(a)1A	9	NA		SNFs cannot be paid for this service.
88040	NECROPSY (AUTOPSY), FORENSIC	No	Non-covered by Medicare Statute 1862(a)1A	9	NA		SNFs cannot be paid for this service.
88045	NECROPSY (AUTOPSY), CORONER	No	Non-covered by Medicare Statute 1862(a)1A	9	NA		SNFs cannot be paid for this service.
88099	UNLISTED NECROPSY (AUTOPSY)	No	Non-covered by Medicare Statute 1862(a)1A	9	NA		SNFs cannot be paid for this service.
88104	CYTOPATHOLOGY, FLUIDS	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88106	CYTOPATHOLOGY, FLUIDS	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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88107	CYTOPATHOLOGY, FLUIDS	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88108	CYTOPATH, CONCENTRATE TECH	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88125	FORENSIC CYTOPATHOLOGY	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88130	SEX CHROMATIN IDENTIFICATION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88140	SEX CHROMATIN IDENTIFICATION	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88141	CYTOPATH, C/V, INTERPRET	No	CIM 50-20 SNF 541	2	NA		Part B - Non covered for SNF. Physician may bil
88142	CYTOPATH, C/V, THIN LAYER	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88143	CYTOPATH C/V THIN LAYER REDO	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88144	CYTOPATH, C/V THIN LYR REDO	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88145	CYTOPATH, C/V THIN LYR SEL	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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88147	CYTOPATH, C/V, AUTOMATED	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88148	CYTOPATH, C/V, AUTO RESCREEN	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88150	CYTOPATH, C/V, MANUAL	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88152	CYTOPATH, C/V, AUTO REDO	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88153	CYTOPATH, C/V, REDO	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88154	CYTOPATH, C/V, SELECT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88155	CYTOPATH, C/V, INDEX ADD-ON	Yes	CIM 50-20 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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88160	CYTOPATH SMEAR, OTHER SOURCE	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88161	CYTOPATH SMEAR, OTHER SOURCE	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88162	CYTOPATH SMEAR, OTHER SOURCE	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88164	CYTOPATH TBS, C/V, MANUAL	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88165	CYTOPATH TBS, C/V, REDO	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88166	CYTOPATH TBS, C/V, AUTO REDO	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88167	CYTOPATH TBS, C/V, SELECT	Yes	MCM 2070.1 MCM 5114.1 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88170	FINE NEEDLE ASPIRATION	Yes	SNF 260.1 SNF 541	1	Fee		Discontinue after 12/31/2001 Rendering provider may bill or SNF may bill under arrangements
88171	FINE NEEDLE ASPIRATION	Yes	SNF 260.1 SNF 541	1	Fee		Discontinue after 12/31/2001 Rendering provider may bill or SNF may bill under arrangements
88172	CYTOPATHOLOGY EVAL OF FNA	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88173	CYTOPATH EVAL, FNA, REPORT	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88180	CELL MARKER STUDY	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88182	CELL MARKER STUDY	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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88199	CYTOPATHOLOGY PROCEDURE	Yes	SNF 260.1 SNF 541	1	IC		Rendering provider may bill or SNF may bill under arrangements
88230	TISSUE CULTURE, LYMPHOCYTE	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88233	TISSUE CULTURE, SKIN/BIOPSY	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88235	TISSUE CULTURE, PLACENTA	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88237	TISSUE CULTURE, BONE MARROW	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88239	TISSUE CULTURE, TUMOR	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88240	CELL CRYOPRESERVE/STORAGE	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88241	FROZEN CELL PREPARATION	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88245	CHROMOSOME ANALYSIS, 20-25	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88248	CHROMOSOME ANALYSIS, 50-100	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88249	CHROMOSOME ANALYSIS, 100	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88261	CHROMOSOME ANALYSIS, 5	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88262	CHROMOSOME ANALYSIS, 15-20	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88263	CHROMOSOME ANALYSIS, 45	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements

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88264	CHROMOSOME ANALYSIS, 20-25	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88267	CHROMOSOME ANALYS, PLACENTA	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88269	CHROMOSOME ANALYS, AMNIOTIC	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88271	CYTOGENETICS, DNA PROBE	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88272	CYTOGENETICS, 3-5	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88273	CYTOGENETICS, 10-30	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88274	CYTOGENETICS, 25-99	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88275	CYTOGENETICS, 100-300	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88280	CHROMOSOME KARYOTYPE STUDY	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88283	CHROMOSOME BANDING STUDY	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88285	CHROMOSOME COUNT, ADDITIONAL	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88289	CHROMOSOME STUDY, ADDITIONAL	Yes	CIM 50-29 SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
88291	CYTO/MOLECULAR REPORT	No	CIM 50-29 SNF 541	2	NA		Part B - Non covered for SNF. Physician may bil
88299	CYTOGENETIC STUDY	No	CIM 50-29 SNF 541	0	NA		Part B - Non covered for SNF. Physician may bil

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88300	SURGICAL PATH, GROSS	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88302	TISSUE EXAM BY PATHOLOGIST	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88304	TISSUE EXAM BY PATHOLOGIST	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88305	TISSUE EXAM BY PATHOLOGIST	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88307	TISSUE EXAM BY PATHOLOGIST	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88309	TISSUE EXAM BY PATHOLOGIST	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88311	DECALCIFY TISSUE	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88312	SPECIAL STAINS	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88313	SPECIAL STAINS	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88314	HISTOCHEMICAL STAIN	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88318	CHEMICAL HISTOCHEMISTRY	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88319	ENZYME HISTOCHEMISTRY	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88321	MICROSLIDE CONSULTATION	No		0	NA		Part B - Non covered for SNF. Physician may bil
88323	MICROSLIDE CONSULTATION	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88325	COMPREHENSIVE REVIEW OF DATA	No		0	NA		Part B - Non covered for SNF. Physician may bil
88329	PATH CONSULT INTROP	No		0	NA		Part B - Non covered for SNF. Physician may bil
88331	PATH CONSULT INTRAOP, 1 BLOC	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88332	PATH CONSULT INTRAOP, ADDL	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88342	IMMUNOCYTOCHEMISTRY	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88346	IMMUNOFLUORESCENT STUDY	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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88347	IMMUNOFLUORESCENT STUDY	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88348	ELECTRON MICROSCOPY	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88349	SCANNING ELECTRON MICROSCOPY	Yes	CIM 50-18 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88355	ANALYSIS, SKELETAL MUSCLE	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88356	ANALYSIS, NERVE	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88358	ANALYSIS, TUMOR	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88362	NERVE TEASING PREPARATIONS	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88365	TISSUE HYBRIDIZATION	Yes	SNF 260.1 SNF 541	1	Fee		Rendering provider may bill or SNF may bill under arrangements
88371	PROTEIN, WESTERN BLOT TISSUE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements. Physician bills professional component to Carrier.
88372	PROTEIN ANALYSIS W/PROBE	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements. Physician bills professional component to Carrier.
88380	Microdissection	No		1	Fee		Code Effective 1/1/2002 Part B - Non covered for SNF. Physician may bil
88399	SURGICAL PATHOLOGY PROCEDURE	Yes	SNF 260.1 SNF 541	1	IC		Rendering provider may bill or SNF may bill under arrangements
88400	BILIRUBIN TOTAL TRANSCUT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
89050	BODY FLUID CELL COUNT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
89051	BODY FLUID CELL COUNT	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
89060	EXAM,SYNOVIAL FLUID CRYSTALS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements. Physician bills professional component to Carrier.
89100	SAMPLE INTESTINAL CONTENTS	No		0	NA		Part B - Non covered for SNF. Physician may bil

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89105	SAMPLE INTESTINAL CONTENTS	No		0	NA		Part B - Non covered for SNF. Physician may bil
89125	SPECIMEN FAT STAIN	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider bills
89130	SAMPLE STOMACH CONTENTS	No		0	NA		Part B - Non covered for SNF. Physician may bil
89132	SAMPLE STOMACH CONTENTS	No		0	NA		Part B - Non covered for SNF. Physician may bil
89135	SAMPLE STOMACH CONTENTS	No		0	NA		Part B - Non covered for SNF. Physician may bil
89136	SAMPLE STOMACH CONTENTS	No		0	NA		Part B - Non covered for SNF. Physician may bil
89140	SAMPLE STOMACH CONTENTS	No		0	NA		Part B - Non covered for SNF. Physician may bil
89141	SAMPLE STOMACH CONTENTS	No		0	NA		Part B - Non covered for SNF. Physician may bil
89160	EXAM FECES FOR MEAT FIBERS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
89190	NASAL SMEAR FOR EOSINOPHILS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
89250	FERTILIZATION OF OOCYTE	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
89251	CULTURE OOCYTE W/EMBRYOS	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
89252	ASSIST OOCYTE FERTILIZATION	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
89253	EMBRYO HATCHING	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
89254	OOCYTE IDENTIFICATION	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
89255	PREPARE EMBRYO FOR TRANSFER	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
89256	PREPARE CRYOPRESERVED EMBRYO	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
89257	SPERM IDENTIFICATION	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
89258	CRYOPRESERVATION, EMBRYO	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
89259	CRYOPRESERVATION, SPERM	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements

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89260	SPERM ISOLATION, SIMPLE	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
89261	SPERM ISOLATION, COMPLEX	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
89264	IDENTIFY SPERM TISSUE	Yes	SNF 260.1 SNF 541	9	Cost		Rendering provider may bill or SNF may bill under arrangements
89300	SEMEN ANALYSIS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
89310	SEMEN ANALYSIS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
89320	SEMEN ANALYSIS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
89321	SEMEN ANALYSIS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
89325	SPERM ANTIBODY TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
89329	SPERM EVALUATION TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
89330	EVALUATION, CERVICAL MUCUS	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
89350	SPUTUM SPECIMEN COLLECTION	Yes	SNF 260.1 SNF 541	3	Fee		Rendering provider may bill or SNF may bill under arrangements
89355	EXAM FECES FOR STARCH	Yes	CIM 50-34 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
89360	COLLECT SWEAT FOR TEST	Yes	CIM 50-35 SNF 260.1 SNF 541	3	Fee		Rendering provider may bill or SNF may bill under arrangements
89365	WATER LOAD TEST	Yes	SNF 260.1 SNF 541	9	Fee		Rendering provider may bill or SNF may bill under arrangements
89399	PATHOLOGY LAB PROCEDURE	Yes	SNF 260.1 SNF 541	1	IC		Rendering provider may bill or SNF may bill under arrangements
90283	HUMAN IG, IV	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.
90287	BOTULINUM ANTITOXIN	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.
90288	BOTULISM IG, IV	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.
90291	CMV IG, IV	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.

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90296	DIPHTHERIA ANTITOXIN	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90371	HEP B IG, IM	No	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90375	RABIES IG, IM/SC	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90376	RABIES IG, HEAT TREATED	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90378	RSV IG, IM, 50MG	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90379	RSV IG, IV	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90384	RH IG, FULL-DOSE, IM	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90385	RH IG, MINIDOSE, IM	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90386	RH IG, IV	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.
90389	TETANUS IG, IM	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90393	VACCINA IG, IM	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90396	VARICELLA-ZOSTER IG, IM	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90399	IMMUNE GLOBULIN	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.
90471	IMMUNIZATION ADMIN	No	Non-covered by Medicare	5	NA		SNFs cannot be paid for this service.

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90472	IMMUNIZATION ADMIN, EACH ADD	No	Non-covered by Medicare	5	NA		SNFs cannot be paid for this service.
90473	Immune admin oral/nasal	Yes	MCM 2049.4, MCM 2320	N/A	NA		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements Review manual references for special billing instructions
90474	Immune admin oral/nasal addl	Yes	MCM 2049.4, MCM 2321	N/A	NA		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements Review manual references for special billing instructions
90476	ADENOVIRUS VACCINE, TYPE 4	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90477	ADENOVIRUS VACCINE, TYPE 7	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90581	ANTHRAX VACCINE, SC	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90585	BCG VACCINE, PERCUT	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90586	BCG VACCINE, INTRAVESICAL	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90632	HEP A VACCINE, ADULT IM	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90633	HEP A VACC, PED/ADOL, 2 DOSE	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90634	HEP A VACC, PED/ADOL, 3 DOSE	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90636	HEP A/HEP B VACC, ADULT IM	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions

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90645	HIB VACCINE, HBOC, IM	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90646	HIB VACCINE, PRP-D, IM	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90647	HIB VACCINE, PRP-OMP, IM	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90648	HIB VACCINE, PRP-T, IM	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90657	FLU VACCINE, 6-35 MO, IM	No	MCM 2049.4, MCM 2320 SNF 536 MIM 3660.7	9	Cost		Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
90658	FLU VACCINE, 3 YRS, IM	No	MCM 2049.4, MCM 2320 SNF 536 MIM 3660.7	9	Cost		Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
90659	FLU VACCINE, WHOLE, IM	No	MCM 2049.4, MCM 2320 SNF 536 MIM 3660.7	9	Cost		Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
90660	FLU VACCINE, NASAL	Yes	MCM 2049.4, MCM 2320	9	Cost		Rendering provider may bill or SNF may bill under arrangements
90665	LYME DISEASE VACCINE, IM	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90669	PNEUMOCOCCAL VACC, PED<5		Non-covered by Medicare	9	Fee		SNFs cannot be paid for this service.
90675	RABIES VACCINE, IM	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions

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90676	RABIES VACCINE, ID	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90680	ROTOVIRUS VACCINE, ORAL	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90690	TYPHOID VACCINE, ORAL	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90691	TYPHOID VACCINE, IM	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90692	TYPHOID VACCINE, H-P, SC/ID	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90693	TYPHOID VACCINE, AKD, SC	Yes	MCM 2049.4, MCM 2320	9	Cost		Review manual references for special billing instructions
90700	DTAP VACCINE, IM	Yes	MCM 2050.5, MCM 2320	9	Cost		Review manual references for special billing instructions
90701	DTP VACCINE, IM	Yes	MCM 2050.5, MCM 2320	9	Cost		Review manual references for special billing instructions
90702	DT VACCINE < 7, IM	Yes	MCM 2050.5, MCM 2320	9	Cost		Review manual references for special billing instructions
90703	TETANUS VACCINE, IM	Yes	MCM 2050.5, MCM 2320	9	Cost		Review manual references for special billing instructions
90704	MUMPS VACCINE, SC	Yes	MCM 2050.5, MCM 2320	9	Cost		Review manual references for special billing instructions
90705	MEASLES VACCINE, SC	Yes	MCM 2050.5, MCM 2320	9	Cost		Review manual references for special billing instructions
90706	RUBELLA VACCINE, SC	Yes	MCM 2050.5, MCM 2320	9	Cost		Review manual references for special billing instructions

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90707	MMR VACCINE, SC	Yes	MCM 2050.5, MCM 2320	9	Cost		Review manual references for special billing instructions
90708	MEASLES-RUBELLA VACCINE, SC	Yes	MCM 2050.5, MCM 2320	9	Cost		Review manual references for special billing instructions
90709	RUBELLA & MUMPS VACCINE, SC	Yes	MCM 2050.5, MCM 2320	9	Cost		Review manual references for special billing instructions
90710	MMRV VACCINE, SC	Yes	MCM 2050.5, MCM 2320	9	Cost		Review manual references for special billing instructions
90712	ORAL POLIOVIRUS VACCINE	Yes	MCM 2050.5, MCM 2320	9	Cost		Review manual references for special billing instructions
90713	POLIOVIRUS, IPV, SC	Yes	MCM 2050.5, MCM 2320	9	Cost		Review manual references for special billing instructions
90716	CHICKEN POX VACCINE, SC	Yes	MCM 2050.5, MCM 2320	9	Cost		Review manual references for special billing instructions
90717	YELLOW FEVER VACCINE, SC	Yes	MCM 2050.5, MCM 2320	9	Cost		Review manual references for special billing instructions
90718	TD VACCINE > 7, IM	Yes	MCM 2050.5, MCM 2320	9	Cost		Review manual references for special billing instructions
90719	DIPHTHERIA VACCINE, IM	Yes	MCM 2050.5, MCM 2320	9	Cost		Review manual references for special billing instructions
90720	DTP/HIB VACCINE, IM	Yes	MCM 2050.5, MCM 2320	9	Cost		Review manual references for special billing instructions
90721	DTAP/HIB VACCINE, IM	Yes	MCM 2049.4B	9	Cost		Review manual references for special billing instructions
90723	DTAP-HEP B-IPV VACCINE, IM	No		9	Cost		Code no longer used for flu or hepatitis B benefitd, effective 1/1/2003
90725	CHOLERA VACCINE, INJECTABLE	Yes	MCM 2050.5, MCM 2320	9	Cost		Review manual references for special billing instructions

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90727	PLAGUE VACCINE, IM	Yes	MCM 2050.5, MCM 2320	9	Cost		Review manual references for special billing instructions
90732	PNEUMOCOCCAL VACC, ADULT/ILL	No	MCM 2050.5, MCM 2320 SNF 536 MIM 3660.7	9	Cost		Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
90733	MENINGOCOCCAL VACCINE, SC	Yes	MCM 2050.5, MCM 2320	9	Cost		Review manual references for special billing instructions
90735	ENCEPHALITIS VACCINE, SC	Yes	MCM 2050.5, MCM 2320	9	Cost		Review manual references for special billing instructions
90740	HEPB VACC, ILL PAT 3 DOSE IM	No	MCM 2050.2, MCM 2320	9	Cost		Code not valid for Medicare, effective 4/1/03
90742	Special passive immunization	Yes	MCM 2050, MCM 2055, MCM 2320	NA	IC		Discontinue after 12/31/1998 Review manual references for special billing instructions
90743	HEP B VACC, ADOL, 2 DOSE, IM	No	MCM 2050, MCM 2055, MCM 2320	9	Cost		Code not valid for Medicare, effective 4/1/03
90744	HEPB VACC PED/ADOL 3 DOSE IM	No	MCM 2050, MCM 2055, MCM 2320 SNF 536 MIM 3660.7	9	Cost		Code not valid for Medicare, effective 4/1/03
90746	HEP B VACCINE, ADULT, IM	No	MCM 2050, MCM 2055, MCM 2320 SNF 536 MIM 3660.7	9	Cost		Code not valid for Medicare, effective 4/1/03
90747	HEPB VACC, ILL PAT 4 DOSE IM	No	MCM 2050.2, MCM 2320 SNF 536 MIM 3660.7	9	Cost		Code not valid for Medicare, effective 4/1/03
90748	HEP B/HIB VACCINE, IM	No	SNF 536 MIM 3660.7	9	Cost		Code no longer used for flu or hepatitis B benefitd, effective 1/1/2003

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90749	VACCINE TOXOID	Yes	MCM 2050.2, MCM 2320	5	Cost		Review manual references for special billing instructions
90780	IV INFUSION THERAPY, 1 HOUR	Yes		5	Fee		Rendering provider may bill or SNF may bill under arrangements
90781	IV INFUSION, ADDITIONAL HOUR	Yes		5	Fee		Rendering provider may bill or SNF may bill under arrangements
90782	INJECTION, SC/IM	Yes		5	Fee		Rendering provider may bill or SNF may bill under arrangements
90783	INJECTION, IA	Yes		5	Fee		Rendering provider may bill or SNF may bill under arrangements
90784	INJECTION, IV	Yes		5	Fee		Rendering provider may bill or SNF may bill under arrangements
90788	INJECTION OF ANTIBIOTIC	Yes		5	Fee		Rendering provider may bill or SNF may bill under arrangements
90799	THER/PROPHYLACTIC/DX INJECT	No		0	NA		Part B - Non covered for SNF. Physician may bil
90801	PSY DX INTERVIEW	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90802	INTAC PSY DX INTERVIEW	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90804	PSYTX, OFFICE, 20-30 MIN	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90805	PSYTX, OFF, 20-30 MIN W/E&M	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90806	PSYTX, OFF, 45-50 MIN	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90807	PSYTX, OFF, 45-50 MIN W/E&M	No		0	NA		Part B - Non covered for SNF. Physician may bil
90808	PSYTX, OFFICE, 75-80 MIN	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90809	PSYTX, OFF, 75-80, W/E&M	No		0	NA		Part B - Non covered for SNF. Physician may bil
90810	INTAC PSYTX, OFF, 20-30 MIN	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90811	INTAC PSYTX, 20-30, W/E&M	No		0	NA		Part B - Non covered for SNF. Physician may bil
90812	INTAC PSYTX, OFF, 45-50 MIN	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90813	INTAC PSYTX, 45-50 MIN W/E&M	No		0	NA		Part B - Non covered for SNF. Physician may bil

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90814	INTAC PSYTX, OFF, 75-80 MIN	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90815	INTAC PSYTX, 75-80 W/E&M	No		0	NA		Part B - Non covered for SNF. Physician may bil
90816	PSYTX, HOSP, 20-30 MIN	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90817	PSYTX, HOSP, 20-30 MIN W/E&M	No		0	NA		Part B - Non covered for SNF. Physician may bil
90818	PSYTX, HOSP, 45-50 MIN	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90819	PSYTX, HOSP, 45-50 MIN W/E&M	No		0	NA		Part B - Non covered for SNF. Physician may bil
90821	PSYTX, HOSP, 75-80 MIN	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90822	PSYTX, HOSP, 75-80 MIN W/E&M	No		0	NA		Part B - Non covered for SNF. Physician may bil
90823	INTAC PSYTX, HOSP, 20-30 MIN	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90824	INTAC PSYTX, HSP 20-30 W/E&M	No		0	NA		Part B - Non covered for SNF. Physician may bil
90826	INTAC PSYTX, HOSP, 45-50 MIN	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90827	INTAC PSYTX, HSP 45-50 W/E&M	No		0	NA		Part B - Non covered for SNF. Physician may bil
90828	INTAC PSYTX, HOSP, 75-80 MIN	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90829	INTAC PSYTX, HSP 75-80 W/E&M	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90842	Individual medical psychotherapy by a physician (face-to-face with the patient), approximately 75 to 80 minutes	No	Not valid for Medicare	0	NA		SNFs cannot be paid for this service.
90843	Individual medical psychotherapy by a physician (face-to-face with the patient), approximately 20 to 30 minutes	No	Not valid for Medicare	0	NA		SNFs cannot be paid for this service.
90844	Individual medical psychotherapy by a physician (face-to-face with the patient), approximately 45 to 50 minutes	No	Not valid for Medicare	0	NA		SNFs cannot be paid for this service.
90845	PSYCHOANALYSIS	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90846	FAMILY PSYTX W/O PATIENT	No	MCM 2470, CIM 35-14	0	NA		Part B - Non covered for SNF. Physician may bil
90847	FAMILY PSYTX W/PATIENT	No	MCM 2470, CIM 35-14	0	NA		Part B - Non covered for SNF. Physician may bil

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90849	MULTIPLE FAMILY GROUP PSYTX	No	MCM 2470, CIM 35-14	0	NA		Part B - Non covered for SNF. Physician may bil
90853	GROUP PSYCHOTHERAPY	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90857	INTAC GROUP PSYTX	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90862	MEDICATION MANAGEMENT	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90865	NARCOSYNTHESIS	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90870	ELECTROCONVULSIVE THERAPY	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90871	ELECTROCONVULSIVE THERAPY	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90875	PSYCHOPHYSIOLOGICAL THERAPY	No	Non-covered by Medicare, MCM 2470, CIM 35-27	9	NA		SNFs cannot be paid for this service.
90876	PSYCHOPHYSIOLOGICAL THERAPY	No	Non-covered by Medicare, MCM 2470, CIM 35-27	9	NA		SNFs cannot be paid for this service.
90880	HYPNOTHERAPY	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90882	ENVIRONMENTAL MANIPULATION	No	Non-covered by Medicare, MCM 2303	9	NA		SNFs cannot be paid for this service.
90885	PSY EVALUATION OF RECORDS	Yes	MCM 2470	9	NA		SNFs cannot be paid for this service.
90887	CONSULTATION WITH FAMILY	Yes	MCM 2470, CIM 35-14	9	NA		SNFs cannot be paid for this service.
90889	PREPARATION OF REPORT	Yes		9	NA		SNFs cannot be paid for this service.
90899	PSYCHIATRIC SERVICE/THERAPY	No	MCM 2470	0	NA		Part B - Non covered for SNF. Physician may bil
90901	BIOFEEDBACK TRAIN, ANY METH	Yes	CIM 35-27 SNF 532	0	Fee		Part B - SNFs must bill this therapy service
90911	BIOFEEDBACK PERI/URO/RECTAL	Yes	CIM 35-27 SNF 532	0	Fee		Part B - SNFs must bill this therapy service

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90918	ESRD RELATED SERVICES, MONTH	No	CIM 35-27	0	NA		Part B - Non covered for SNF. Physician may bil
90919	ESRD RELATED SERVICES, MONTH	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
90920	ESRD RELATED SERVICES, MONTH	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
90921	ESRD RELATED SERVICES, MONTH	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
90922	ESRD RELATED SERVICES, DAY	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
90923	ESRD RELATED SERVICES, DAY	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
90924	ESRD RELATED SERVICES, DAY	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
90925	ESRD RELATED SERVICES, DAY	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
90935	HEMODIALYSIS, ONE EVALUATION	No	MCM 2320, CIM 35-31	0	NA		Part B - Non covered for SNF. Physician may bil
90937	HEMODIALYSIS, REPEATED EVAL	No	MCM 2320, CIM 35-31	0	NA		Part B - Non covered for SNF. Physician may bil
90939	Hemodialysis study, transcut	No		9	NA		Code Effective 1/1/2002 Part B - Non covered for SNF. Physician may bill
90940	HEMODIALYSIS ACCESS STUDY	No		9	NA		SNFs cannot be paid for this service.
90945	DIALYSIS, ONE EVALUATION	No	MCM 2320, CIM 35-38	0	NA		Part B - Non covered for SNF. Physician may bil
90947	DIALYSIS, REPEATED EVAL	No	MCM 2320, CIM 35-38	0	NA		Part B - Non covered for SNF. Physician may bil
90989	DIALYSIS TRAINING, COMPLETE	No	MCM 2230.6	9	NA		SNFs cannot be paid for this service.
90993	DIALYSIS TRAINING, INCOMPL	No	MCM 2230.6	9	NA		SNFs cannot be paid for this service.
90997	HEMOPERFUSION	No	MCM 2320, CIM 35-38	0	NA		Part B - Non covered for SNF. Physician may bil
90999	DIALYSIS PROCEDURE	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
91000	ESOPHAGEAL INTUBATION	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
91010	ESOPHAGUS MOTILITY STUDY	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements

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91011	ESOPHAGUS MOTILITY STUDY	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
91012	ESOPHAGUS MOTILITY STUDY	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
91020	GASTRIC MOTILITY	Yes	CIM 50-25	1	Fee		Rendering provider may bill or SNF may bill under arrangements
91030	ACID PERFUSION OF ESOPHAGUS	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
91032	ESOPHAGUS, ACID REFLUX TEST	Yes	CIM 35-83	1	Fee		Rendering provider may bill or SNF may bill under arrangements
91033	PROLONGED ACID REFLUX TEST	Yes	MCM 2070, CIM 35-83	1	Fee		Rendering provider may bill or SNF may bill under arrangements
91052	GASTRIC ANALYSIS TEST	Yes	MCM 2070, CIM 35-19	1	Fee		Rendering provider may bill or SNF may bill under arrangements
91055	GASTRIC INTUBATION FOR SMEAR	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
91060	GASTRIC SALINE LOAD TEST	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
91065	BREATH HYDROGEN TEST	Yes	MCM 2070, CIM 50-51	1	Fee		Rendering provider may bill or SNF may bill under arrangements
91100	PASS INTESTINE BLEEDING TUBE	No		0	NA		Part B - Non covered for SNF. Physician may bil
91105	GASTRIC INTUBATION TREATMENT	No		0	NA		Part B - Non covered for SNF. Physician may bil
91122	ANAL PRESSURE RECORD	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
91123	Irrigate fecal impaction	Yes		9	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
91132	ELECTROGASTROGRAPHY	Yes		1	IC		Rendering provider may bill or SNF may bill under arrangements
91133	ELECTROGASTROGRAPHY W/TEST	Yes		1	IC		Rendering provider may bill or SNF may bill under arrangements
91299	GASTROENTEROLOGY PROCEDURE	Yes		1	IC		Rendering provider may bill or SNF may bill under arrangements
92002	EYE EXAM, NEW PATIENT	No	MCM 2020, MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
92004	EYE EXAM, NEW PATIENT	No	MCM 2020, MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
92012	EYE EXAM ESTABLISHED PAT	No	MCM 2020, MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil

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92014	EYE EXAM & TREATMENT	No	MCM 2020, MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
92015	REFRACTION	No	Non-covered by Medicare Statute 1862A7	9	NA		SNFs cannot be paid for this service.
92018	NEW EYE EXAM & TREATMENT	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
92019	EYE EXAM & TREATMENT	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
92020	SPECIAL EYE EVALUATION	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
92060	SPECIAL EYE EVALUATION	Yes	MCM 2320	1	Fee		Rendering provider may bill or SNF may bill under arrangements
92065	ORTHOPTIC/PLEOPTIC TRAINING	Yes	MCM 2320	1	Fee		Rendering provider may bill or SNF may bill under arrangements
92070	FITTING OF CONTACT LENS	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
92081	VISUAL FIELD EXAMINATION(S)	Yes	MCM 2320	1	Fee		Rendering provider may bill or SNF may bill under arrangements
92082	VISUAL FIELD EXAMINATION(S)	Yes	MCM 2320	1	Fee		Rendering provider may bill or SNF may bill under arrangements
92083	VISUAL FIELD EXAMINATION(S)	Yes	MCM 2320	1	Fee		Rendering provider may bill or SNF may bill under arrangements
92100	SERIAL TONOMETRY EXAM(S)	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
92120	TONOGRAPHY & EYE EVALUATION	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
92130	WATER PROVOCATION TONOGRAPHY	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
92135	OPTHALMIC DX IMAGING	Yes	MCM 2320	1	Fee		Rendering provider may bill or SNF may bill under arrangements
92136	Ophthalmic biometry	Yes		1	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
92140	GLAUCOMA PROVOCATIVE TESTS	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
92225	SPECIAL EYE EXAM, INITIAL	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil

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92226	SPECIAL EYE EXAM, SUBSEQUENT	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
92230	EYE EXAM WITH PHOTOS	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
92235	EYE EXAM WITH PHOTOS	Yes	MCM 2320	1	Fee		Rendering provider may bill or SNF may bill under arrangements
92240	ICG ANGIOGRAPHY	Yes	MCM 2320	1	Fee		Rendering provider may bill or SNF may bill under arrangements
92250	EYE EXAM WITH PHOTOS	Yes	MCM 2320	1	Fee		Rendering provider may bill or SNF may bill under arrangements
92260	OPHTHALMOSCOPY/DYNAMOMETRY	No	MCM 2030	0	NA		Part B - Non covered for SNF. Physician may bil
92265	EYE MUSCLE EVALUATION	Yes	MCM 2320	1	Fee		Rendering provider may bill or SNF may bill under arrangements
92270	ELECTRO-OCULOGRAPHY	Yes	MCM 2320	1	Fee		Rendering provider may bill or SNF may bill under arrangements
92275	ELECTRORETINOGRAPHY	Yes	MCM 2320	1	Fee		Rendering provider may bill or SNF may bill under arrangements
92283	COLOR VISION EXAMINATION	Yes	MCM 2320	1	Fee		Rendering provider may bill or SNF may bill under arrangements
92284	DARK ADAPTATION EYE EXAM	Yes	MCM 2320	1	Fee		Rendering provider may bill or SNF may bill under arrangements
92285	EYE PHOTOGRAPHY	Yes	MCM 2320	1	Fee		Rendering provider may bill or SNF may bill under arrangements
92286	INTERNAL EYE PHOTOGRAPHY	Yes	MCM 2320	1	Fee		Rendering provider may bill or SNF may bill under arrangements
92287	INTERNAL EYE PHOTOGRAPHY	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
92310	CONTACT LENS FITTING	No	Non-covered by Medicare Statute 1862(a)(7), MCM 2320	9	NA		SNFs cannot be paid for this service.
92311	CONTACT LENS FITTING	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
92312	CONTACT LENS FITTING	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
92313	CONTACT LENS FITTING	Yes	MCM 2320	0	Fee		Rendering provider may bill or SNF may bill under arrangements

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92314	PRESCRIPTION OF CONTACT LENS	No	Non-covered by Medicare Statute 1862(a)(7), MCM 2320	9	NA		SNFs cannot be paid for this service.
92315	PRESCRIPTION OF CONTACT LENS	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
92316	PRESCRIPTION OF CONTACT LENS	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
92317	PRESCRIPTION OF CONTACT LENS	No	MCM 2320	0	NA		Part B - Non covered for SNF. Physician may bil
92325	MODIFICATION OF CONTACT LENS	Yes	MCM 2320	5	Fee		Rendering provider may bill or SNF may bill under arrangements
92326	REPLACEMENT OF CONTACT LENS	Yes	MCM 2320	5	Fee		Rendering provider may bill or SNF may bill under arrangements
92330	FITTING OF ARTIFICIAL EYE	No		0	NA		Part B - Non covered for SNF. Physician may bil
92335	FITTING OF ARTIFICIAL EYE	No		0	NA		Part B - Non covered for SNF. Physician may bil
92340	FITTING OF SPECTACLES	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
92341	FITTING OF SPECTACLES	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
92342	FITTING OF SPECTACLES	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
92352	SPECIAL SPECTACLES FITTING	Yes	MCM 2320	9	NA		SNFs cannot be paid for this service.
92353	SPECIAL SPECTACLES FITTING	Yes	MCM 2320	9	NA		SNFs cannot be paid for this service.
92354	SPECIAL SPECTACLES FITTING	Yes	MCM 2320	9	NA		SNFs cannot be paid for this service.
92355	SPECIAL SPECTACLES FITTING	Yes	MCM 2320	9	NA		SNFs cannot be paid for this service.
92358	EYE PROSTHESIS SERVICE	Yes	MCM 2130	9	NA		SNFs cannot be paid for this service.

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92370	REPAIR & ADJUST SPECTACLES	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
92371	REPAIR & ADJUST SPECTACLES	Yes	MCM 2130	9	NA		SNFs cannot be paid for this service.
92390	SUPPLY OF SPECTACLES	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
92391	SUPPLY OF CONTACT LENSES	No	Non-covered by Medicare Statute 1862(a)(7) MCM 2320, CIM 45-7	9	NA		SNFs cannot be paid for this service.
92392	SUPPLY OF LOW VISION AIDS	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.
92393	SUPPLY OF ARTIFICIAL EYE	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.
92395	SUPPLY OF SPECTACLES	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.
92396	SUPPLY OF CONTACT LENSES	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.
92499	EYE SERVICE OR PROCEDURE	Yes	MCM 2320, MCM 2130	1	IC		Rendering provider may bill or SNF may bill under arrangements
92502	EAR AND THROAT EXAMINATION	No		0	NA		Part B - Non covered for SNF. Physician may bil
92504	EAR MICROSCOPY EXAMINATION	No		0	NA		Part B - Non covered for SNF. Physician may bil
92506	SPEECH/HEARING EVALUATION	Yes	MCM 2070, MCM 2216 SNF 532	0	Fee		Part B - SNFs must bill this therapy service
92507	SPEECH/HEARING THERAPY	Yes	MCM 2070, MCM 2216 SNF 532	0	Fee		Part B - SNFs must bill this therapy service
92508	SPEECH/HEARING THERAPY	Yes	MCM 2216 SNF 532	0	Fee		Part B - SNFs must bill this therapy service

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92510	REHAB FOR EAR IMPLANT	Yes	CIM 65-14 SNF 532	0	Fee		Part B - SNFs must bill this therapy service
92511	NASOPHARYNGOSCOPY	No		0	NA		Part B - Non covered for SNF. Physician may bil
92512	NASAL FUNCTION STUDIES	No		0	NA		Part B - Non covered for SNF. Physician may bil
92516	FACIAL NERVE FUNCTION TEST	No		0	NA		Part B - Non covered for SNF. Physician may bil
92520	LARYNGEAL FUNCTION STUDIES	No		0	NA		Part B - Non covered for SNF. Physician may bil
92525	ORAL FUNCTION EVALUATION	No	Non-covered by Medicare, MCM 2070, MCM 2216	9	NA		SNFs cannot be paid for this service.
92526	ORAL FUNCTION THERAPY	Yes	MCM 2070, MCM 2216 SNF 532	0	Fee		Part B - SNFs must bill this therapy service
92531	SPONTANEOUS NYSTAGMUS STUDY	Yes		9	NA		SNFs cannot be paid for this service.
92532	POSITIONAL NYSTAGMUS STUDY	Yes		9	NA		SNFs cannot be paid for this service.
92533	CALORIC VESTIBULAR TEST	Yes		9	NA		SNFs cannot be paid for this service.
92534	OPTOKINETIC NYSTAGMUS	Yes		9	NA		SNFs cannot be paid for this service.
92541	SPONTANEOUS NYSTAGMUS TEST	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
92542	POSITIONAL NYSTAGMUS TEST	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
92543	CALORIC VESTIBULAR TEST	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
92544	OPTOKINETIC NYSTAGMUS TEST	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
92545	OSCILLATING TRACKING TEST	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
92546	SINUSOIDAL ROTATIONAL TEST	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
92547	SUPPLEMENTAL ELECTRICAL TEST	Yes		3	Fee		Rendering provider may bill or SNF may bill under arrangements
92548	POSTUROGRAPHY	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements

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92551	PURE TONE HEARING TEST, AIR	No	Non-covered by Medicare Statute 1862(a)(7), MCM 2320	9	NA		SNFs cannot be paid for this service.
92552	PURE TONE AUDIOMETRY, AIR	Yes	SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements
92553	AUDIOMETRY, AIR & BONE	Yes	SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements
92555	SPEECH THRESHOLD AUDIOMETRY	Yes	SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements
92556	SPEECH AUDIOMETRY, COMPLETE	Yes	SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements
92557	COMPREHENSIVE HEARING TEST	Yes	SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements
92559	GROUP AUDIOMETRIC TESTING	No	Non-covered by Medicare Statute 1862(a)(7), MCM 2320	9	NA		SNFs cannot be paid for this service.
92560	BEKESY AUDIOMETRY, SCREEN	No	Non-covered by Medicare Statute 1862(a)(7), MCM 2320	9	NA		SNFs cannot be paid for this service.
92561	BEKESY AUDIOMETRY, DIAGNOSIS	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements

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92562	LOUDNESS BALANCE TEST	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements
92563	TONE DECAY HEARING TEST	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements
92564	SISI HEARING TEST	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements
92565	STENGER TEST, PURE TONE	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements
92567	TYMPANOMETRY	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements
92568	ACOUSTIC REFLEX TESTING	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements
92569	ACOUSTIC REFLEX DECAY TEST	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements
92571	FILTERED SPEECH HEARING TEST	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements

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92572	STAGGERED SPONDAIC WORD TEST	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements
92573	LOMBARD TEST	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements
92575	SENSORINEURAL ACUITY TEST	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements
92576	SYNTHETIC SENTENCE TEST	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements
92577	STENGER TEST, SPEECH	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements
92579	VISUAL AUDIOMETRY (VRA)	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements
92582	CONDITIONING PLAY AUDIOMETRY	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements
92583	SELECT PICTURE AUDIOMETRY	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements

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92584	ELECTROCOCHLEOGRAPHY	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements
92585	AUDITOR EVOKE POTENT, COMPRE	Yes	MCM 2070.3 CIM 50-31	1	Fee		Rendering provider may bill or SNF may bill under arrangements
92586	AUDITOR EVOKE POTENT, LIMIT	Yes		3	Fee		Rendering provider may bill or SNF may bill under arrangements
92587	EVOKED AUDITORY TEST	Yes	SNF 532, PM AB-01-71	1	Fee		Rendering provider may bill or SNF may bill under arrangements
92588	EVOKED AUDITORY TEST	Yes	SNF 532, PM AB-01-71	1	Fee		Rendering provider may bill or SNF may bill under arrangements
92589	AUDITORY FUNCTION TEST(S)	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	Fee		Rendering provider may bill or SNF may bill under arrangements
92590	HEARING AID EXAM, ONE EAR	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
92591	HEARING AID EXAM, BOTH EARS	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
92592	HEARING AID CHECK, ONE EAR	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.

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92593	HEARING AID CHECK, BOTH EARS	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
92594	ELECTRO HEARNG AID TEST, ONE	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
92595	ELECTRO HEARNG AID TST, BOTH	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
92596	EAR PROTECTOR EVALUATION	Yes	MCM 2070.3 SNF 532, PM AB-01-71	3	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
92599	ENT PROCEDURE/SERVICE	Yes		1	IC		Rendering provider may bill or SNF may bill under arrangements
92601	Cochlear implant f/up exam < 7	Yes			Fee		Code effective 01/01/03.SNF must bill this therapy service.
92602	Reprogram cochlear implant < 7	Yes			Fee		Code effective 01/01/03.SNF must bill this therapy service.
92603	Cochlear implant f/up exam 7 >	Yes			Fee		Code effective 01/01/03.SNF must bill this therapy service.
92604	Reprogram cochlear implant 7 >	Yes			Fee		Code effective 01/01/03.SNF must bill this therapy service.
92605	Eval for nonspeech device rx	Yes			Fee		Code effective 01/01/03.SNF must bill this therapy service.
92606	Non-speech device service	Yes			Fee		Code effective 01/01/03.SNF must bill this therapy service.
92607	Ex for speech device rx, 1 hr	Yes			Fee		Code effective 01/01/03.SNF must bill this therapy service.
92608	Ex for speech device rx addl	Yes			Fee		Code effective 01/01/03.SNF must bill this therapy service.
92609	Use of speech device service	Yes			Fee		Code effective 01/01/03.SNF must bill this therapy service.

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92610	Evaluate swallowing function	Yes			Fee		Code effective 01/01/03.SNF must bill this therapy service.
92611	Motion fluroscopy/swallow	Yes					Code effective 01/01/03.SNF must bill this therapy service.
92612	Endoscopy swallow tst (fees)	Yes					Code effective 01/01/03.SNF must bill this therapy service.
92613	Endoscopy swallow tst (fees)	Yes					Code effective 01/01/03.SNF must bill this therapy service.
92614	Laryngoscopic sensory test	Yes					Code effective 01/01/03.SNF must bill this therapy service.
92615	Eval laryngoscopy sense tst	Yes					Code effective 01/01/03.SNF must bill this therapy service.
92616	Fees w/laryngeal sense test	Yes					Code effective 01/01/03.SNF must bill this therapy service.
92950	HEART/LUNG RESUSCITATION CPR	No		0	NA		Part B - Non covered for SNF. Physician may bil
92953	TEMPORARY EXTERNAL PACING	No		9	NA		Part B - Non covered for SNF. Physician may bil
92960	CARDIOVERSION ELECTRIC, EXT	No		0	NA		Part B - Non covered for SNF. Physician may bil
92961	CARDIOVERSION, ELECTRIC, INT	No		0	NA		Part B - Non covered for SNF. Physician may bil
92970	CARDIOASSIST, INTERNAL	No		0	NA		Part B - Non covered for SNF. Physician may bil
92971	CARDIOASSIST, EXTERNAL	No		0	NA		Part B - Non covered for SNF. Physician may bil
92973	Percut coronary thrombectomy	No		0	NA		Code Effective 1/1/2002 Part B - Non covered for SNF. Physician may bill
92974	Cath place, cardio brachytx	No		0	NA		Code Effective 1/1/2002 Part B - Non covered for SNF. Physician may bill
92975	DISSOLVE CLOT, HEART VESSEL	No		0	NA		Part B - Non covered for SNF. Physician may bil
92977	DISSOLVE CLOT, HEART VESSEL	Yes		5	Fee		Rendering provider may bill or SNF may bill under arrangements
92978	INTRAVASC US, HEART ADD-ON	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
92979	INTRAVASC US, HEART ADD-ON	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements

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92980	INSERT INTRACORONARY STENT	No		0	NA		Part B - Non covered for SNF. Physician may bil
92981	INSERT INTRACORONARY STENT	No		0	NA		Part B - Non covered for SNF. Physician may bil
92982	CORONARY ARTERY DILATION	No	CIM 50-32	0	NA		Part B - Non covered for SNF. Physician may bil
92984	CORONARY ARTERY DILATION	No	CIM 50-32	0	NA		Part B - Non covered for SNF. Physician may bil
92986	REVISION OF AORTIC VALVE	No		0	NA		Part B - Non covered for SNF. Physician may bil
92987	REVISION OF MITRAL VALVE	No		0	NA		Part B - Non covered for SNF. Physician may bil
92990	REVISION OF PULMONARY VALVE	No		0	NA		Part B - Non covered for SNF. Physician may bil
92992	REVISION OF HEART CHAMBER	No		0	NA		Part B - Non covered for SNF. Physician may bil
92993	REVISION OF HEART CHAMBER	No		0	NA		Part B - Non covered for SNF. Physician may bil
92995	CORONARY ATHERECTOMY	No	CIM 50-32	0	NA		Part B - Non covered for SNF. Physician may bil
92996	CORONARY ATHERECTOMY ADD-ON	No	CIM 50-32	0	NA		Part B - Non covered for SNF. Physician may bil
92997	PUL ART BALLOON REPR, PERCUT	No		0	NA		Part B - Non covered for SNF. Physician may bil
92998	PUL ART BALLOON REPR, PERCUT	No		0	NA		Part B - Non covered for SNF. Physician may bil
93000	ELECTROCARDIOGRAM, COMPLETE	Yes	CIM 50-15	4	NA		SNFs cannot be paid for this global code. Bill with code that represents the technical component
93005	ELECTROCARDIOGRAM, TRACING	Yes		3	Fee		Rendering provider may bill or SNF may bill under arrangements
93010	ELECTROCARDIOGRAM REPORT	No	CIM 50-15	2	NA		Part B - Non covered for SNF. Physician may bil
93012	TRANSMISSION OF ECG	Yes	CIM 50-15	3	Fee		Rendering provider may bill or SNF may bill under arrangements
93014	REPORT ON TRANSMITTED ECG	No	MCM 2020, MCM 2070, CIM 50-15	2	NA		Part B - Non covered for SNF. Physician may bil
93015	CARDIOVASCULAR STRESS TEST	Yes	CIM 35-25	4	NA		SNFs cannot be paid for this global code. Bill with code that represents the technical component

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93016	CARDIOVASCULAR STRESS TEST	No		2	NA		Part B - Non covered for SNF. Physician may bil
93017	CARDIOVASCULAR STRESS TEST	Yes	CIM 35-25	3	Fee		Rendering provider may bill or SNF may bill under arrangements
93018	CARDIOVASCULAR STRESS TEST	No	CIM 35-25	2	NA		Part B - Non covered for SNF. Physician may bil
93024	CARDIAC DRUG STRESS TEST	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
93040	RHYTHM ECG WITH REPORT	Yes	CIM 50-15	4	NA		SNFs cannot be paid for this global code. Bill with code that represents the technical component
93041	RHYTHM ECG, TRACING	Yes	CIM 50-15	3	Fee		Rendering provider may bill or SNF may bill under arrangements
93042	RHYTHM ECG, REPORT	No	CIM 50-15	2	NA		Part B - Non covered for SNF. Physician may bil
93025	Microvolt t-wave assess	Yes		4	Fee		Code Effective 1/1/2002 SNFs cannot be paid for this global code. Bill with code that represents the technical component
93224	ECG MONITOR/REPORT, 24 HRS	Yes	CIM 50-15	4	NA		SNFs cannot be paid for this global code. Bill with code that represents the technical component
93225	ECG MONITOR/RECORD, 24 HRS	Yes	CIM 50-15	3	Fee		Rendering provider may bill or SNF may bill under arrangements
93226	ECG MONITOR/REPORT, 24 HRS	Yes	CIM 50-15	3	Fee		Rendering provider may bill or SNF may bill under arrangements
93227	ECG MONITOR/REVIEW, 24 HRS	No	CIM 50-15	2	NA		Part B - Non covered for SNF. Physician may bil
93230	ECG MONITOR/REPORT, 24 HRS	Yes	CIM 50-15	4	NA		SNFs cannot be paid for this global code. Bill with code that represents the technical component
93231	ECG MONITOR/RECORD, 24 HRS	Yes	CIM 50-15	3	Fee		Rendering provider may bill or SNF may bill under arrangements
93232	ECG MONITOR/REPORT, 24 HRS	Yes	CIM 50-15	3	Fee		Rendering provider may bill or SNF may bill under arrangements
93233	ECG MONITOR/REVIEW, 24 HRS	No	CIM 50-15	2	NA		Part B - Non covered for SNF. Physician may bil
93235	ECG MONITOR/REPORT, 24 HRS	Yes	CIM 50-15	4	NA		SNFs cannot be paid for this global code. Bill with code that represents the technical component

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93236	ECG MONITOR/REPORT, 24 HRS	Yes	CIM 50-15	3	Fee		Rendering provider may bill or SNF may bill under arrangements
93237	ECG MONITOR/REVIEW, 24 HRS	No	CIM 50-15	2	NA		Part B - Non covered for SNF. Physician may bil
93268	ECG RECORD/REVIEW	Yes	MCM 2070, CIM 50-15	4	NA		SNFs cannot be paid for this global code. Bill with code that represents the technical component
93270	ECG RECORDING	Yes	CIM 50-15	3	Fee		Rendering provider may bill or SNF may bill under arrangements
93271	ECG/MONITORING AND ANALYSIS	Yes	CIM 50-15	3	Fee		Rendering provider may bill or SNF may bill under arrangements
93272	ECG/REVIEW, INTERPRET ONLY	No	CIM 50-15	2	NA		Part B - Non covered for SNF. Physician may bil
93278	ECG/SIGNAL-AVERAGED	Yes	MCM 2070, CIM 50-15	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93303	ECHO TRANSTHORACIC	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
93304	ECHO TRANSTHORACIC	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
93307	ECHO EXAM OF HEART	Yes	MCM 2070, CIM 50-7	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93308	ECHO EXAM OF HEART	Yes	MCM 2070, CIM 50-7	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93312	ECHO TRANSESOPHAGEAL	Yes	MCM 2070, CIM 50-7	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93313	ECHO TRANSESOPHAGEAL	Yes	CIM 50-7	0	NA		Physician billing to Carrier
93314	ECHO TRANSESOPHAGEAL	Yes	CIM 50-7	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93315	ECHO TRANSESOPHAGEAL	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
93316	ECHO TRANSESOPHAGEAL	Yes		0	NA		Physician billing to Carrier
93317	ECHO TRANSESOPHAGEAL	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
93318	ECHO TRANSESOPHAGEAL INTRAOP	Yes		1	IC		Rendering provider may bill or SNF may bill under arrangements
93320	DOPPLER ECHO EXAM, HEART	Yes	MCM 2070, CIM 50-7	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93321	DOPPLER ECHO EXAM, HEART	Yes	CIM 50-7	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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93325	DOPPLER COLOR FLOW ADD-ON	Yes	CIM 50-7	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93350	ECHO TRANSTHORACIC	Yes	CIM 50-7	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93501	Rt. HEART ATH.	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93503	Insert/place heart catheter	No		0	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93505	ENDOMYOCARDIAL BIOPSY	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93508	Cath placement, angiography	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93510	LT. HEART CATH.	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93511	LT. HEART CATH.	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93514	LT. HEART CATH.	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93524	COMBINED LT. HEART CATH.	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93526	COMBINED RT. HEART CATH.	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93527	COMBINED RT. HEART CATH.	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93528	COMBINED RT. HEART CATH.	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93529	Rt&lt heart catheterization	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill

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93530	RT. HEART CATH.	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93531	COMBINED RT. HEART CATH.	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93532	COMBINED RT. HEART CATH.	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93533	COMBINED RT. HEART CATH.	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93536	INSERT CIRCULATION ASSI	No	SNF 516	0	NA		Discontinue after 12/31/2001 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
93539	INJECTION, CARDIAC CATH	No	SNF 516	0	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93540	INJECTION, CARDIAC CATH	No	SNF 516	0	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93541	INJECTION FOR LUNG ANGIOGRAM	No	SNF 516	0	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93542	INJECTION FOR HEART X-RAYS	No	SNF 516	0	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93543	INJECTION FOR HEART X-RAYS	No	SNF 516	0	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93544	INJECTION FOR AORTOGRAPHY	No	SNF 516	0	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93545	INJECT FOR CORONARY X-RAYS	No	SNF 516	0	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93555	Imaging, cardiac cath	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill

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93556	Imaging, cardiac cath	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93561	Cardiac output measurement	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93562	Cardiac output measurement	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93571	Heart flow reserve measure	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93572	Heart flow reserve measure	No	SNF 516	1	NA		Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill
93600	BUNDLE OF HIS RECORDING	Yes	MCM 2070, CIM 50-3, CIM 35-78	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93602	INTRA-ATRIAL RECORDING	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
93603	RIGHT VENTRICULAR RECORDING	Yes	CIM 35-75	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93607	LEFT VENTRICULAR RECORDING	Yes	CIM 35-75 SNF 516.3 SNF 260	1	Fee		Discontinue after 12/31/2001 Part B - Non covered for SNF. Physician may bil
93609	MAPPING OF TACHYCARDIA	Yes	CIM 35-75, CIM 35-78	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93610	INTRA-ATRIAL PACING	Yes	MCM 2070 CIM 35-78	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93612	INTRAVENTRICULAR PACING	Yes	MCM 2070 CIM 35-78	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93613	Electrophys map, 3d, add-on	Yes		1	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
93615	ESOPHAGEAL RECORDING	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
93616	ESOPHAGEAL RECORDING	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
93618	HEART RHYTHM PACING	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements

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93619	ELECTROPHYSIOLOGY EVALUATION	Yes	CIM 35-78, CIM 50-3	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93620	ELECTROPHYSIOLOGY EVALUATION	Yes	CIM 35-78, CIM 50-3	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93621	ELECTROPHYSIOLOGY EVALUATION	Yes	CIM 35-78, CIM 50-3	1	IC		Rendering provider may bill or SNF may bill under arrangements
93622	ELECTROPHYSIOLOGY EVALUATION	Yes	CIM 35-78, CIM 50-3	1	IC		Rendering provider may bill or SNF may bill under arrangements
93623	STIMULATION, PACING HEART	Yes	CIM 35-78, CIM 50-3	1	IC		Rendering provider may bill or SNF may bill under arrangements
93624	ELECTROPHYSIOLOGIC STUDY	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
93631	HEART PACING, MAPPING	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
93640	EVALUATION HEART DEVICE	Yes	CIM 35-85	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93641	ELECTROPHYSIOLOGY EVALUATION	Yes	CIM 35-85	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93642	ELECTROPHYSIOLOGY EVALUATION	Yes	CIM 35-85	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93650	ABLATE HEART DYSRHYTHM FOCUS	No		0	NA		Part B - Non covered for SNF. Physician may bil
93651	ABLATE HEART DYSRHYTHM FOCUS	No		0	NA		Part B - Non covered for SNF. Physician may bil
93652	ABLATE HEART DYSRHYTHM FOCUS	No		0	NA		Part B - Non covered for SNF. Physician may bil
93660	TILT TABLE EVALUATION	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
93662	INTRACARDIAC ECG (ICE)	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
93668	PERIPHERAL VASCULAR REHAB	No	Non-covered by Medicare Statute 1861	9	NA		SNFs cannot be paid for this service.
93701	Bioimpedance, thoracic	Yes		1	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
93720	TOTAL BODY PLETHYSMOGRAPHY	Yes	CIM 50-54, CIM 50-6	4	NA		SNFs cannot be paid for this global code. Bill with code that represents the technical component

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93721	PLETHYSMOGRAPHY TRACING	Yes	CIM 50-54, CIM 50-6	3	Fee		Rendering provider may bill or SNF may bill under arrangements
93722	PLETHYSMOGRAPHY REPORT	No	CIM 50-54, CIM 50-6	2	NA		Part B - Non covered for SNF. Physician may bil
93724	ANALYZE PACEMAKER SYSTEM	Yes	CIM 50-1	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93727	ANALYZIER SYSTEM	No		2	NA		Part B - Non covered for SNF. Physician may bil
93731	ANALYZE PACEMAKER SYSTEM	Yes	MCM 2070, CIM 50-1	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93732	ANALYZE PACEMAKER SYSTEM	Yes	MCM 2070, CIM 50-1	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93733	TELEPHONE ANALY, PACEMAKER	Yes	MCM 2070, CIM 50-1	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93734	ANALYZE PACEMAKER SYSTEM	Yes	MCM 2070, CIM 50-1	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93735	ANALYZE PACEMAKER SYSTEM	Yes	MCM 2070, CIM 50-1	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93736	TELEPHONE ANALY, PACEMAKER	Yes	MCM 2070, CIM 50-1	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93737	ANALYZE CARDIO/DEFIBRILLATOR	Yes	CIM 35-85	1	Fee		Discontinue after 12/31/2001 Rendering provider may bill or SNF may bill under arrangements
93738	ANALYZE CARDIO/DEFIBRILLATOR	Yes	CIM 35-85	1	Fee		Discontinue after 12/31/2001 Rendering provider may bill or SNF may bill under arrangements
93740	TEMPERATURE GRADIENT STUDIES	Yes		1	NA		SNFs cannot be paid for this service.
93741	ANALYZE HT PACE DEVICE SNGL	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
93742	ANALYZE HT PACE DEVICE SNGL	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
93743	ANALYZE HT PACE DEVICE DUAL	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
93744	ANALYZE HT PACE DEVICE DUAL	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
93760	CEPHALIC THERMOGRAM	No	Non-covered by Medicare MCM 2070, CIM 50-5	9	NA		SNFs cannot be paid for this service.

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93762	PERIPHERAL THERMOGRAM	No	Non-covered by Medicare MCM 2070, CIM 50-5	9	NA		SNFs cannot be paid for this service.
93770	MEASURE VENOUS PRESSURE	Yes		1	NA		SNFs cannot be paid for this service.
93784	AMBULATORY BP MONITORING	No	Non-covered by Medicare CIM 50-42	9	NA		SNFs cannot be paid for this service.
93786	AMBULATORY BP RECORDING	No	Non-covered by Medicare MCM 2070, CIM 50-42	9	NA		SNFs cannot be paid for this service.
93788	AMBULATORY BP ANALYSIS	No	Non-covered by Medicare MCM 2070, CIM 50-42	9	NA		SNFs cannot be paid for this service.
93790	REVIEW/REPORT BP RECORDING	No	Non-covered by Medicare MCM 2070, CIM 50-42	9	NA		SNFs cannot be paid for this service.
93797	CARDIAC REHAB	No	CIM 35-25	0	NA		Part B - Non covered for SNF. Physician may bil
93798	CARDIAC REHAB/MONITOR	No	CIM 35-25	0	NA		Part B - Non covered for SNF. Physician may bil
93799	CARDIOVASCULAR PROCEDURE	Yes		1	IC		Rendering provider may bill or SNF may bill under arrangements
93875	EXTRACRANIAL STUDY	Yes	CIM 50-7, CIM 50-37	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93880	EXTRACRANIAL STUDY	Yes	CIM 50-7, CIM 50-37	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93882	EXTRACRANIAL STUDY	Yes	CIM 50-7, CIM 50-37	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93886	INTRACRANIAL STUDY	Yes	CIM 50-7, CIM 50-37	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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93888	INTRACRANIAL STUDY	Yes	CIM 50-7, CIM 50-37	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93922	EXTREMITY STUDY	Yes	CIM 50-54, CIM 50-6, CIM 50-7	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93923	EXTREMITY STUDY	Yes	CIM 50-54, CIM 50-6, CIM 50-7	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93924	EXTREMITY STUDY	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
93925	LOWER EXTREMITY STUDY	Yes	CIM 50-6, CIM 50-7	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93926	LOWER EXTREMITY STUDY	Yes	CIM 50-6, CIM 50-7	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93930	UPPER EXTREMITY STUDY	Yes	CIM 50-7	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93931	UPPER EXTREMITY STUDY	Yes	CIM 50-7	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93965	EXTREMITY STUDY	Yes	CIM 50-54, CIM 50-6, CIM 50-7	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93970	EXTREMITY STUDY	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
93971	EXTREMITY STUDY	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
93975	VASCULAR STUDY	Yes	CIM 50-7	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93976	VASCULAR STUDY	Yes	CIM 50-7	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93978	VASCULAR STUDY	Yes	CIM 50-7	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93979	VASCULAR STUDY	Yes	CIM 50-7	1	Fee		Rendering provider may bill or SNF may bill under arrangements
93980	PENILE VASCULAR STUDY	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
93981	PENILE VASCULAR STUDY	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
93990	DOPPLER FLOW TESTING	Yes	CIM 50-7	1	Fee		Rendering provider may bill or SNF may bill under arrangements
94010	BREATHING CAPACITY TEST	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements

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94014	PATIENT RECORDED SPIROMETRY	Yes		4	NA		SNFs cannot be paid for this global code. Bill with code that represents the technical component
94015	PATIENT RECORDED SPIROMETRY	Yes		3	Fee		Rendering provider may bill or SNF may bill under arrangements
94016	REVIEW PATIENT SPIROMETRY	No		2	NA		Part B - Non covered for SNF. Physician may bil
94060	EVALUATION OF WHEEZING	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
94070	EVALUATION OF WHEEZING	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
94150	VITAL CAPACITY TEST	Yes		1	NA		SNFs cannot be paid for this service.
94200	LUNG FUNCTION TEST (MBC/MVV)	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
94240	RESIDUAL LUNG CAPACITY	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
94250	EXPIRED GAS COLLECTION	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
94260	THORACIC GAS VOLUME	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
94350	LUNG NITROGEN WASHOUT CURVE	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
94360	MEASURE AIRFLOW RESISTANCE	Yes	CIM 50-6	1	Fee		Rendering provider may bill or SNF may bill under arrangements
94370	BREATH AIRWAY CLOSING VOLUME	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
94375	RESPIRATORY FLOW VOLUME LOOP	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
94400	CO2 BREATHING RESPONSE CURVE	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
94450	HYPOXIA RESPONSE CURVE	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
94620	PULMONARY STRESS TEST/SIMPLE	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
94621	PULM STRESS TEST/COMPLEX	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
94640	AIRWAY INHALATION TREATMENT	Yes		5	Fee		Rendering provider may bill or SNF may bill under arrangements
94642	AEROSOL INHALATION TREATMENT	Yes	MCM 2050.6	5	IC		Rendering provider may bill or SNF may bill under arrangements

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94650	PRESSURE BREATHING (IPPB)	Yes		5	Fee		Rendering provider may bill or SNF may bill under arrangements
94651	PRESSURE BREATHING (IPPB)	Yes		5	Fee		Rendering provider may bill or SNF may bill under arrangements
94652	PRESSURE BREATHING (IPPB)	Yes		5	Fee		Rendering provider may bill or SNF may bill under arrangements
94656	INITIAL VENTILATOR MGMT	No		0	NA		Part B - Non covered for SNF. Physician may bil
94657	CONTINUED VENTILATOR MGMT	No		0	NA		Part B - Non covered for SNF. Physician may bil
94660	POS AIRWAY PRESSURE, CPAP	No		0	NA		Part B - Non covered for SNF. Physician may bil
94662	NEG PRESS VENTILATION, CNP	No		0	NA		Part B - Non covered for SNF. Physician may bil
94664	AEROSOL OR VAPOR INHALATIONS	Yes	MCM 2050.6	5	Fee		Rendering provider may bill or SNF may bill under arrangements
94665	AEROSOL OR VAPOR INHALATIONS	Yes	MCM 2050.6	5	Fee		Rendering provider may bill or SNF may bill under arrangements
94667	CHEST WALL MANIPULATION	Yes	CIM 35-2	5	Fee		Rendering provider may bill or SNF may bill under arrangements
94668	CHEST WALL MANIPULATION	Yes	CIM 35-2	5	Fee		Rendering provider may bill or SNF may bill under arrangements
94680	EXHALED AIR ANALYSIS, O2	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
94681	EXHALED AIR ANALYSIS, O2/CO2	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
94690	EXHALED AIR ANALYSIS	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
94720	MONOXIDE DIFFUSING CAPACITY	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
94725	MEMBRANE DIFFUSION CAPACITY	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
94750	PULMONARY COMPLIANCE STUDY	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
94760	MEASURE BLOOD OXYGEN LEVEL	Yes	MCM 2070, CIM 60-4C	3	Fee		Rendering provider may bill or SNF may bill under arrangements
94761	MEASURE BLOOD OXYGEN LEVEL	Yes	MCM 2070, CIM 60-4C	3	Fee		Rendering provider may bill or SNF may bill under arrangements
94762	MEASURE BLOOD OXYGEN LEVEL	Yes	MCM 2070, CIM 60-4C	3	Fee		Rendering provider may bill or SNF may bill under arrangements

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94770	EXHALED CARBON DIOXIDE TEST	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
94772	BREATH RECORDING, INFANT	Yes		1	IC		Rendering provider may bill or SNF may bill under arrangements
94799	PULMONARY SERVICE/PROCEDURE	Yes		1	IC		Rendering provider may bill or SNF may bill under arrangements
95004	ALLERGY SKIN TESTS	Yes	CIM 50-53	5	Fee		Rendering provider may bill or SNF may bill under arrangements
95010	SENSITIVITY SKIN TESTS	No		0	NA		Part B - Non covered for SNF. Physician may bil
95015	SENSITIVITY SKIN TESTS	No		0	NA		Part B - Non covered for SNF. Physician may bil
95024	ALLERGY SKIN TESTS	Yes	CIM 50-53	5	Fee		Rendering provider may bill or SNF may bill under arrangements
95027	SKIN END POINT TITRATION	Yes		3	Fee		Rendering provider may bill or SNF may bill under arrangements
95028	ALLERGY SKIN TESTS	Yes	CIM 50-53	3	Fee		Rendering provider may bill or SNF may bill under arrangements
95044	ALLERGY PATCH TESTS	Yes		5	Fee		Rendering provider may bill or SNF may bill under arrangements
95052	PHOTO PATCH TEST	Yes		5	Fee		Rendering provider may bill or SNF may bill under arrangements
95056	PHOTOSENSITIVITY TESTS	Yes		5	Fee		Rendering provider may bill or SNF may bill under arrangements
95060	EYE ALLERGY TESTS	Yes		3	Fee		Rendering provider may bill or SNF may bill under arrangements
95065	NOSE ALLERGY TEST	Yes		3	Fee		Rendering provider may bill or SNF may bill under arrangements
95070	BRONCHIAL ALLERGY TESTS	Yes		3	Fee		Rendering provider may bill or SNF may bill under arrangements
95071	BRONCHIAL ALLERGY TESTS	Yes		3	Fee		Rendering provider may bill or SNF may bill under arrangements
95075	INGESTION CHALLENGE TEST	No	CIM 50-52	0	NA		Part B - Non covered for SNF. Physician may bil
95078	PROVOCATIVE TESTING	Yes		3	Fee		Rendering provider may bill or SNF may bill under arrangements
95115	IMMUNOTHERAPY, ONE INJECTION	Yes	MCM 2005.2	5	Fee		Rendering provider may bill or SNF may bill under arrangements

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95117	IMMUNOTHERAPY INJECTIONS	Yes	MCM 15050, MCM 2005.2	5	Fee		Rendering provider may bill or SNF may bill under arrangements
95120	IMMUNOTHERAPY, ONE INJECTION	No	Not valid for Medicare, MCM 2005.2	9	NA		SNFs cannot be paid for this service.
95125	IMMUNOTHERAPY, MANY ANTIGENS	No	Not valid for Medicare, MCM 2005.2	9	NA		SNFs cannot be paid for this service.
95130	IMMUNOTHERAPY, INSECT VENOM	No	Not valid for Medicare, MCM 2005.2	9	NA		SNFs cannot be paid for this service.
95131	IMMUNOTHERAPY, INSECT VENOMS	No	Not valid for Medicare, MCM 2005.2	9	NA		SNFs cannot be paid for this service.
95132	IMMUNOTHERAPY, INSECT VENOMS	No	Not valid for Medicare, MCM 2005.2	9	NA		SNFs cannot be paid for this service.
95133	IMMUNOTHERAPY, INSECT VENOMS	No	Not valid for Medicare, MCM 2005.2	9	NA		SNFs cannot be paid for this service.
95134	IMMUNOTHERAPY, INSECT VENOMS	No	Not valid for Medicare, MCM 2005.2	9	NA		SNFs cannot be paid for this service.
95144	ANTIGEN THERAPY SERVICES	No	MCM 2005.2	0	NA		Part B - Non covered for SNF. Physician may bil
95145	ANTIGEN THERAPY SERVICES	No	MCM 2005.2	0	NA		Part B - Non covered for SNF. Physician may bil
95146	ANTIGEN THERAPY SERVICES	No	MCM 2005.2	0	NA		Part B - Non covered for SNF. Physician may bil
95147	ANTIGEN THERAPY SERVICES	No	MCM 2005.2	0	NA		Part B - Non covered for SNF. Physician may bil

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95148	ANTIGEN THERAPY SERVICES	No	MCM 2005.2	0	NA		Part B - Non covered for SNF. Physician may bil
95149	ANTIGEN THERAPY SERVICES	No	MCM 2005.2	0	NA		Part B - Non covered for SNF. Physician may bil
95165	ANTIGEN THERAPY SERVICES	No	MCM 2005.2	0	NA		Part B - Non covered for SNF. Physician may bil
95170	ANTIGEN THERAPY SERVICES	No	MCM 2005.2	0	NA		Part B - Non covered for SNF. Physician may bil
95180	RAPID DESENSITIZATION	No	MCM 2005.2	0	NA		Part B - Non covered for SNF. Physician may bil
95199	ALLERGY IMMUNOLOGY SERVICES	No	MCM 2005.2	0	NA		Part B - Non covered for SNF. Physician may bil
95250	Rapid desensitization	No		3	NA		Code Effective 1/1/2002 Part B - Non covered for SNF. Physician may bill
95805	MULTIPLE SLEEP LATENCY TEST	Yes	MCM 2055	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95806	SLEEP STUDY, UNATTENDED	Yes	MCM 2055	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95807	SLEEP STUDY, ATTENDED	Yes	MCM 2055	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95808	POLYSOMNOGRAPHY, 1-3	Yes	MCM 2055	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95810	POLYSOMNOGRAPHY, 4 OR MORE	Yes	MCM 2055	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95811	POLYSOMNOGRAPHY W/CPAP	Yes	MCM 2055	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95812	ELECTROENCEPHALOGRAM (EEG)	Yes	CIM 50-39	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95813	ELECTROENCEPHALOGRAM (EEG)	Yes	CIM 50-39	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95816	ELECTROENCEPHALOGRAM (EEG)	Yes	CIM 50-39	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95819	ELECTROENCEPHALOGRAM (EEG)	Yes	CIM 50-39	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95822	SLEEP ELECTROENCEPHALOGRAM	Yes	MCM 2055, MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95824	ELECTROENCEPHALOGRAPHY	Yes	CIM 50-39	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95827	NIGHT ELECTROENCEPHALOGRAM	Yes	MCM 2055, MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements

SNF HCPCS HELP FILE

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95829	SURGERY ELECTROCORTICOGRAM	Yes	MCM 2070, CIM 35-57	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95830	INSERT ELECTRODES FOR EEG	No	MCM 2070	0	NA		Part B - Non covered for SNF. Physician may bil
95831	LIMB MUSCLE TESTING, MANUAL	Yes	MCM 2070 SNF 532	0	Fee		Part B - SNFs must bill this therapy service
95832	HAND MUSCLE TESTING, MANUAL	Yes	MCM 2070 SNF 532	0	Fee		Part B - SNFs must bill this therapy service
95833	BODY MUSCLE TESTING, MANUAL	Yes	MCM 2070 SNF 532	0	Fee		Part B - SNFs must bill this therapy service
95834	BODY MUSCLE TESTING, MANUAL	Yes	MCM 2070 SNF 532	0	Fee		Part B - SNFs must bill this therapy service
95851	RANGE OF MOTION MEASUREMENTS	Yes	MCM 2210.3 SNF 532	0	Fee		Part B - SNFs must bill this therapy service
95852	RANGE OF MOTION MEASUREMENTS	Yes	MCM 2210.3 SNF 532	0	Fee		Part B - SNFs must bill this therapy service
95857	TENSILON TEST	No	MCM 2070	0	NA		Part B - Non covered for SNF. Physician may bil
95858	TENSILON TEST & MYOGRAM	Yes	MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95860	MUSCLE TEST, ONE LIMB	Yes	MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95861	MUSCLE TEST, TWO LIMBS	Yes	MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95863	MUSCLE TEST, 3 LIMBS	Yes	MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95864	MUSCLE TEST, 4 LIMBS	Yes	MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95867	MUSCLE TEST, HEAD OR NECK	Yes	MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95868	MUSCLE TEST, HEAD OR NECK	Yes	MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95869	MUSCLE TEST, THOR PARASPINAL	Yes	MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95870	MUSCLE TEST, NONPARASPINAL	Yes	MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95872	MUSCLE TEST, ONE FIBER	Yes	MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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95875	LIMB EXERCISE TEST	Yes	MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95900	MOTOR NERVE CONDUCTION TEST	No	CIM 50-17	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95903	MOTOR NERVE CONDUCTION TEST	No	MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95904	Sense nerve conduction test	No	CIM 50-17	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95920	INTRAOP NERVE TEST ADD-ON	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
95921	AUTONOMIC NERV FUNCTION TEST	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
95922	AUTONOMIC NERV FUNCTION TEST	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
95923	AUTONOMIC NERV FUNCTION TEST	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
95925	SOMATOSENSORY TESTING	Yes	MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95926	SOMATOSENSORY TESTING	Yes	MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95927	SOMATOSENSORY TESTING	Yes	MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95930	VISUAL EVOKED POTENTIAL TEST	Yes	CIM 50-31	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95933	BLINK REFLEX TEST	No	MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95934	H-REFLEX TEST	No	MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95936	H-REFLEX TEST	Yes	MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95937	NEUROMUSCULAR JUNCTION TEST	Yes	MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95950	AMBULATORY EEG MONITORING	Yes	CIM 50-39	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95951	EEG MONITORING/VIDEORECORD	Yes	CIM 50-39	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95953	EEG MONITORING/COMPUTER	Yes	CIM 50-39	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95954	EEG MONITORING/GIVING DRUGS	Yes	MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements

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95955	EEG DURING SURGERY	Yes	CIM 35-57	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95956	EEG MONITORING, CABLE/RADIO	Yes	CIM 50-39	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95957	EEG DIGITAL ANALYSIS	Yes		1	Fee		Rendering provider may bill or SNF may bill under arrangements
95958	EEG MONITORING/FUNCTION TEST	Yes	MCM 2070	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95961	ELECTRODE STIMULATION, BRAIN	Yes	CIM 50-40	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95962	ELECTRODE STIM, BRAIN ADD-ON	Yes	CIM 50-40	1	Fee		Rendering provider may bill or SNF may bill under arrangements
95965	Meg, spontaneous	Yes		1	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
95966	Meg, evoked, single	Yes		1	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
95967	Meg, evoked, each addl	Yes		1	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
95970	ANALYZE NEUROSTIM, NO PROG	Yes	CIM 65-8 SNF 516	0	NA		Physician billing to Carrier
95971	ANALYZE NEUROSTIM, SIMPLE	Yes	CIM 65-8	0	NA		Physician billing to Carrier
95972	ANALYZE NEUROSTIM, COMPLEX	Yes		0	NA		Physician billing to Carrier
95973	ANALYZE NEUROSTIM, COMPLEX	Yes		0	NA		Physician billing to Carrier
95974	CRANIAL NEUROSTIM, COMPLEX	Yes		0	NA		Physician billing to Carrier
95975	CRANIAL NEUROSTIM, COMPLEX	Yes	SNF 516	0	NA		Physician billing to Carrier
95999	NEUROLOGICAL PROCEDURE	No	MCM 2070	0	NA		Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bil
96000	Motion analysis, video/3d	Yes		7	Fee		Code Effective 1/1/2002 SNFs must bill this therapy service
96001	Motion test w/ft press meas	Yes		7	Fee		Code Effective 1/1/2002 SNFs must bill this therapy service
96002	Dynamic surface emg	Yes		0	Fee		Code Effective 1/1/2002 SNFs must bill this therapy service
96003	Dynamic fine wire emg	Yes		0	Fee		Code Effective 1/1/2002 SNFs must bill this therapy service

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96004	Phys review of motion tests	No		2	NA		Code Effective 1/1/2002 Part B - Non covered for SNF. Physician may bill
96100	PSYCHOLOGICAL TESTING	No	MCM 2216	0	NA		Part B - Non covered for SNF. Physician may bill
96105	ASSESSMENT OF APHASIA	Yes	SNF 532	0	Fee		Part B - SNFs must bill this therapy service
96110	DEVELOPMENTAL TEST, LIM	Yes	SNF 532	0	IC		Part B - SNFs must bill this therapy service
96111	DEVELOPMENTAL TEST, EXTEND	Yes	MCM 2070 SNF 532	0	Fee		Part B - SNFs must bill this therapy service
96115	NEUROBEHAVIOR STATUS EXAM	Yes	MCM 2070 SNF 532	0	Fee		Part B - SNFs must bill this therapy service
96117	NEUROPSYCH TEST BATTERY	No	MCM 2070.2 MCM 2150	0	NA		Part B - Non covered for SNF. Physician may bill
96150	Assess hlth/behave, init	Yes		0	NA		Code Effective 1/1/2002 Physician may bill
96151	Assess hlth/behave, subseq	Yes		0	NA		Code Effective 1/1/2002 Physician may bill
96152	Intervene hlth/behave, indiv	Yes		0	NA		Code Effective 1/1/2002 Physician may bill
96153	Intervene hlth/behave, group	Yes		0	NA		Code Effective 1/1/2002 Physician may bill
96154	Interv hlth/behav, fam w/pt	Yes		0	NA		Code Effective 1/1/2002 Physician may bill
96155	Interv hlth/behav fam no pt	Yes		0	NA		Code Effective 1/1/2002 Physician may bill
96400	CHEMOTHERAPY, SC/IM	No		5	NA		Part B - Non covered for SNF. Physician may bill
96405	INTRALESIONAL CHEMO ADMIN	No	SNF 516	0	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements

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96406	INTRALESIONAL CHEMO ADMIN	No	SNF 516	0	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
96408	CHEMOTHERAPY, PUSH TECHNIQUE	No	SNF 516	5	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
96410	CHEMOTHERAPY,INFUSION METHOD	No	CIM 60-14 SNF 516	5	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
96412	CHEMO, INFUSE METHOD ADD-ON	No	CIM 60-14 SNF 516	5	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
96414	CHEMO, INFUSE METHOD ADD-ON	No	CIM 60-14 SNF 516	5	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements

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96420	CHEMOTHERAPY, PUSH TECHNIQUE	No	SNF 516	5	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
96422	CHEMOTHERAPY,INFUSION METHOD	No	CIM 60-14 SNF 516	5	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
96423	CHEMO, INFUSE METHOD ADD-ON	No	CIM 60-14 SNF 516	5	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
96425	CHEMOTHERAPY,INFUSION METHOD	No	CIM 60-14 SNF 516	5	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
96440	CHEMOTHERAPY, INTRACAVITARY	No	SNF 516	0	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements

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96445	CHEMOTHERAPY, INTRACAVITARY	No	SNF 516	0	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
96450	CHEMOTHERAPY, INTO CNS	No	SNF 516	5	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
96520	PUMP REFILLING, MAINTENANCE	No	CIM 60-14 SNF 516	5	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
96530	PUMP REFILLING, MAINTENANCE	No	CIM 60-14 SNF 516	5	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
96542	CHEMOTHERAPY INJECTION	No	SNF 516	0	NA		Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
96545	PROVIDE CHEMOTHERAPY AGENT	Yes		9	NA		Part B - Rendering provider may bill or SNF may
96549	CHEMOTHERAPY, UNSPECIFIED	No		0	NA		Part B - Non covered for SNF. Physician may bill

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96567	Photodynamic tx, skin	Yes		3	NA		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements.
96570	PHOTODYNAMIC TX, 30 MIN	No		0	NA		Part B - Non covered for SNF. Physician may bil
96571	PHOTODYNAMIC TX, ADDL 15 MIN	No		0	NA		Part B - Non covered for SNF. Physician may bil
96900	ULTRAVIOLET LIGHT THERAPY	Yes	CIM 35-66	5	Fee		Rendering provider may bill or SNF may bill under arrangements
96902	TRICHOGRAM	Yes		9	NA		SNFs cannot be paid for this service.
96910	PHOTOCHEMOTHERAPY WITH UV-B	Yes	CIM 35-66	5	Fee		Rendering provider may bill or SNF may bill under arrangements
96912	PHOTOCHEMOTHERAPY WITH UV-A	Yes	CIM 35-66	5	Fee		Rendering provider may bill or SNF may bill under arrangements
96913	PHOTOCHEMOTHERAPY, UV-A OR B	Yes	CIM 35-66	5	Fee		Rendering provider may bill or SNF may bill under arrangements
96999	DERMATOLOGICAL PROCEDURE	No		0	NA		Part B - Non covered for SNF. Physician may bil
97001	PT EVALUATION	Yes	SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97002	PT RE-EVALUATION	Yes	SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97003	OT EVALUATION	Yes	MCM 2217 SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97004	OT RE-EVALUATION	Yes	MCM 2217 SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97005	Athletic train eval	Yes	Non-covered by Medicare	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
97006	Athletic train reeval	Yes	Non-covered by Medicare	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
97010	HOT OR COLD PACKS THERAPY	No	MCM 2200 MCM 2210.3 MCM 2215 CIM 35-3 SNF 532B	9	NA		Always bundled with another therapy code

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97012	MECHANICAL TRACTION THERAPY	Yes	MCM 2200 MCM 2215 SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97014	ELECTRIC STIMULATION THERAPY	Yes	CIM 35-20 CIM 35-77 CIM 35-98 SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97016	VASOPNEUMATIC DEVICE THERAPY	Yes	SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97018	PARAFFIN BATH THERAPY	Yes	MCM 2200 MCM 2210.3 MCM 2215 SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97020	MICROWAVE THERAPY	Yes	MCM 2200 MCM 2210.3 MCM 2215 SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97022	WHIRLPOOL THERAPY	Yes	MCM 2200 MCM 2210.3 MCM 2215 SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97024	DIATHERMY TREATMENT	Yes	MCM 2200 MCM 2210.3 MCM 2215 SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97026	INFRARED THERAPY	Yes	MCM 2200 MCM 2210.3 MCM 2215 SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97028	ULTRAVIOLET THERAPY	Yes	MCM 2200 MCM 2215 SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97032	ELECTRICAL STIMULATION	Yes	CIM 35-20 CIM 35-77 SNF 532	7	Fee		Part B - SNFs must bill this therapy service

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97033	ELECTRIC CURRENT THERAPY	Yes	SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97034	CONTRAST BATH THERAPY	Yes	SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97035	ULTRASOUND THERAPY	Yes	MCM 2200 MCM 2210.3 MCM 2215 CIM 35-3 SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97036	HYDROTHERAPY	Yes	SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97039	PHYSICAL THERAPY TREATMENT	Yes	MCM 2200 MCM 2210.3 MCM 2215 SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97110	THERAPEUTIC EXERCISES	Yes	MCM 2210.3 SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97112	NEUROMUSCULAR REEDUCATION	Yes	SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97113	AQUATIC THERAPY/EXERCISES	Yes	SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97116	GAIT TRAINING THERAPY	Yes	MCM 2210.3 SNF 532	7	Fee		SNFs must bill this therapy service Cannot be reported with code 97504 unless 97504 was performed on an upper extremity. Use modifier 59 to denote a separate anatomic site.
97124	MASSAGE THERAPY	Yes	SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97139	PHYSICAL MEDICINE PROCEDURE	Yes	SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97140	MANUAL THERAPY	Yes	CIM 35-2 SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97150	GROUP THERAPEUTIC PROCEDURES	Yes	SNF 532	7	Fee		Part B - SNFs must bill this therapy service

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97504	ORTHOTIC TRAINING	Yes	SNF 532	7	Fee		SNFs must bill this therapy service. Cannot be reported with code 97116 unless 97504 was performed on an upper extremity. Use modifier 59 to denote a separate anatomic site..
97520	PROSTHETIC TRAINING	Yes	MCM 2217 SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97530	THERAPEUTIC ACTIVITIES	Yes	SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97532	COGNITIVE SKILLS DEVELOPMENT	Yes	SNF 532B	7	Fee		SNFs must bill this therapy service. Not considered to be an outpatient rehabilitation service when delivered by a clinical psychologis psychiatrist, or clinical social worker for the treatment of a psychiatric condition. (Diagnosis ICD-9-CM code range 2900 through 319).
97533	SENSORY INTEGRATION	Yes	SNF 532B	7	Fee		SNFs must bill this therapy service Not considered to be an outpatient rehabilitation service when delivered by a clinical psychologis psychiatrist, or clinical social worker for the treatment of a psychiatric condition. (Diagnosis ICD-9-CM code range 2900 through 319).
97535	SELF CARE MNGMENT TRAINING	Yes	MCM 2217 SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97537	COMMUNITY/WORK REINTEGRATION	Yes	MCM 2217 SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97542	WHEELCHAIR MNGMENT TRAINING	Yes	SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97545	WORK HARDENING	Yes	MCM 2217 SNF 532	7	IC		Part B - SNFs must bill this therapy service
97546	WORK HARDENING ADD-ON	Yes	MCM 2217 SNF 532	7	IC		Part B - SNFs must bill this therapy service
97601	Wound(s) care, selective	Yes	SNF 515 SNF 529 SNF 532	0	Fee		Coverage as rehab service changed effective 1/1/2002 SNFs must bill this therapy service
97602	Wound(s) care non-selective	Yes	SNF 515 SNF 529 SNF 532	9	Fee		Coverage as rehab service changed effective 1/1/2002 Always bundled with another rehab service.

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97703	PROSTHETIC CHECKOUT	Yes	SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97750	PHYSICAL PERFORMANCE TEST	Yes	SNF 532	7	Fee		Part B - SNFs must bill this therapy service
97770	COGNITIVE SKILLS DEVELOPMENT	Yes	SNF 532B	7	Fee		Discontinued 12/31/2000 Not considered to be an outpatient rehabilitation service when delivered by a clinical psychologis psychiatrist, or clinical social worker for the treatment of a psychiatric condition. (Diagnosis ICD-9-CM code range 2900 through 319).
97780	ACUPUNCTURE W/O STIMUL	No	Non-covered by Medicare CIM 35-8	9	NA		SNFs cannot be paid for this service.
97781	ACUPUNCTURE W/STIMUL	No	Non-covered by Medicare CIM 35-8	9	NA		SNFs cannot be paid for this service.
97799	PHYSICAL MEDICINE PROCEDURE	Yes		7	IC		Part B - SNFs must bill this therapy service
97802	MEDICAL NUTRITION, INDIV, IN	No	Non-covered by Medicare CIM 65-10	0	NA		SNFs cannot be paid for this service.
97803	MED NUTRITION, INDIV, SUBSEQ	No	Non-covered by Medicare CIM 65-10	0	NA		SNFs cannot be paid for this service.
97804	MEDICAL NUTRITION, GROUP	No	Non-covered by Medicare CIM 65-10	0	NA		SNFs cannot be paid for this service.
98925	OSTEOPATHIC MANIPULATION	No	CIM 35-2	0	NA		Part B - Non covered for SNF. Physician may bil
98926	OSTEOPATHIC MANIPULATION	No	CIM 35-2	0	NA		Part B - Non covered for SNF. Physician may bil
98927	OSTEOPATHIC MANIPULATION	No	CIM 35-2	0	NA		Part B - Non covered for SNF. Physician may bil

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98928	OSTEOPATHIC MANIPULATION	No	CIM 35-2	0	NA		Part B - Non covered for SNF. Physician may bil
98929	OSTEOPATHIC MANIPULATION	No	CIM 35-2	0	NA		Part B - Non covered for SNF. Physician may bil
98940	CHIROPRACTIC MANIPULATION	No	MCM 2251	0	NA		Part B - Non covered for SNF. Physician may bil
98941	CHIROPRACTIC MANIPULATION	No	MCM 2251	0	NA		Part B - Non covered for SNF. Physician may bil
98942	CHIROPRACTIC MANIPULATION	No	MCM 2251	0	NA		Part B - Non covered for SNF. Physician may bil
98943	CHIROPRACTIC MANIPULATION	No	Non-covered by Medicare MCM 2251	9	NA		SNFs cannot be paid for this service.
99000	SPECIMEN HANDLING	Yes		9	NA		SNFs cannot be paid for this service.
99001	SPECIMEN HANDLING	Yes		9	NA		SNFs cannot be paid for this service.
99002	DEVICE HANDLING	Yes		9	NA		SNFs cannot be paid for this service.
99024	POSTOP FOLLOW-UP VISIT	Yes		9	NA		SNFs cannot be paid for this service.
99025	INITIAL SURGICAL EVALUATION	Yes		9	NA		SNFs cannot be paid for this service.
99050	MEDICAL SERVICES AFTER HRS	Yes		9	NA		SNFs cannot be paid for this service.
99052	MEDICAL SERVICES AT NIGHT	Yes		9	NA		SNFs cannot be paid for this service.
99054	MEDICAL SERVCS, UNUSUAL HRS	Yes		9	NA		SNFs cannot be paid for this service.
99056	NON-OFFICE MEDICAL SERVICES	Yes		9	NA		SNFs cannot be paid for this service.
99058	OFFICE EMERGENCY CARE	Yes		9	NA		SNFs cannot be paid for this service.
99070	SPECIAL SUPPLIES	Yes	MCM 2050.2	9	NA		SNFs cannot be paid for this service.
99071	PATIENT EDUCATION MATERIALS	Yes	CIM 80-1	9	NA		SNFs cannot be paid for this service.
99075	MEDICAL TESTIMONY	Yes		9	NA		SNFs cannot be paid for this service.
99078	GROUP HEALTH EDUCATION	Yes	CIM 80-2	9	NA		SNFs cannot be paid for this service.
99080	SPECIAL REPORTS OR FORMS	Yes		9	NA		SNFs cannot be paid for this service.
99082	UNUSUAL PHYSICIAN TRAVEL	No		0	NA		SNFs cannot be paid for this service.
99090	COMPUTER DATA ANALYSIS	Yes		9	NA		SNFs cannot be paid for this service.
99091	Collect/review data from pt	Yes		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99100	SPECIAL ANESTHESIA SERVICE	Yes		9	NA		SNFs cannot be paid for this service.
99116	ANESTHESIA WITH HYPOTHERMIA	Yes		9	NA		SNFs cannot be paid for this service.
99135	SPECIAL ANESTHESIA PROCEDURE	Yes		9	NA		SNFs cannot be paid for this service.
99140	EMERGENCY ANESTHESIA	Yes		9	NA		SNFs cannot be paid for this service.

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99141	SEDATION, IV/IM OR INHALANT	Yes		9	NA		SNFs cannot be paid for this service.
99142	SEDATION, ORAL/RECTAL/NASAL	Yes		9	NA		SNFs cannot be paid for this service.
99170	ANOGENITAL EXAM, CHILD	No		0	NA		Part B - Non covered for SNF. Physician may bil
99172	OCULAR FUNCTION SCREEN	Yes		9	NA		SNFs cannot be paid for this service.
99173	VISUAL ACUITY SCREEN	Yes		9	NA		SNFs cannot be paid for this service.
99175	INDUCTION OF VOMITING	Yes		5	Fee		Rendering provider may bill or SNF may bill under arrangements
99183	HYPERBARIC OXYGEN THERAPY	Yes	CIM 35-10 SNF 515.1	0	NA		Physician billing to Carrier
99185	REGIONAL HYPOTHERMIA	Yes	CIM 45-21	5	Fee		Rendering provider may bill or SNF may bill under arrangements
99186	TOTAL BODY HYPOTHERMIA	Yes		5	Fee		Rendering provider may bill or SNF may bill under arrangements
99190	SPECIAL PUMP SERVICES	Yes		9	NA		SNFs cannot be paid for this service.
99191	SPECIAL PUMP SERVICES	Yes		9	NA		SNFs cannot be paid for this service.
99192	SPECIAL PUMP SERVICES	Yes		9	NA		SNFs cannot be paid for this service.
99195	PHLEBOTOMY	Yes		5	Fee		Rendering provider may bill or SNF may bill under arrangements
99199	SPECIAL SERVICE/PROC/REPORT	No		0	NA		Part B - Non covered for SNF. Physician may bil
99201	OFFICE/OUTPATIENT VISIT, NEW	No		0	NA		Part B - Non covered for SNF. Physician may bil
99202	OFFICE/OUTPATIENT VISIT, NEW	No		0	NA		Part B - Non covered for SNF. Physician may bil
99203	OFFICE/OUTPATIENT VISIT, NEW	No		0	NA		Part B - Non covered for SNF. Physician may bil
99204	OFFICE/OUTPATIENT VISIT, NEW	No		0	NA		Part B - Non covered for SNF. Physician may bil
99205	OFFICE/OUTPATIENT VISIT, NEW	No		0	NA		Part B - Non covered for SNF. Physician may bil
99211	OFFICE/OUTPATIENT VISIT, EST	No		0	NA		Part B - Non covered for SNF. Physician may bil
99212	OFFICE/OUTPATIENT VISIT, EST	No		0	NA		Part B - Non covered for SNF. Physician may bil
99213	OFFICE/OUTPATIENT VISIT, EST	No		0	NA		Part B - Non covered for SNF. Physician may bil
99214	OFFICE/OUTPATIENT VISIT, EST	No		0	NA		Part B - Non covered for SNF. Physician may bil

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99215	OFFICE/OUTPATIENT VISIT, EST	No		0	NA		Part B - Non covered for SNF. Physician may bil
99217	OBSERVATION CARE DISCHARGE	No	MCM 15504	0	NA		Part B - Non covered for SNF. Physician may bil
99218	OBSERVATION CARE	No		0	NA		Part B - Non covered for SNF. Physician may bil
99219	OBSERVATION CARE	No		0	NA		Part B - Non covered for SNF. Physician may bil
99220	OBSERVATION CARE	No		0	NA		Part B - Non covered for SNF. Physician may bil
99221	INITIAL HOSPITAL CARE	No		0	NA		Part B - Non covered for SNF. Physician may bil
99222	INITIAL HOSPITAL CARE	No		0	NA		Part B - Non covered for SNF. Physician may bil
99223	INITIAL HOSPITAL CARE	No		0	NA		Part B - Non covered for SNF. Physician may bil
99231	SUBSEQUENT HOSPITAL CARE	No		0	NA		Part B - Non covered for SNF. Physician may bil
99232	SUBSEQUENT HOSPITAL CARE	No		0	NA		Part B - Non covered for SNF. Physician may bil
99233	SUBSEQUENT HOSPITAL CARE	No		0	NA		Part B - Non covered for SNF. Physician may bil
99234	OBSERV/HOSP SAME DATE	No	MCM 15504	0	NA		Part B - Non covered for SNF. Physician may bil
99235	OBSERV/HOSP SAME DATE	No	MCM 15504	0	NA		Part B - Non covered for SNF. Physician may bil
99236	OBSERV/HOSP SAME DATE	No	MCM 15504	0	NA		Part B - Non covered for SNF. Physician may bil
99238	HOSPITAL DISCHARGE DAY	No		0	NA		Part B - Non covered for SNF. Physician may bil
99239	HOSPITAL DISCHARGE DAY	No		0	NA		Part B - Non covered for SNF. Physician may bil
99241	OFFICE CONSULTATION	No	MCM 2020D	0	NA		Part B - Non covered for SNF. Physician may bil
99242	OFFICE CONSULTATION	No	MCM 2020D	0	NA		Part B - Non covered for SNF. Physician may bil
99243	OFFICE CONSULTATION	No	MCM 2020D	0	NA		Part B - Non covered for SNF. Physician may bil
99244	OFFICE CONSULTATION	No	MCM 2020D	0	NA		Part B - Non covered for SNF. Physician may bil

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99245	OFFICE CONSULTATION	No	MCM 2020D	0	NA		Part B - Non covered for SNF. Physician may bil
99251	INITIAL INPATIENT CONSULT	No	MCM 2020D	0	NA		Part B - Non covered for SNF. Physician may bil
99252	INITIAL INPATIENT CONSULT	No	MCM 2020D	0	NA		Part B - Non covered for SNF. Physician may bil
99253	INITIAL INPATIENT CONSULT	No	MCM 2020D	0	NA		Part B - Non covered for SNF. Physician may bil
99254	INITIAL INPATIENT CONSULT	No	MCM 2020D	0	NA		Part B - Non covered for SNF. Physician may bil
99255	INITIAL INPATIENT CONSULT	No	MCM 2020D	0	NA		Part B - Non covered for SNF. Physician may bil
99261	FOLLOW-UP INPATIENT CONSULT	No	MCM 2020D	0	NA		Part B - Non covered for SNF. Physician may bil
99262	FOLLOW-UP INPATIENT CONSULT	No	MCM 2020D	0	NA		Part B - Non covered for SNF. Physician may bil
99263	FOLLOW-UP INPATIENT CONSULT	No	MCM 2020D	0	NA		Part B - Non covered for SNF. Physician may bil
99271	CONFIRMATORY CONSULTATION	No	MCM 2020D	0	NA		Part B - Non covered for SNF. Physician may bil
99272	CONFIRMATORY CONSULTATION	No	MCM 2020D	0	NA		Part B - Non covered for SNF. Physician may bil
99273	CONFIRMATORY CONSULTATION	No	MCM 2020D	0	NA		Part B - Non covered for SNF. Physician may bil
99274	CONFIRMATORY CONSULTATION	No	MCM 2020D	0	NA		Part B - Non covered for SNF. Physician may bil
99275	CONFIRMATORY CONSULTATION	No	MCM 2020D	0	NA		Part B - Non covered for SNF. Physician may bil
99281	EMERGENCY DEPT VISIT	No		0	NA		Part B - Non covered for SNF. Physician may bil
99282	EMERGENCY DEPT VISIT	No		0	NA		Part B - Non covered for SNF. Physician may bil
99283	EMERGENCY DEPT VISIT	No		0	NA		Part B - Non covered for SNF. Physician may bil
99284	EMERGENCY DEPT VISIT	No		0	NA		Part B - Non covered for SNF. Physician may bil
99285	EMERGENCY DEPT VISIT	No		0	NA		Part B - Non covered for SNF. Physician may bil
99288	DIRECT ADVANCED LIFE SUPPORT	Yes		9	NA		SNFs cannot be paid for this service.
99289	Pt transport, 30-74 min	No		9	NA		Code Effective 1/1/2002 Physician may bill

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99290	Pt transport, addl 30 min	No		9	NA		Code Effective 1/1/2002 Physician may bill
99291	CRITICAL CARE, FIRST HOUR	No		0	NA		Part B - Non covered for SNF. Physician may bil
99292	CRITICAL CARE, ADDL 30 MIN	No		0	NA		Part B - Non covered for SNF. Physician may bil
99295	NEONATAL CRITICAL CARE	No		0	NA		Part B - Non covered for SNF. Physician may bil
99296	NEONATAL CRITICAL CARE	No		0	NA		Part B - Non covered for SNF. Physician may bil
99297	NEONATAL CRITICAL CARE	No		0	NA		Part B - Non covered for SNF. Physician may bil
99298	NEONATAL CRITICAL CARE	No		0	NA		Part B - Non covered for SNF. Physician may bil
99301	NURSING FACILITY CARE	No		0	NA		Part B - Non covered for SNF. Physician may bil
99302	NURSING FACILITY CARE	No		0	NA		Part B - Non covered for SNF. Physician may bil
99303	NURSING FACILITY CARE	No		0	NA		Part B - Non covered for SNF. Physician may bil
99311	NURSING FAC CARE, SUBSEQ	No		0	NA		Part B - Non covered for SNF. Physician may bil
99312	NURSING FAC CARE, SUBSEQ	No		0	NA		Part B - Non covered for SNF. Physician may bil
99313	NURSING FAC CARE, SUBSEQ	No		0	NA		Part B - Non covered for SNF. Physician may bil
99315	NURSING FAC DISCHARGE DAY	No		0	NA		Part B - Non covered for SNF. Physician may bil
99316	NURSING FAC DISCHARGE DAY	No		0	NA		Part B - Non covered for SNF. Physician may bil
99321	REST HOME VISIT, NEW PATIENT	No		0	NA		Part B - Non covered for SNF. Physician may bil
99322	REST HOME VISIT, NEW PATIENT	No		0	NA		Part B - Non covered for SNF. Physician may bil
99323	REST HOME VISIT, NEW PATIENT	No		0	NA		Part B - Non covered for SNF. Physician may bil
99331	REST HOME VISIT, EST PAT	No		0	NA		Part B - Non covered for SNF. Physician may bil
99332	REST HOME VISIT, EST PAT	No		0	NA		Part B - Non covered for SNF. Physician may bil

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99333	REST HOME VISIT, EST PAT	No		0	NA		Part B - Non covered for SNF. Physician may bil
99341	HOME VISIT, NEW PATIENT	No		0	NA		Part B - Non covered for SNF. Physician may bil
99342	HOME VISIT, NEW PATIENT	No		0	NA		Part B - Non covered for SNF. Physician may bil
99343	HOME VISIT, NEW PATIENT	No		0	NA		Part B - Non covered for SNF. Physician may bil
99344	HOME VISIT, NEW PATIENT	No		0	NA		Part B - Non covered for SNF. Physician may bil
99345	HOME VISIT, NEW PATIENT	No		0	NA		Part B - Non covered for SNF. Physician may bil
99347	HOME VISIT, EST PATIENT	No		0	NA		Part B - Non covered for SNF. Physician may bil
99348	HOME VISIT, EST PATIENT	No		0	NA		Part B - Non covered for SNF. Physician may bil
99349	HOME VISIT, EST PATIENT	No		0	NA		Part B - Non covered for SNF. Physician may bil
99350	HOME VISIT, EST PATIENT	No		0	NA		Part B - Non covered for SNF. Physician may bil
99354	PROLONGED SERVICE, OFFICE	No		0	NA		Part B - Non covered for SNF. Physician may bil
99355	PROLONGED SERVICE, OFFICE	No		0	NA		Part B - Non covered for SNF. Physician may bil
99356	PROLONGED SERVICE, INPATIENT	No		0	NA		Part B - Non covered for SNF. Physician may bil
99357	PROLONGED SERVICE, INPATIENT	No		0	NA		Part B - Non covered for SNF. Physician may bil
99358	PROLONGED SERV, W/O CONTACT	Yes		9	NA		SNFs cannot be paid for this service.
99359	PROLONGED SERV, W/O CONTACT	Yes		9	NA		SNFs cannot be paid for this service.
99360	PHYSICIAN STANDBY SERVICES	Yes	MCM 15511.3	9	NA		SNFs cannot be paid for this service.
99361	PHYSICIAN/TEAM CONFERENCE	Yes	MCM 2020A	9	NA		SNFs cannot be paid for this service.
99362	PHYSICIAN/TEAM CONFERENCE	Yes	MCM 2020A	9	NA		SNFs cannot be paid for this service.
99371	PHYSICIAN PHONE CONSULTATION	Yes	MCM 2020.B MCM 2020.C	9	NA		SNFs cannot be paid for this service.

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99372	PHYSICIAN PHONE CONSULTATION	Yes	MCM 2020.B MCM 2020.C	9	NA		SNFs cannot be paid for this service.
99373	PHYSICIAN PHONE CONSULTATION	Yes	MCM 2020.B MCM 2020.C CIM 35-14	9	NA		SNFs cannot be paid for this service.
99374	HOME HEALTH CARE SUPERVISION	Yes		9	NA		SNFs cannot be paid for this service.
99377	HOSPICE CARE SUPERVISION	Yes		9	NA		SNFs cannot be paid for this service.
99379	NURSING FAC CARE SUPERVISION	Yes		9	NA		SNFs cannot be paid for this service.
99380	NURSING FAC CARE SUPERVISION	Yes		9	NA		SNFs cannot be paid for this service.
99381	PREV VISIT, NEW, INFANT	No	Non-covered by Medicare MCM 2320	9	NA		SNFs cannot be paid for this service.
99382	PREV VISIT, NEW, AGE 1-4	No	Non-covered by Medicare MCM 2320	9	NA		SNFs cannot be paid for this service.
99383	PREV VISIT, NEW, AGE 5-11	No	Non-covered by Medicare MCM 2320	9	NA		SNFs cannot be paid for this service.
99384	PREV VISIT, NEW, AGE 12-17	No	Non-covered by Medicare MCM 2320	9	NA		SNFs cannot be paid for this service.
99385	PREV VISIT, NEW, AGE 18-39	No	Non-covered by Medicare MCM 2320	9	NA		SNFs cannot be paid for this service.
99386	PREV VISIT, NEW, AGE 40-64	No	Non-covered by Medicare MCM 2320	9	NA		SNFs cannot be paid for this service.

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99387	PREV VISIT, NEW, 65 & OVER	No	Non-covered by Medicare MCM 2320	9	NA		SNFs cannot be paid for this service.
99391	PREV VISIT, EST, INFANT	No	Non-covered by Medicare MCM 2320	9	NA		SNFs cannot be paid for this service.
99392	PREV VISIT, EST, AGE 1-4	No	Non-covered by Medicare MCM 2320	9	NA		SNFs cannot be paid for this service.
99393	PREV VISIT, EST, AGE 5-11	No	Non-covered by Medicare MCM 2320	9	NA		SNFs cannot be paid for this service.
99394	PREV VISIT, EST, AGE 12-17	No	Non-covered by Medicare MCM 2320	9	NA		SNFs cannot be paid for this service.
99395	PREV VISIT, EST, AGE 18-39	No	Non-covered by Medicare MCM 2320	9	NA		SNFs cannot be paid for this service.
99396	PREV VISIT, EST, AGE 40-64	No	Non-covered by Medicare MCM 2320	9	NA		SNFs cannot be paid for this service.
99397	PREV VISIT, EST, 65 & OVER	No	Non-covered by Medicare MCM 2320	9	NA		SNFs cannot be paid for this service.
99401	PREVENTIVE COUNSELING, INDIV	Yes		9	NA		SNFs cannot be paid for this service.
99402	PREVENTIVE COUNSELING, INDIV	Yes		9	NA		SNFs cannot be paid for this service.
99403	PREVENTIVE COUNSELING, INDIV	Yes		9	NA		SNFs cannot be paid for this service.
99404	PREVENTIVE COUNSELING, INDIV	Yes		9	NA		SNFs cannot be paid for this service.
99411	PREVENTIVE COUNSELING, GROUP	Yes		9	NA		SNFs cannot be paid for this service.
99412	PREVENTIVE COUNSELING, GROUP	Yes		9	NA		SNFs cannot be paid for this service.
99420	HEALTH RISK ASSESSMENT TEST	Yes		9	NA		SNFs cannot be paid for this service.

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99429	UNLISTED PREVENTIVE SERVICE	Yes		9	NA		SNFs cannot be paid for this service.
99431	INITIAL CARE, NORMAL NEWBORN	No		0	NA		Part B - Non covered for SNF. Physician may bil
99432	NEWBORN CARE, NOT IN HOSP	No		0	NA		Part B - Non covered for SNF. Physician may bil
99433	NORMAL NEWBORN CARE/HOSPITAL	No		0	NA		Part B - Non covered for SNF. Physician may bil
99435	NEWBORN DISCHARGE DAY HOSP	No		0	NA		Part B - Non covered for SNF. Physician may bil
99436	ATTENDANCE, BIRTH	No	MCM 15511	0	NA		Part B - Non covered for SNF. Physician may bil
99440	NEWBORN RESUSCITATION	No		0	NA		Part B - Non covered for SNF. Physician may bil
99450	LIFE/DISABILITY EVALUATION	Yes	MCM 2320	9	NA		SNFs cannot be paid for this service.
99455	DISABILITY EXAMINATION	No	MCM 2370	0	NA		Part B - Non covered for SNF. Physician may bil
99456	DISABILITY EXAMINATION	No	MCM 2370	0	NA		Part B - Non covered for SNF. Physician may bil
99499	UNLISTED E&M SERVICE	No		0	NA		Part B - Non covered for SNF. Physician may bil
99500	Home visit, prenatal	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99501	Home visit, postnatal	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99502	Home visit, nb care	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99503	Home visit, resp therapy	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99504	Home visit mech ventilator	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99505	Home visit, stoma care	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99506	Home visit, im injection	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99507	Home visit, cath maintain	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99508	Home visit, sleep studies	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99509	Home visit day life activity	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service

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99510	Home visit, sing/m/fam couns	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99511	Home visit, fecal/enema mgmt	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99512	Home visit, hemodialysis	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99539	Home visit, nos	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99551	Home infus, pain mgmt, iv/sc	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99552	Hm infus pain mgmt, epid/ith	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99553	Home infuse, tocolytic tx	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99554	Home infus, hormone/platelet	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99555	Home infuse, chemotheraphy	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99556	Home infus, antibio/fung/vir	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99557	Home infuse, anticoagulant	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99558	Home infuse, immunotherapy	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99559	Home infus, periton dialysis	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99560	Home infus, entero nutrition	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99561	Home infuse, hydration tx	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99562	Home infus, parent nutrition	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99563	Home admin, pentamidine	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99564	Hme infus, antihemophil agnt	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99565	Home infus, proteinase inhib	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99566	Home infuse, iv therapy	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service

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99567	Home infuse, sympath agent	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99568	Home infus, misc drug, daily	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
99569	Home infuse, each addl tx	No		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A0380	Basic life support mileage	No	PM AB-00-103 PM AB-01-165 SNF 516.2	9	Rate		Fee schedule to be implemented See special instruction for billing.
A0390	Advanced life support mileag	No	PM AB-00-103 PM AB-01-165 SNF 516.2	9	Rate		Fee schedule to be implemented See special instruction for billing.
A0420	AMBULANCE WAITING TIME (ALS OR BLS), ONE HALF (1/2) HOUR INCREMENTS	No	PM AB-00-103 PM AB-01-165 SNF 516.2	9	Rate	52	SNFs cannot be paid for this service. Supplier may bill to carrier.
A0422	AMBULANCE (ALS OR BLS) OXYGEN AND OXYGEN SUPPLIES, LIFE SUSTAINING SITUATION	No	PM AB-00-103 PM AB-01-165 SNF 516.2	9	Rate	52	SNFs cannot be paid for this service. Supplier may bill to carrier.
A0424	EXTRA AMBULANCE ATTENDANT, ALS OR BLS (REQUIRES MEDICAL REVIEW)	No	PM AB-00-103 PM AB-01-165 SNF 516.2	9	Rate	52	SNFs cannot be paid for this service. Supplier may bill to carrier.
A0425	GROUND MILEAGE, PER STATUTE MILE	No	PM AB-00-103 PM AB-01-165 SNF 516.2	9	Rate	52	Code effective with Ambulance fee schedule See special instruction for billing.

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A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	No	PM AB-00-103 PM AB-01-165 SNF 516.2	9	Rate	52	Fee schedule to be implemented See special instruction for billing.
A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1(ALS1-EMERGENCY)	No	PM AB-00-103 PM AB-01-165 SNF 516.2	9	Rate	52	Fee schedule to be implemented See special instruction for billing.
A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)	No	PM AB-00-103 PM AB-01-165 SNF 516.2	9	Rate	52	Fee schedule to be implemented See special instruction for billing.
A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	No	PM AB-00-103 PM AB-01-165 SNF 516.2	9	Rate	52	Fee schedule to be implemented See special instruction for billing.
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	No	PM AB-00-103 PM AB-01-165 SNF 516.2	9	Rate	52	Fee schedule to be implemented See special instruction for billing.
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	No	PM AB-00-103 PM AB-01-165 SNF 516.2	9	Rate	52	Fee schedule to be implemented See special instruction for billing.
A0432	PARAMEDIC INTERCEPT (PI), RURAL AREA, TRANSPORT FURNISHED BY A VOLUNTEER AMBULANCE COMPANY WHICH IS PROHIBITED BY STATE LAW FROM BILLING THIRD PARTY PAYERS	No	PM AB-00-103 PM AB-01-165 SNF 516.2	9	Rate	52	Fee schedule to be implemented See special instruction for billing.
A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	No	PM AB-00-103 PM AB-01-165 SNF 516.2	9	Rate	52	Fee schedule to be implemented See special instruction for billing.

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A0434	SPECIALTY CARE TRANSPORT (SCT)	No	PM AB-00-103 PM AB-01-165 SNF 516.2	9	Rate	52	Fee schedule to be implemented See special instruction for billing.
A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	No	PM AB-00-103 PM AB-01-165 SNF 516.2	9	Rate	52	Fee schedule to be implemented See special instruction for billing.
A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE	No	PM AB-00-103 PM AB-01-165 SNF 516.2	9	Rate	52	Fee schedule to be implemented See special instruction for billing.
A0888	NONCOVERED AMBULANCE MILEAGE, PER MILE (E.G., FOR MILES TRAVELED BEYOND CLOSEST APPROPRIATE FACILITY)	No	MCM 2125 SNF 516.2	9	NA	00	SNFs cannot be paid for this service.
A0999	UNLISTED AMBULANCE SERVICE	No	PM AB-00-103 PM AB-01-165 SNF 516.2	9	IC	57	SNFs cannot be paid for this service. Supplier may bill to carrier.
A4206	1 CC sterile syringe&needle	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.
A4207	2 CC sterile syringe&needle	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.
A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.
A4210	NEEDLE-FREE INJECTION DEVICE, EACH	No	Non-covered by Medicare	9	NA		SNFs cannot be paid for this service.
A4211	SUPPLIES FOR SELF-ADMINISTERED INJECTIONS	Yes	MCM 2049 SNF 535	9	NA	00	SNFs cannot be paid for this service.
A4212	NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER	Yes	SNF 535	9	Cost	57	Rendering provider may bill or SNF may bill under arrangements
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.

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A4214	STERILE SALINE OR WATER, 30 CC VIAL	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4215	NEEDLES ONLY, STERILE, ANY SIZE, EACH	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	Yes	CIM 60-14 SNF 534	9	NA	57	SNFs cannot be paid for this service.
A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	Yes	SNF 534	9	NA	34	Category is DME Supplies SNFs cannot be paid for this service.
A4222	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUG SEPARATELY)	Yes	SNF 534	9	NA	34	Category is DME Supplies SNFs cannot be paid for this service.
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	Yes	CIM 60-14 SNF 534	9	NA	34	Category is DME Supplies SNFs cannot be paid for this service.
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	Yes	CIM 60-14 SNF 534	9	NA	34	Category is DME Supplies SNFs cannot be paid for this service.
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3CC	Yes	CIM 60-14 SNF 534	9	NA	34	Category is DME Supplies SNFs cannot be paid for this service.
A4244	ALCOHOL OR PEROXIDE, PER PINT	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.
A4245	ALCOHOL WIPES, PER BOX	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	No	Non-covered by Medicare MCM 2100	9	NA		SNFs cannot be paid for this service.
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS	Yes	CIM 60-11 SNF 534	9	NA	32	Category is DME Supplies SNFs cannot be paid for this service.
A4254	REPLACEMENT BATTERY, ANY TYPE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	Yes	CIM 60-11 SNF 534	9	NA	32	Category is DME Supplies SNFs cannot be paid for this service.
A4255	PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX	Yes	SNF 534	9	NA	34	Category is DME Supplies SNFs cannot be paid for this service.
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS	Yes	SNF 534	9	NA	34	Category is DME Supplies SNFs cannot be paid for this service.
A4257	Replace Lensshield Cartridge	Yes		9	NA		Code Effective 1/1/2002 Category is DME Supplies SNF cannot bill this service.

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A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	Yes	SNF 534	9	NA	34	Category is DME Supplies SNFs cannot be paid for this service.
A4259	LANCETS, PER BOX OF 100	Yes	CIM 60-11 SNF 534	9	NA	34	Category is DME Supplies SNFs cannot be paid for this service.
A4260	LEVONORGESTREL (CONTRACEPTIVE) IMPLANTS SYSTEM, INCLUDING IMPLANTS AND SUPPLIES	No	Non-covered by Medicare Statute	9	NA		SNFs cannot be paid for this service.
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	No	Non-covered by Medicare Statute	9	NA		SNFs cannot be paid for this service.
A4262	TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH	Yes	SNF 534	9	NA	00	SNFs cannot be paid for this service.
A4263	Permanent tear duct plug	Yes	MCM 15030 SNF 534	9	Fee	11	Rendering provider may bill or SNF may bill under arrangements
A4265	Paraffin	Yes	SNF 534	9	NA	52	Category is DME Supplies SNFs cannot be paid for this service.
A4270	DISPOSABLE ENDOSCOPE SHEATH, EACH	Yes	SNF 534	9	NA	00	SNFs cannot be paid for this service.
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
A4290	SACRAL NERVE STIMULATION TEST LEAD, EACH	Yes	SNF 534	9	IC	13	Price established by Carrier SNF or provider may bill
A4300	Implantable access catheter, (e.g., venous, arterial, epidural, subarachnoid, or peritoneal, etc.) external access	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	11	Rendering provider may bill or SNF may bill under arrangements
A4301	Implantable access total system; catheter, port/reservoir (e.g. venous, arterial, epidural, or subarachnoid, etc) percutaneous access	Yes	SNF 534	9	NA	00	SNFs cannot be paid for this service.
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	Yes	SNF 534	9	NA	00	SNFs cannot be paid for this service.
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 5 ML OR LESS PER HOUR	Yes	SNF 534	9	NA	00	SNFs cannot be paid for this service.
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill

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A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4319	STERILE WATER IRRIGATION SOLUTION, 1000 ML.	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4321	THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4323	STERILE SALINE IRRIGATION SOLUTION, 1000 ML.	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4324	MALE EXTERNAL CATHETER, WITH ADHESIVE COATING, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4325	MALE EXTERNAL CATHETER, WITH ADHESIVE STRIP, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4326	MALE EXTERNAL CATHETER SPECIALTY TYPE, EG; INFLATABLE, FACEPLATE, ETC., EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill

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A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4329	EXTERNAL CATHETER STARTER SET, MALE/FEMALE, INCLUDES CATHETERS/URINARY COLLECTION DEVICE, BAG/POUCH AND ACCESSORIES (TUBING, CLAMPS, ETC.), 7 DAY SUPPLY	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Discontinue as of 12/31/2001 Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, FOR INSERTION OF URINARY CATHETER, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	46	Price established by Carrier SNFs cannot be paid for this service.
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4340	INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.), EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4347	MALE EXTERNAL CATHETER WITH OR WITHOUT ADHESIVE, WITH OR WITHOUT ANTI-REFLUX DEVICE; PER DOZEN	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill

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A4348	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION COMPARTMENT, EXTENDED WEAR, EACH (E.G., 2 PER MONTH)	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4351	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4359	URINARY SUSPENSORY WITHOUT LEG BAG, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4360	Adult incontinence garment (e.g. brief, diaper), each	No	Non-covered by Medicare	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A4361	OSTOMY FACEPLATE, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill

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A4363	SKIN BARRIER; LIQUID (SPRAY, BRUSH, ETC.) POWDER OR PASTE; PER OZ.	Yes	MCM 2130 SNF 260.4 SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4364	ADHESIVE LIQUID, FOR USE WITH FACIAL PROSTHESIS ONLY, PER OZ.	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
A4365	ADHESIVE REMOVER WIPES, ANY TYPE PER 50	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4367	OSTOMY BELT, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4368	OSTOMY FILTER, ANY TYPE, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4370	OSTOMY SKIN BARRIER, PASTE, PER OZ	No	SNF 534 Not Valid for Medicare	9	Fee	37	Not Valid for Medicare as of 7/1/2001 SNFs cannot be paid for this service.
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4372	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), STANDARD WEAR, WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4374	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill

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A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH		Not Valid for Medicare	9	Fee	37	Not Valid for Medicare as of 7/1/2001 SNFs cannot be paid for this service.
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE PLASTIC, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4386	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, ANY SIZE, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4387	OSTOMY POUCH CLOSED, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-IN CONVEXITY (1 PIECE)	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4389	OSTOMY POUCH, DRAINABLE, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill

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A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	No	Not Valid for Medicare	9	NA	37	Not Valid for Medicare as of 7/1/2001 SNFs cannot be paid for this service.
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-IN CONVEXITY (1 PIECE), EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4394	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID, PER FLUID OUNCE	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4397	IRRIGATION SUPPLY; SLEEVE, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING BRUSH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4400	OSTOMY IRRIGATION SET	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4402	LUBRICANT, PER OUNCE	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4404	OSTOMY RING, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill

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A4421	OSTOMY SUPPLY; MISCELLANEOUS	Yes	MCM 2130 SNF 260.4 SNF 534	9	NA	46	Price established by Carrier SNFs cannot be paid for this service.
A4454	TAPE, ALL TYPES, ALL SIZES	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4460	ELASTIC BANDAGE, PER ROLL (E.G. COMPRESSION BANDAGE)	Yes	MCM 2079 SNF 535 SNF 260.4	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A4462	ABDOMINAL DRESSING HOLDER/BINDER, EACH	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A4464	JOINT SUPPORTIVE DEVICE/GARMENT, ELASTIC OR EQUAL, EACH	Yes	SNF 534	9	NA	00	SNFs cannot be paid for this service.
A4465	NON-ELASTIC BINDER FOR EXTREMITY	Yes	SNF 534	9	NA	00	SNFs cannot be paid for this service.
A4470	GRAVLEE JET WASHER	Yes	MCM 2320 CIM 50-4	9	NA	00	SNFs cannot be paid for this service.
A4480	VABRA ASPIRATOR	Yes	MCM 2320 CIM 50-10 SNF 534	9	NA	00	SNFs cannot be paid for this service.
A4481	TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH	Yes	SNF 260.4	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4483	MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION	Yes	SNF 260.4	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH	No	Non-covered by Medicare CIM 60-9, MCM 2133, MCM 2079	9	NA		SNFs cannot be paid for this service.
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH	No	Non-covered by Medicare CIM 60-9, MCM 2133, MCM 2079	9	NA		SNFs cannot be paid for this service.

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A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH	No	Non-covered by Medicare CIM 60-9, MCM 2133, MCM 2079	9	NA		SNFs cannot be paid for this service.
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH	No	Non-covered by Medicare CIM 60-9, MCM 2133, MCM 2079	9	NA		SNFs cannot be paid for this service.
A4550	SURGICAL TRAYS	Yes	MCM 15030 SNF 534	9	Fee	11	Rendering provider may bill or SNF may bill under arrangements
A4554	DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)	No	Non-covered by Medicare CIM 60-9	9	NA		SNFs cannot be paid for this service.
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	Yes	SNF 534	9	NA	34	Category is DME Supplies SNFs cannot be paid for this service.
A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR	Yes	SNF 534	9	NA	34	Category is DME Supplies SNFs cannot be paid for this service.
A4558	CONDUCTIVE PASTE OR GEL	Yes	SNF 534	9	NA	34	Category is DME Supplies SNFs cannot be paid for this service.
A4561	PESSARY, RUBBER, ANY TYPE	Yes	SNF 536	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
A4562	PESSARY, NON RUBBER, ANY TYPE	Yes	SNF 537	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
A4565	SLINGS	Yes	MIM 3110	9	Cost	52	SNFs bill for this service
A4570	SPLINT		Invalid for Medicare	9	NA	52	SNFs cannot be paid for this service. Code Effective 7/1/01 for Carriers, 10/01/01 for FIs.
A4572	RIB BELT	Yes	MIM 3110	9	Cost	52	SNFs bill for this service
A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE	No	Non-covered by Medicare CIM 35-10	9	NA		SNFs cannot be paid for this service.
A4580	CAST SUPPLIES (E.G. PLASTER)	No	Invalid for Medicare	9	NA	52	SNFs cannot be paid for this service. Code Effective 7/1/01 for Carriers, 10/01/01 for FIs.

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A4590	SPECIAL CASTING MATERIAL (E.G. FIBERGLASS)	No	Invalid for Medicare	9	NA	52	SNFs cannot be paid for this service. Code Effective 7/1/01 for Carriers, 10/01/01 for FIs.
A4595	TENS SUPPLIES, 2 LEAD, PER MONTH	Yes	SNF 534	9	NA	34	Category is DME Supplies SNFs cannot be paid for this service.
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH	Yes	SNF 537	9	NA	32	Category is oxygen SNFs cannot be paid for this service.
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR	Yes	SNF 538	9	NA	32	Category is DME SNFs cannot be paid for this service.
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	Yes	SNF 539	9	NA	32	Category is DME SNFs cannot be paid for this service.
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	Yes	SNF 540	9	NA	32	Category is DME SNFs cannot be paid for this service.
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	Yes	SNF 541	9	NA	46	Category is DME SNFs cannot be paid for this service.
A4615	CANNULA, NASAL	Yes	CIM 60-4, MCM 3312 SNF 534	9	NA	33	Category is oxygen SNFs cannot be paid for this service.
A4616	TUBING (OXYGEN), PER FOOT	Yes	CIM 60-4, MCM 3312 SNF 534	9	NA	33	Category is oxygen SNFs cannot be paid for this service.
A4617	MOUTH PIECE	Yes	CIM 60-4, MCM 3312 SNF 534	9	NA	33	Category is oxygen SNFs cannot be paid for this service.
A4618	BREATHING CIRCUITS	Yes	CIM 60-4, MCM 3312 SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A4619	FACE TENT	Yes	CIM 60-4, MCM 3312 SNF 534	9	NA	33	Category is oxygen SNFs cannot be paid for this service.
A4620	VARIABLE CONCENTRATION MASK	Yes	CIM 60-4, MCM 3312 SNF 534	9	NA	33	Category is oxygen SNFs cannot be paid for this service.
A4621	TRACHEOTOMY MASK OR COLLAR	Yes	SNF 534	9	NA	33	Category is oxygen SNFs cannot be paid for this service.
A4622	TRACHEOSTOMY OR LARYNGECTOMY TUBE	Yes	CIM 65-16 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4623	TRACHEOSTOMY, INNER CANNULA (REPLACEMENT ONLY)	Yes	CIM 65-16 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill

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A4624	TRACHEAL SUCTION CATHETER, ANY TYPE, EACH	Yes	SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER	No	Non-covered by Medicare MCM 2100	9	NA		SNFs cannot be paid for this service.
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH	Yes	SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	Yes	SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A4630	REPLACEMENT BATTERIES. MEDICALLY NECESSARY T.E.N.S. OWNED BY PATIENT	Yes	CIM 65-8 SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A4631	REPLACEMENT, BATTERIES FOR MEDICALLY NECESSARY ELECTRONIC WHEEL CHAIR OWNED BY PATIENT	Yes	CIM 60-9 SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	Yes	CIM 60-9 SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	Yes	CIM 60-9 SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.	Yes	CIM 60-9 SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	Yes	CIM 60-9, MCM 4107.6 SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A4641	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, NOT OTHERWISE CLASSIFIED	Yes	MCM 15030 SNF 533.1H	9	Cost	51	Category is drugs SNF or supplier may bill
A4642	SUPPLY OF SATUMOMAB PENDETIDE, RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, PER DOSE	Yes	MCM 15030 SNF 533.1H	9	Cost	51	Category is drugs SNF or supplier may bill
A4643	SUPPLY OF ADDITIONAL HIGH DOSE CONTRAST MATERIAL(S) DURING MAGNETIC RESONANCE IMAGING, E.G., GADOTERIDOL INJECTION	Yes	MCM 15030 SNF 534	9	Cost	51	Category is drugs SNF or supplier may bill

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A4644	SUPPLY OF LOW OSMOLAR CONTRAST MATERIAL (100-199 MGS OF IODINE)	Yes	MCM 15022, MCM 15030 SNF 534	9	Cost	51	Category is drugs SNF or supplier may bill
A4645	SUPPLY OF LOW OSMOLAR CONTRAST MATERIAL (200-299 MGS OF IODINE)	Yes	MCM 15022, MCM 15030 SNF 534	9	Cost	51	Category is drugs SNF or supplier may bill
A4646	SUPPLY OF LOW OSMOLAR CONTRAST MATERIAL (300-399 MGS OF IODINE)	Yes	MCM 15022, MCM 15030 SNF 534	9	Cost	51	Category is drugs SNF or supplier may bill
A4647	SUPPLY OF PARAMAGNETIC CONTRAST MATERIAL, EG., GADOLINIUM	Yes	MCM 15022, MCM 15030 SNF 534	9	NA	00	SNFs cannot be paid for this service.
A4649	SURGICAL SUPPLY; MISCELLANEOUS	Yes	SNF 534	9	NA	46	SNFs cannot be paid for this service.
A4650	CENTROFUGE (INCLUDES CALIBRATED MICROCAPILLARY TUBES AND SEALEASE)	No	SNF 516.6	9	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service.
A4651	Calibrated microcapillary tube, each	No	SNF 516.6	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
A4652	Microcapillary tube sealant	No	SNF 516.6	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A4653	PD catheter anchior belt	No					Code effective 01/01/2003. SNFs cannot be paid for this service
A4655	NEEDLES AND SYRINGES FOR DIALYSIS	No	SNF 516.6	9	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service.
A4656	Needle, any size, for dialysis, each	No	SNF 516.6	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A4657	Syringe, with or without needle, for dialysis, each	No	SNF 516.6	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope, for dialysis	No	SNF 516.6	9	NA	52	SNFs cannot be paid for this service.
A4663	Blood pressure cuff only, for dialysis	No	SNF 516.6	9	NA	52	SNFs cannot be paid for this service.
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	No	Non-covered by Medicare CIM 50-42	9	NA		SNFs cannot be paid for this service.
A4680	Activated carbon filter for hemodialysis, each	No	SNF 516.6	9	NA	52	SNFs cannot be paid for this service.
A4690	Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each	No	SNF 516.6	9	NA	52	SNFs cannot be paid for this service.

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A4700	STANDARD DIALYSATE SOLUTION, EACH	No	SNF 516.6	9	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service.
A4705	BICARBONATE DIALYSATE SOLUTION, EACH	No	SNF 516.6	9	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service.
A4706	Bicarbonate concentrate, solution, for hemodialysis, per gallon	No	SNF 516.6	9	NA	52	Code Effective 1/1/2002 SNFs cannot be paid for this service
A4707	Bicarbonate concentrate, powder, for hemodialysis, per packet	No	SNF 516.6	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A4708	Acetate concentrate solution, for hemodialysis, per gallon	No	SNF 516.6	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A4709	Acid concentrate, solution, for hemodialysis, per gallon	No	SNF 516.6	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A4712	Water, sterile, for injection for dialysis, per 10 ml	No	SNF 516.6	9	NA	52	SNFs cannot be paid for this service.
A4714	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon	No	SNF 516.6	9	NA	52	SNFs cannot be paid for this service.
A4719	"Y set" tubing for peritoneal dialysis	No	SNF 516.6	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A4720	Dialysate solution, any concentration of dextrose, fluid volume greater than 249cc, but less than or equal to 999cc, for peritoneal dialysis	No	SNF 516.6	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A4721	Dialysate solution, any concentration of dextrose, fluid volume greater than 999cc, but less than or equal to 1999cc, for peritoneal dialysis	No	SNF 516.6	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A4722	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999cc, but less than or equal to 2999cc, for peritoneal dialysis	No	SNF 516.6	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A4723	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999cc, but less than or equal to 3999cc, for peritoneal dialysis	No	SNF 516.6	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A4724	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999cc, but less than or equal to 4999cc, for peritoneal dialysis	No	SNF 516.6	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A4725	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999cc, but less than or equal to 5999cc, for peritoneal dialysis	No	SNF 516.6	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999cc, for peritoneal dialysis	No	SNF 516.6	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A4730	Fistula cannulation set for hemodialysis, each	No	SNF 516.6	9	NA	52	SNFs cannot be paid for this service.
A4735	LOCAL/TOPICAL ANESTHETICS FOR DIALYSIS ONLY	No	SNF 516.6	9	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service.
A4736	Topical anesthetic, for dialysis, per gram	No	SNF 516.6	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A4737	Injectable anesthetic, for dialysis, per 10 ml	No	SNF 516.6	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A4740	Shunt accessory, for hemodialysis, any type, each	No	SNF 516.6	9	NA	52	SNFs cannot be paid for this service.
A4750	Blood tubing, arterial and venous, for hemodialysis, each	No	SNF 516.6	9	NA	52	SNFs cannot be paid for this service.

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A4755	Blood tubing, arterial and venous combined, for hemodialysis, each	No	SNF 516.6	9	NA	52	SNFs cannot be paid for this service.
A4760	Dialysate solution test kit, for peritoneal dialysis, any type, each	No	SNF 516.6	9	NA	52	SNFs cannot be paid for this service.
A4765	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet	No	SNF 516.6	9	NA	52	SNFs cannot be paid for this service.
A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml	No	SNF 516.6	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A4770	Blood collection tube, vacuum, for dialysis, per 50	No	SNF 516.6	9	NA	52	SNFs cannot be paid for this service.
A4771	Serum clotting time tube, for dialysis, per 50	No	SNF 516.6	9	NA	52	SNFs cannot be paid for this service.
A4772	Blood glucose test strips, for dialysis, per 50	No	SNF 516.6	9	NA	52	SNFs cannot be paid for this service.
A4773	Occult blood test strips, for dialysis, per 50	No	SNF 516.6	9	NA	52	SNFs cannot be paid for this service.
A4774	Ammonia test strips, for dialysis, per 50	No	SNF 516.6	9	NA	52	SNFs cannot be paid for this service.
A4780	STERILIZING AGENT FOR DIALYSIS EQUIPMENT, PER GALLON	No	SNF 516.6	9	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service.
A4790	CLEANSING AGENTS FOR EQUIPMENT FOR DIALYSIS ONLY	No	SNF 516.6	9	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service.
A4800	HEPARIN FOR DIALYSIS AND ANTIDOTE, ANY STRENGTH, PORCINE OR BEEF, UP TO 1000 UNITS, 10-30 ML (FOR PARENTERAL USE SEE B4216)	No	SNF 516.6	9	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service.
A4801	Heparin, any type, for hemodialysis, per 1000 units	No	SNF 516.6	9	NA		Code Effective 1/1/2002. Discontinued as of 12/31/2002. SNFs cannot be paid for this service
A4802	Protamine sulfate, for hemodialysis, per 50 mg	No	SNF 516.6	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A4820	HEMODIALYSIS KIT SUPPLIES	No	SNF 516.6	9	NA	52	Discontinue as of 12/31/2001 Xref to A4801 SNFs cannot be paid for this service.
A4850	HEMOSTATS WITH RUBBER TIPS FOR DIALYSIS	No	SNF 516.6	9	NA	52	Discontinue as of 12/31/2001 Xref to E1637 SNFs cannot be paid for this service.
A4860	Disposable catheter tips for peritoneal dialysis, per 10	No	SNF 516.6	9	NA	52	SNFs cannot be paid for this service.
A4870	Plumbing and/or electrical work for home hemodialysis equipment	No	SNF 516.6	9	NA	52	SNFs cannot be paid for this service.
A4880	STORAGE TANKS UTILIZED IN CONNECTION WITH WATER PURIFICATION SYSTEM, REPLACEMENT TANKS FOR DIALYSIS	No	SNF 516.6	9	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service.
A4890	Contracts, repair and maintenance, for hemodialysis equipment	No	MCM 2100.4 SNF 516.6	0	NA	13	SNFs cannot be paid for this service.
A4900	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) SUPPLY KIT	No	SNF 516.6	9	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service.

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A4901	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) SUPPLY KIT	No	SNF 516.6	9	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service.
A4905	INTERMITTENT PERITONEAL DIALYSIS (IPD) SUPPLY KIT	No	SNF 516.6	9	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service.
A4910	NON-MEDICAL SUPPLIES FOR DIALYSIS, (I.E., SCALE, SCISSORS, STOPWATCH, ETC.)	No	SNF 516.6	9	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service.
A4911	Protamine sulfate, for hemodialysis, per 50 mg	No	SNF 516.6	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A4912	GOMCO DRAIN BOTTLE	No	SNF 516.6	9	NA	52	Discontinue as of 12/31/2001 Xref to A4911 SNFs cannot be paid for this service.
A4913	Miscellaneous dialysis supplies, not otherwise specified	No	SNF 516.6	9	NA	52	SNFs cannot be paid for this service.
A4914	PREPARATION KITS	No	SNF 516.6	9	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service.
A4918	Venous pressure clamp, for hemodialysis, each	No	SNF 516.6	9	NA	52	SNFs cannot be paid for this service.
A4919	DIALYZER HOLDER, EACH	No	SNF 516.6	9	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service.
A4920	HARVARD PRESSURE CLAMP, EACH	No	SNF 516.6	9	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service.
A4921	MEASURING CYLINDER, ANY SIZE, EACH	No	SNF 516.6	9	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service.
A4927	Gloves, non-sterile, for dialysis, per 100	No	SNF 516.6	9	NA	52	SNFs cannot be paid for this service.
A4928	Surgical mask, for dialysis, per 20	No	SNF 516.6	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A4929	Tourniquet for dialysis, each	No	SNF 516.6	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
A4930	Sterile, gloves per pair	No			NA		Code effective 01/01/2003. SNFs cannot be paid for this service
A4931	Reusable oral thermometer	No			NA		Code effective 01/01/2003. SNFs cannot be paid for this service
A5051	POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE)	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5052	POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE)	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5053	POUCH, CLOSED; FOR USE ON FACEPLATE	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill

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A5054	POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE)	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5055	STOMA CAP	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5061	POUCH, DRAINABLE; WITH BARRIER ATTACHED (1 PIECE)	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5062	POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE)	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5063	POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM)	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Discontinue as of 12/31/2001 Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5064	POUCH, DRAINABLE, WITH FACEPLATE ATTACHED; PLASTIC OR RUBBER	No	MCM 2130 SNF 260.4 SNF 534	9	NA	37	Discontinue as of 12/31/2001 Category is ostomy tracheostomy & urological supplies NOT VALID FOR MEDICARE
A5071	POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE)	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5072	POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE)	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5073	POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE)	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5074	POUCH, URINARY, WITH FACEPLATE ATTACHED; PLASTIC OR RUBBER	No	MCM 2130 SNF 260.4 SNF 534	9	NA	37	Discontinue as of 12/31/2001 Category is ostomy tracheostomy & urological supplies NOT VALID FOR MEDICARE
A5075	POUCH, URINARY, FOR USE ON FACEPLATE; PLASTIC OR RUBBER	No	MCM 2130 SNF 260.4 SNF 534	9	NA	37	Discontinue as of 12/31/2001 Category is ostomy tracheostomy & urological supplies NOT VALID FOR MEDICARE
A5081	CONTINENT DEVICE; PLUG FOR CONTINENT STOMA	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill

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A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5093	OSTOMY ACCESSORY; CONVEX INSERT	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5105	URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5112	URINARY LEG BAG; LATEX	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5119	SKIN BARRIER; WIPES, BOX PER 50	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5123	SKIN BARRIER; WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), ANY SIZE, EACH	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	Yes	MCM 2130 SNF 260.4 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill

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A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	Yes	SNF 260.4	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A5500	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI- DENSITY INSERT(S), PER SHOE.	Yes	SNF 534 SNF 534 1861(s)(12)	9	Cost	46	SNF or rendering provider may bill
A5501	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE), PER SHOE	Yes	SNF 534 1861(s)(12) MCM 2134	9	Cost	52	Discontinue as of 12/31/2001 SNF or rendering provider may bill.
A5502	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT(S), PER SHOE	Yes	SNF 534 1861(s)(12) MCM 2134	9	Cost	52	Discontinue as of 12/31/2001 SNF or rendering provider may bill.
A5503	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM, PER SHOE	Yes	SNF 534 1861(s)(12) MCM 2134	9	Cost	52	SNF or rendering provider may bill
A5504	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH WEDGE(S), PER SHOE	Yes	SNF 534 1861(s)(12) MCM 2134	9	Cost	52	SNF or rendering provider may bill
A5505	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH METATARSAL BAR, PER SHOE	Yes	SNF 534 1861(s)(12) MCM 2134	9	Cost	52	SNF or rendering provider may bill
A5506	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH OFF-SET HEEL(S), PER SHOE	Yes	SNF 534 1861(s)(12) MCM 2134	9	Cost	52	SNF or rendering provider may bill
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE	Yes	SNF 534 1861(s)(12) MCM 2134	9	Cost	52	SNF or rendering provider may bill
A5508	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE	Yes	SNF 534	9	NA	00	SNFs cannot be paid for this service.
A5509	For diabetics only, direct formed, molded to foot with external heat source (i.e. heat gun) multiple density insert(s), prefabricated, per shoe	Yes	SNF 534 1861(s)(12)	9	Cost		Code Effective 1/1/2002 SNF or rendering provider may bill.
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s), prefabricated, per shoe	Yes	SNF 534 1861(s)(12)	9	Cost		Code Effective 1/1/2002 SNF or rendering provider may bill.
A5511	For diabetics only, custom-molded from model of patient's foot, multiple density insert(s), custom-fabricated, per shoe	Yes	SNF 534 1861(s)(12)	9	Cost		Code Effective 1/1/2002 SNF or rendering provider may bill.
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	Yes	SNF 534	9	NA		Code Effective 1/1/2002 Category is DME SNFs cannot be paid for this service.

SNF HCPCS HELP FILE

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A6010	Collagen based wound filler, dry form, per gram of collagen	Yes	SNF 535	9	Fee		Code Effective 1/1/2002 Category is surgical dressings SNF or supplier may bill
A6020	COLLAGEN BASED WOUND DRESSING, EACH DRESSING	Yes	SNF 534	9	IC	35	Category is surgical dressings SNF or supplier may bill
A6021	COLLAGEN DRESSING, PAD SIZE 16 SQ. IN. OR LESS, EACH	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6022	COLLAGEN DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6023	COLLAGEN DRESSING PAD SIZE MORE THAN 48 SQ. IN., EACH	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6024	COLLAGEN DRESSING WOULD FILLER, PER 6 INCHES	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6025	SILICONE GEL SHEET, EACH	Yes	SNF 535	9	NA	00	SNFs cannot be paid for this service.
A6154	WOUND POUCH, EACH	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6196	Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in or less, each dressing	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6197	Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6198	Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing	Yes	SNF 535	9	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6199	Alginate or other fiber gelling dressing wound filler per 6 inches	Yes	SNF 535	9	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6200	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6201	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6202	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6203	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6204	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill

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A6205	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6206	CONTACT LAYER, 16 SQ. IN. OR LESS, EACH DRESSING	Yes	SNF 535	9	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6207	CONTACT LAYER, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6208	CONTACT LAYER, MORE THAN 48 SQ. IN., EACH DRESSING	Yes	SNF 535	9	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6209	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6210	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6211	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6212	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6213	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6214	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6215	FOAM DRESSING, WOUND FILLER, PER GRAM	Yes	SNF 535	9	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6217	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6219	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6220	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill

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A6221	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE OR HYDROGEL, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6228	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAT 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6230	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE 16 SQ. IN., OR LESS, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN. , EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6233	GAUZE, IMPREGNATED, HYUDROGEL FOR DIRECT WOUND CONTACT, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6234	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6235	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6236	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6237	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6238	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill

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A6239	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OUNCE	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6242	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6243	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6244	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6245	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6246	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6247	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE	Yes	SNF 535	9	NA	00	SNFs cannot be paid for this service.
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill

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A6257	TRANSPARENT FILM, 16 SQ. IN. OR LESS, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6258	TRANSPARENT FILM, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6259	TRANSPARENT FILM, MORE THAN 48 SQ. IN., EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	Yes	SNF 535	9	NA	00	SNFs cannot be paid for this service.
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT ELSEWHERE CLASSIFIED	Yes	SNF 535	9	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT ELSEWHERE CLASSIFIED	Yes	SNF 535	9	Fee	46	Category is surgical dressings Price established by Carrier SNF or supplier may bill
A6263	GAUZE, ELASTIC, NON-STERILE, ALL TYPES, PER LINEAR YARD	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6264	GAUZE, NON-ELASTIC, NON-STERILE, PER LINEAR YARD	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6265	TAPE, ALL TYPES, PER 18 SQUARE INCHES	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER OR NORMAL SALINE, ANY WIDTH, PER LINEAR YARD	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6405	GAUZE, ELASTIC, STERILE, ALL TYPES, PER LINEAR YARD	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A6406	GAUZE, NON-ELASTIC, STERILE, ALL TYPES, PER LINEAR YARD	Yes	SNF 535	9	Fee	35	Category is surgical dressings SNF or supplier may bill
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	Yes	SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	Yes	SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A7002	TUBING, USED WITH SUCTION PUMP, EACH	Yes	SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	Yes	SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.

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A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	Yes	SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	Yes	SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	Yes	SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	Yes	SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	Yes	SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	Yes	SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	Yes	SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A7011	CORRUGATED TUBING, NON-DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 10 FEET	Yes	SNF 535	9	NA	46	SNFs cannot be paid for this service.
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	Yes	SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	Yes	SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	Yes	SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	Yes	SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	Yes	SNF 534	9	NA	32	Category is DME SNFs cannot be paid for this service.
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	Yes	CIM 60-9 SNF 535	9	NA	32	Category is DME SNFs cannot be paid for this service.
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML	Yes	SNF 535	9	NA	32	Category is DME SNFs cannot be paid for this service.
A7019	SALINE SOLUTION, PER 10 ML, METERED DOSE DISPENSER, FOR USE WITH INHALATION DRUGS	Yes	SNF 535	9	NA	34	Category is DME SNFs cannot be paid for this service.
A7020	STERILE WATER OR STERILE SALINE, 1000 ML, USED WITH LARGE VOLUME NEBULIZER	Yes	SNF 535	9	NA	34	Category is DME SNFs cannot be paid for this service.
A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH	Yes	MCM 2130 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH	Yes	MCM 2130 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill

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A7503	FILTER HOLDER OR FILTER CAP, REUSEABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	Yes	MCM 2130 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	Yes	MCM 2130 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH	Yes	MCM 2130 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE EACH	Yes	MCM 2130 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	Yes	MCM 2130 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH	Yes	MCM 2130 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	Yes	MCM 2130 SNF 534	9	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
A9150	NON-PRESCRIPTION DRUGS	Yes	SNF 536	9	NA	57	SNFs cannot be paid for this service.
A9160	NON-COVERED SVC. BY PODIATRIST	No	Non-covered by Medicare Statute	9	NA		Discontinue after 12/31/2001 SNFs cannot be paid for this service.
A9170	NON-COVERED SVC. BY CHIROPRACTOR	No	Non-covered by Medicare Statute	9	NA		Discontinue after 12/31/2001 SNFs cannot be paid for this service.
A9190	PERSONAL COMFORT ITEM	No	Non-covered by Medicare Statute	9	NA		Discontinue after 12/31/2001 SNFs cannot be paid for this service.
A9270	NON-COVERED ITEM OR SERVICE	No	Non-covered by Medicare MCM 2303 SNF 534	9	NA		SNFs cannot be paid for this service.

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A9300	EXERCISE EQUIPMENT	No	Non-covered by Medicare CIM 60-9, MCM 2100.1 SNF 534	9	NA		SNFs cannot be paid for this service.
A9500	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M SESTAMIBI, PER DOSE	Yes	MCM 15022 SNF 533.1H	9	Cost	57	Rendering provider may bill or SNF may bill under arrangements
A9502	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M TETROFOSMIN, PER UNIT DOSE	Yes	MCM 15022 SNF 230.5D	9	Cost	57	Rendering provider may bill or SNF may bill under arrangements
A9503	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M, MEDRONATE, UP TO 30 MCI	Yes	MCM 15022 SNF 230.5 SNF 533.1H	9	Cost	57	Rendering provider may bill or SNF may bill under arrangements
A9504	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M APCITIDE	Yes	MCM 15022 SNF 230.5 .D SNF 535	9	Cost	57	Rendering provider may bill or SNF may bill under arrangements
A9505	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, THALLOUS CHLORIDE TL 201, PER MCI	Yes	MCM 15022 SNF 533.2H	9	Cost	57	Rendering provider may bill or SNF may bill under arrangements
A9507	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, INDIUM IN 111 CAPROMAB PENDETIDE, PER DOSE	Yes	MCM 15022 SNF 230.5 SNF 535	9	Cost	57	Rendering provider may bill or SNF may bill under arrangements
A9508	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, IOBENGUANE SULFATE I-131, PER 0.5 MCI	Yes	MCM 15030 SNF 230.5 SNF 535	9	Cost	51	Category is drugs SNF or supplier may bill
A9510	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC99M DISOFENIN, PER VIAL	Yes	MCM 15030 SNF 230.5 SNF 535	9	Cost	51	Category is drugs SNF or supplier may bill
A9511	Supply of radiopharmaceutical diagnostic imaging agent, technetium tc 99m, depreotide, per mci	Yes	MCM 15030 SNF 230.5 SNF 535	9	Cost	51	Code Effective 1/1/2002 Category is drugs SNF or supplier may bill
A9600	SUPPLY OF THERAPEUTIC RADIOPHARMACEUTICAL, STRONTIUM-89 CHLORIDE, PER MCI	Yes	SNF 230.5 SNF 535	9	Cost	57	Rendering provider may bill or SNF may bill under arrangements
A9605	SUPPLY OF THERAPEUTIC RADIOPHARMACEUTICAL, SAMARIUM SM 153 LEXIDRONAMM, 50 MCI	Yes	SNF 230.5 SNF 535	9	Cost	57	Rendering provider may bill or SNF may bill under arrangements
A9700	SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY	Yes	MCM 15022-15030 SNF 230.5 SNF 230.5 SNF 535	9	Cost	57	Rendering provider may bill or SNF may bill under arrangements

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A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE	Yes	SNF 535	9	NA	46	SNFs cannot be paid for this service.
A9901	DME DELIVERY, SET UP, AND/OR DISPENSING SERVICE COMPONENT OF ANOTHER HCPCS CODE	Yes	SNF 535	9	NA	46	SNFs cannot be paid for this service.
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4081	NASOGASTRIC TUBING WITH STYLET	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4082	NASOGASTRIC TUBING WITHOUT STYLET	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4083	STOMACH TUBE - LEVINE TYPE	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4084	GASTROSTOMY/JEJUNOSTOMY TUBING	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service.

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B4085	GASTROSTOMY TUBE, SILICONE WITH SLIDING RING, EACH	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service.
B4086	Gastrostomy/jejunostomy tube, any material, any type (standard or low profile), each	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	Code Effective 1/1/2002 SNFs cannot be paid for this service
B4150	ENTERAL FORMULAE; CATEGORY I; SEMI-SYNTHETIC INTACT PROTEIN/PROTEIN ISOLATES, ADMINSITERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4151	ENTERAL FORMULAE; CATEGORY I: NATURAL INTACT PROTEIN/PROTEIN ISOLATES, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4152	ENTERAL FORMULAE; CATEGORY II: INTACT PROTEIN/PROTEIN ISOLATES (CALORICALLY DENSE), ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4153	ENTERAL FORMULAE; CATEGORY III: HYDROLIZED PROTEIN/AMINO ACIDS, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4154	ENTERAL FORMULAE; CATEGORY IV: DEFINED FORMULA FOR SPECIAL METABOLIC NEED, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4155	ENTERAL FORMULAE; CATEGORY V: MODULAR COMPONENTS (PROTEIN, CARBOHYDRATES, FAT), ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.

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B4156	ENTERAL FORMULAE; CATEGORY VI: STANDARDIZED NUTRIENTS, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4164	PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE), 50% OR LESS (500 ML = 1 UNIT) - HOMEMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4168	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 3.5%, (500 ML = 1 UNIT) – HOMEMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4172	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 5.5% THROUGH 7%, (500 ML = 1 UNIT) - HOMEMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4176	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5%, (500 ML = 1 UNIT) - HOMEMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4178	PARENTERAL NUTRITION SOLUTION: AMINO ACID, GREATER THAN 8.5% (500 ML = 1 UNIT) - HOMEMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4180	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), GREATER THAN 50% (500 ML=1 UNIT) - HOMEMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4184	PARENTERAL NUTRITION SOLUTION; LIPIDS, 10% WITH ADMINISTRATION SET (500 ML = 1 UNIT)	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.

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B4186	PARENTERAL NUTRITION SOLUTION, LIPIDS, 20% WITH ADMINISTRATION SET (500 ML = 1 UNIT)	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4189	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 10 TO 51 GRAMS OF PROTEIN – PREMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4193	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 52 TO 73 GRAMS OF PROTEIN – PREMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 74 TO 100 GRAMS OF PROTEIN – PREMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, OVER 100 GRAMS OF PROTEIN – PREMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4216	PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, HEPARIN, ELECTROLYTES) HOMEMIX PER DAY	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B4222	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.

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B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B5000	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, RENAL - AMIROSYN RF, NEPHRAMINE, RENAMINE – PREMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B5100	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, HEPATIC - FREAMINE HBC, HEPATAMINE – PREMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B5200	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, STRESS - BRANCH CHAIN AMINO ACIDS – PREMIX	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	Yes	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	52	SNFs cannot be paid for this service.

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B9098	This code was incorrectly listed in PM A-01-45. This code does not exist.	Yes	NA	NA	NA		NA
B9099	This code was incorrectly listed in PM A-01-45. This code does not exist.	Yes	NA	NA	NA		NA
B9998	NOC FOR ENTERAL SUPPLIES	NA	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	57	Price established by Carrier SNFs cannot be paid for this service.
B9999	NOC FOR PARENTERAL SUPPLIES	NA	CIM 65-10, MCM 2130 MCM 4450 SNF 544 SNF 260.4D	NA	NA	57	Price established by Carrier SNFs cannot be paid for this service.
C1010	blood	Yes					SNFs cannot be paid for this service.
C1011	blood	Yes					SNFs cannot be paid for this service.
C1015	blood	Yes					SNFs cannot be paid for this service.
C1016	blood	Yes					SNFs cannot be paid for this service.
C1017	blood	Yes					SNFs cannot be paid for this service.
C1018	blood	Yes					SNFs cannot be paid for this service.
C1020	blood	Yes					SNFs cannot be paid for this service.
C1021	blood	Yes					SNFs cannot be paid for this service.
C1022	blood	Yes					SNFs cannot be paid for this service.
C9503	blood	Yes					SNFs cannot be paid for this service.
C8900	Magnetic Resonance Imaging (MRI) with Contrast, Abdomen	No			Fee		Code effective 01/01/03. Part A resident-Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
C8901	Magnetic Resonance Imaging (MRI) without Contrast, Abdomen	No			Fee		Code effective 01/01/03. Part A resident-Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
C8902	Magnetic Resonance Imaging (MRI) without Contrast Followed by without Contras Abdomen	No			Fee		Code effective 01/01/03. Part A resident-Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements

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C8903	Magnetic Resonance Angiography (MRA) without Contrast Followed by with Contrast, Lower Extremity	No			Fee		Code effective 01/01/03. Part A resident-Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
C8904	Magnetic Resonance Imaging (MRI) without Contrast, Breast; Unilateral	No			Fee		Code effective 01/01/03. Part A resident-Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
C8905	Magnetic Resonance Imaging (MRI) without Contrast Followed by with Contrast, Breast; Unilateral	No			Fee		Code effective 01/01/03. Part A resident-Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
C8906	Magnetic Resonance Imaging (MRI) with Contrast , Breast; Bilateral	No			Fee		Code effective 01/01/03. Part A resident-Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
C8907	Magnetic Resonance Imaging (MRI) without Contrast , Breast; Bilateral	No			Fee		Code effective 01/01/03. Part A resident-Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
C8908	Magnetic Resonance Imaging (MRI) without Contrast Followed by with Contrast, Breast; Bilateral	No			Fee		Code effective 01/01/03. Part A resident-Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
C8909	Magnetic Resonance Angiography (MRA) with Contrast, Chest (Excluding Myocadium)	No	Special coverage instructions apply		Fee		Code effective 01/01/03. Part A resident-Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
C8910	Magnetic Resonance Angiography (MRA) without Contrast, Chest (Excluding Myocadium)	No	Special coverage instructions apply		Fee		Code effective 01/01/03. Part A resident-Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
C8911	Magnetic Resonance Angiography (MRA) without Contrast Followed by with Contrast, Chest (Excluding Myocadium)	No	Special coverage instructions apply		Fee		Code effective 01/01/03. Part A resident-Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
C8912	Magnetic Resonance Angiography (MRA) with Contrast, Lower Extremity	No	Special coverage instructions apply		Fee		Code effective 01/01/03. Part A resident-Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements

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C8913	Magnetic Resonance Angiography (MRA) without Contrast Followed by with Contrast, Lower Extremity	No	Special coverage instructions apply		Fee		Code effective 01/01/03. Part A resident-Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
C8914	Magnetic Resonance Angiography (MRA) without Contrast Followed by with Contrast, Lower Extremity	No	Special coverage instructions apply		Fee		Code effective 01/01/03. Part A resident-Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED,PAIR, COMPLETE WITH TIPS AND HANDGRIPS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.

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E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0116	CRUTCH UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0141	RIGID WALKER, WHEELED, WITHOUT SEAT	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0142	RIGID WALKER, WHEELED, WITH SEAT	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0143	FOLDING WALKER, WHEELED, WITHOUT SEAT	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0144	ENCLOSED, FRAMED FOLDING WALKER, WHEELED, WITH POSTERIOR SEAT	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.

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E0145	WALKER, WHEELED, WITH SEAT AND CRUTCH ATTACHMENTS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0146	FOLDING WALKER, WHEELED, WITH SEAT	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0147	HEAVY DUTY, MULTIPLE BREAKING SYSTEM, VARIABLE WHEEL RESISTANCE WALKER	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0154	PLATFORM ATTACHMENT, WALKER, EACH	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0156	SEAT ATTACHMENT, WALKER	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.

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E0157	CRUTCH ATTACHMENT, WALKER, EACH	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0162	SITZ BATH CHAIR	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0163	COMMODE CHAIR, STATIONARY, WITH FIXED ARMS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0164	COMMODE CHAIR, MOBILE, WITH FIXED ARMS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.

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E0165	COMMODE CHAIR, STATIONARY, WITH DETACHABLE ARMS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0166	COMMODE CHAIR, MOBILE, WITH DETACHABLE ARMS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0169	Commode chair with seat lift mechanism	Yes	SNF 534	NA	NA	32	Code Effective 1/1/2002 Category is DME SNFs cannot be paid for this service.
E0175	FOOT REST, FOR USE WITH COMMODE CHAIR, EACH	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0176	AIR PRESSURE PAD OR CUSHION, NONPOSITIONING	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0177	WATER PRESSURE PAD OR CUSHION, NONPOSITIONING	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0178	GEL OR GEL-LIKE PRESSURE PAD OR CUSHION, NONPOSITIONING	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.

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E0179	DRY PRESSURE PAD OR CUSHION, NONPOSITIONING	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0180	PRESSURE PAD, ALTERNATING WITH PUMP	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0181	PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0182	PUMP FOR ALTERNATING PRESSURE PAD	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0184	DRY PRESSURE MATTRESS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0186	AIR PRESSURE MATTRESS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0187	WATER PRESSURE MATTRESS	Yes	CIM 60-3, CIM 60-9, MCM 2100.1 SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.

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E0188	SYNTHETIC SHEEPSKIN PAD	Yes	CIM 60-9, MCM 4107.6 PM AB 01-53	NA	NA	32	Code Effective 1-1-01 Category is DME. SNFs cannot be paid for this service.
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	Yes	CIM 60-9, MCM 4107.6 PM AB 01-53	NA	NA	32	Code Effective 1-1-01 Category is DME. SNFs cannot be paid for this service.
E0191	HEEL OR ELBOW PROTECTOR, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0192	LOW PRESSURE AND POSITIONING EQUALIZATION PAD, FOR WHEELCHAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0194	AIR FLUIDIZED BED	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0196	GEL PRESSURE MATTRESS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0210	ELECTRIC HEAT PAD, STANDARD	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0215	ELECTRIC HEAT PAD, MOIST	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0218	WATER CIRCULATING COLD PAD WITH PUMP	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.

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E0220	HOT WATER BOTTLE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0221	Infrared heating pad system	Yes	SNF 534	NA	NA	32	Code Effective 1/1/2002 Category is DME SNFs cannot be paid for this service.
E0225	HYDROCOLLATOR UNIT, INCLUDES PADS	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0230	ICE CAP OR COLLAR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0231	Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover	Yes	SNF 534	NA	NA	32	Code Effective 1/1/2002 Category is DME SNFs cannot be paid for this service.
E0232	Warming card for use with the non contact wound warming device and non contact wound warming wound cover	Yes	SNF 534	NA	NA	32	Code Effective 1/1/2002 Category is DME SNFs cannot be paid for this service.
E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0236	PUMP FOR WATER CIRCULATING PAD	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0238	NON-ELECTRIC HEAT PAD, MOIST	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0239	HYDROCOLLATOR UNIT, PORTABLE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0241	BATH TUB WALL RAIL, EACH	No	Non-covered by Medicare MCM 2100.1 CIM 60-9	NA	NA		SNFs cannot be paid for this service.
E0242	BATH TUB RAIL, FLOOR BASE	No	Non-covered by Medicare MCM 2100.1 CIM 60-9	NA	NA		SNFs cannot be paid for this service.

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E0243	TOILET RAIL, EACH	No	Non-covered by Medicare MCM 2100.1 CIM 60-9	NA	NA		SNFs cannot be paid for this service.
E0244	RAISED TOILET SEAT	No	Non-Covered by Medicare CIM 60-9	NA	NA		SNFs cannot be paid for this service.
E0245	TUB STOOL OR BENCH	No	Non-Covered by Medicare CIM 60-9	NA	NA		SNFs cannot be paid for this service.
E0246	TRANSFER TUB RAIL ATTACHMENT	Yes		NA	NA	00	SNFs cannot be paid for this service.
E0249	PAD FOR WATER CIRCULATING HEAT UNIT	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESSRAILS, WITHOUT MATTRESS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0270	HOSPITAL BED, INSTITUTIONAL TYPE INCLUDES: OSCILLATING, CIRCULATING AND STRYKER FRAME, WITH MATTRESS	Yes	SNF 534	NA	NA	00	Category is DME SNFs cannot be paid for this service.
E0271	MATTRESS, INNERSPRING	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0272	MATTRESS, FOAM RUBBER	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.

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E0273	BED BOARD	No	Non-Covered by Medicare CIM 60-9	NA	NA		SNFs cannot be paid for this service.
E0274	OVER-BED TABLE	No	Non-Covered by Medicare CIM 60-9	NA	NA		SNFs cannot be paid for this service.
E0275	BED PAN, STANDARD, METAL OR PLASTIC	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0280	BED CRADLE, ANY TYPE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS). WITHOUT SIDE RAILS, WITH MATTRESS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0298	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH ANY TYPE SIDE RAILS, WITH MATTRESS		Invalid for Medicare	NA	NA	36	Discontinue as of 12/31/2001 Xref to K0549 SNFs cannot be paid for this service.
E0305	BED SIDE RAILS, HALF LENGTH	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0310	BED SIDE RAILS, FULL LENGTH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE	Yes	SNF 534	NA	NA	00	SNFs cannot be paid for this service.

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E0316	Safety enclosure frame/canopy for use with hospital bed, any type	Yes	SNF 534	NA	NA		Code Effective 1/1/2002 Category is DME SNFs cannot be paid for this service.
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0350	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYSTEM	Yes	SNF 535	NA	NA	57	SNFs cannot be paid for this service.
E0352	DISPOSABLE PACK (WATER RESERVOIR BAG, SPECULUM, VALVING MECHANISM AND COLLECTION BAG/BOX) FOR USE WITH THE ELECTRONIC BOWEL IRRIGATION/EVACUATION SYSTEM	Yes	SNF 536	NA	NA	57	SNFs cannot be paid for this service.
E0370	AIR PRESSURE ELEVATOR FOR HEEL	Yes	SNF 534	NA	NA	00	SNFs cannot be paid for this service.
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINOR, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	Yes	MCM 4107.9 CIM 60-4 SNF 534	NA	Fee	33	Category is oxygen SNFs cannot be paid for this service.
E0425	STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	Yes	SNF 534	NA	NA	00	Category is oxygen SNFs cannot be paid for this service.
E0430	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	Yes	SNF 534	NA	NA	00	Category is oxygen SNFs cannot be paid for this service.
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINOR, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	Yes	MCM 4107.9 CIM 60-4 SNF 534	NA	Fee	33	Category is oxygen SNFs cannot be paid for this service.
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	Yes	SNF 534	NA	Fee	33	Category is oxygen SNFs cannot be paid for this service.
E0435	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, FLOWMETER, HUMIDIFIER, CONTENTS GAUGE, CANNULA OR MASK, TUBING AND REFILL ADAPTOR	Yes	MCM 4107.9 CIM 60-4 SNF 534	NA	IC	00	Category is oxygen SNFs cannot be paid for this service.

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E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINOR, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	Yes	MCM 4107.9 CIM 60-4 SNF 534	NA	Fee	33	Category is oxygen SNFs cannot be paid for this service.
E0440	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS INDICATOR, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	Yes	SNF 534	NA	IC	00	Category is oxygen SNFs cannot be paid for this service.
E0441	OXYGEN CONTENTS, GASEOUS, (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND PORTABLE GASEOUS SYSTEM ARE OWNED)	Yes	MCM 4107.9 CIM 60-4 SNF 534	NA	Fee	33	Category is oxygen SNFs cannot be paid for this service.
E0442	OXYGEN CONTENTS, LIQUID, (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND PORTABLE LIQUID SYSTEM ARE OWNED)	Yes	MCM 4107.9 CIM 60-4 SNF 534	NA	Fee	33	Category is oxygen SNFs cannot be paid for this service.
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, (FOR USE ONLY WITH PORTABLE GASEOUS SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED)	Yes	MCM 4107.9 CIM 60-4 SNF 534	NA	Fee	33	Category is oxygen SNFs cannot be paid for this service.
E0444	PORTABLE OXYGEN CONTENTS, LIQUID (FOR USE ONLY WITH PORTABLE LIQUID SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED)	Yes	MCM 4107.9 CIM 60-4 SNF 534	NA	Fee	33	Category is oxygen SNFs cannot be paid for this service.
E0450	VOLUME VENTILATOR, STATIONARY OR PORTABLE, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE)	Yes	SNF 534	NA	NA	31	Category is DME SNFs cannot be paid for this service.
E0455	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	Yes	SNF 534	NA	IC	33	Category is oxygen SNFs cannot be paid for this service.
E0457	CHEST SHELL (CUIRASS)	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0459	CHEST WRAP	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0460	NEGATIVE PRESSURE VENTILATOR; PORTABLE OR STATIONARY	Yes	SNF 534	NA	NA	31	Category is DME SNFs cannot be paid for this service.
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0481	Intrapulmonary percussive ventilation system and related accessories	Yes	SNF 534	NA	NA		Code Effective 1/1/2002 Category is DME SNFs cannot be paid for this service.

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E0482	Cough stimulating device, alternating positive and negative airway pressure	Yes	SNF 534	NA	NA		Code Effective 1/1/2002 Category is DME SNFs cannot be paid for this service.
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE	Yes	SNF 534	NA	NA	31	Category is DME SNFs cannot be paid for this service.
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	Yes	SNF 534	NA	IC	33	Category is oxygen SNFs cannot be paid for this service.
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0570	NEBULIZER, WITH COMPRESSOR	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0571	AEROSOL COMPRESSOR, BATTERY POWERED, FOR USE WITH SMALL VOLUME NEBULIZER	Yes	CIM 60-9	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0574	ULTRASONIC GENERATOR WITH SMALL VOLUME ULTRASONIC NEBULIZER	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0575	NEBULIZER; ULTRASONIC, LARGE VOLUME	Yes	CIM 60-9 SNF 534	NA	NA	31	Category is DME SNFs cannot be paid for this service.
E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0590	DISPENSING FEE COVERED DRUG ADMINISTERED THROUGH DME NEBULIZER	Yes	SNF 534	NA	NA	46	Category is DME SNFs cannot be paid for this service.
E0600	Respiratory suction pump, home model, portable or stationary, electric	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0602	Breast pump, manual, any type	Yes	SNF 534 Not Valid for Medicare	NA	NA	00	Not Valid for Medicare SNFs cannot be paid for this service.
E0603	Breast pump, electric (AC and/or DC), any type	No	SNF 534 Not Valid for Medicare	NA	NA	00	Code Effective 1/1/2002 Not Valid for Medicare SNFs cannot be paid for this service.

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E0604	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric (AC and/ DC)	No	SNF 534 Not Valid for Medicare	NA	NA	00	Code Effective 1/1/2002 Not Valid for Medicare SNFs cannot be paid for this service.
E0605	VAPORIZER, ROOM TYPE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0606	POSTURAL DRAINAGE BOARD	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0607	HOME BLOOD GLUCOSE MONITOR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0608	APNEA MONITOR	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0609	BLOOD GLUCOSE MONITOR WITH SPECIAL FEATURES (EG., VOICE SYNTHESIZERS AUTOMATIC TIMERS, ETC.)	Yes	SNF 534	NA	NA	32	Discontinue as of 12/31/2001 Category is DME SNFs cannot be paid for this service.
E0610	PACEMAKER MONITOR, SELF-CONTAINED, (CHECKS BATTERY DEPLETION, INCLUDES AUDIBLE AND VISIBLE CHECK SYSTEMS)	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS, INCLUDES DIGITAL/VISIBLE CHECK SYSTEMS	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER	Yes	SNF 534	NA	NA	32	SNFs cannot be paid for this service.
E0617	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	Yes	SNF 534	NA	NA	36	Code Effective 1/1/2002 Category is DME SNFs cannot be paid for this service.
E0620	Skin piercing device for collection of capillary blood, laser, each	Yes	SNF 535	NA	NA		Code Effective 1/1/2002 Category is DME SNFs cannot be paid for this service.
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0625	PATIENT LIFT, KARTOP, BATHROOM OR TOILET	No	Non-covered by Medicare CIM 60-9	NA	NA		SNFs cannot be paid for this service.
E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.

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E0630	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0655	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0666	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0690	ULTRAVIOLET CABINET, APPROPRIATE FOR HOME USE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0700	SAFETY EQUIPMENT (E.G., BELT, HARNESS OR VEST)	Yes	SNF 534	NA	NA	00	SNFs cannot be paid for this service.
E0710	RESTRAINTS, ANY TYPE (BODY, CHEST, WRIST OR ANKLE)	Yes	SNF 534	NA	NA	57	SNFs cannot be paid for this service.
E0720	TENS, TWO LEAD, LOCALIZED STIMULATION	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0730	TENS, FOUR LEAD, LARGER AREA/MULTIPLE NERVE STIMULATION	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.

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E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	Yes	CIM 60.24, -DME Supplies	NA	NA	34	Category is DME Supplies SNFs cannot be paid for this service.
E0740	INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR AND/OR TRAINER	No	Non-covered by Medicare CIM 65-11	NA	NA		SNFs cannot be paid for this service.
E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0746	ELECTROMYOGRAPHY (EMG), BIOFEEDBACK DEVICE	Yes	SNF 534	NA	NA	52	SNFs cannot be paid for this service.
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0749	OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IMPLANTED	Yes	CIM 35-48 SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0752	Implantable neurostimulator electrode, each	Yes	CIM 35-48 SNF 534	NA	NA		Code Effective 1/1/2002 Category is DME SNFs cannot be paid for this service.
E0753	IMPLANTABLE NEUROSTIMULATOR ELECTRODES, PER GROUP OF FOUR	Yes	SNF 534, CIM 65-8	NA	Fee	38	Discontinue after 12/31/2001 Category is orthotics & prosthetics SNF or supplier may bill
E0754	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator	Yes	CIM 35-48 SNF 534	NA	NA		Code Effective 1/1/2002 Category is DME SNFs cannot be paid for this service.
E0755	ELECTRONIC SALIVARY REFLEX STIMULATOR (INTRA-ORAL/NON-INVASIVE)	Yes	SNF 534	NA	NA	52	SNFs cannot be paid for this service.
E0756	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR	Yes	CIM 65-8	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
E0757	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	Yes	CIM 65-8	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
E0758	RADIOFREQUENCY TRANSMITOR (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	Yes	CIM 65-8	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
E0759	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	Yes	CIM 65-8	NA	Fee		Code Effective 1/1/2002 Category is DME SNFs cannot be paid for this service.

SNF HCPCS HELP FILE

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E0760	OSTOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	No	Non-covered by Medicare CIM 35-48	NA	NA		Non covered for Medicare SNFs cannot be paid for this service.
E0765	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF NAUSEA AND VOMITING	Yes	SNF 534	NA	NA	00	SNFs cannot be paid for this service.
E0776	IV POLE	Yes	SNF 534	NA	NA	32	SNFs cannot be paid for this service.
E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	Yes	CIM 60-14 SNF 534	NA	Fee	33	Category is oxygen SNFs cannot be paid for this service.
E0782	INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE	Yes	SNF 534	NA	NA	34	Category is DME Supplies SNFs cannot be paid for this service.
E0783	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS, ETC.)	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	Yes	CIM 60-14 SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0785	IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE INFUSION PUMP, REPLACEMENT	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP, REPLACEMENT (EXCLUDES IMPLANTABLE INTRASPINAL CATHETER)	Yes	CIM 60-14 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0830	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH	Yes	CIM 60-9	NA	NA	00	SNFs cannot be paid for this service.
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G. BUCK'S)	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S)	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.

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E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S)	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0935	PASSIVE MOTION EXERCISE DEVICE	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0942	CERVICAL HEAD HARNESS/HALTER	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0943	CERVICAL PILLOW	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0944	PELVIC BELT/HARNESS/BOOT	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0945	EXTREMITY BELT/HARNESS	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0946	FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G. BALKEN, 4 POSTER)	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0950	TRAY	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0107
E0951	LOOP HEEL, EACH	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0034
E0952	LOOP TOE, EACH	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0036

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E0953	PNEUMATIC TIRE, EACH	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0067
E0954	SEMI-PNEUMATIC CASTER, EACH	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0075
E0958	WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR TO ONE ARM DRIVE	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0101
E0959	AMPUTEE ADAPTER (DEVICE USED TO COMPENSATE FOR TRANSFER OF WEIGHT DUE TO LOST LIMBS TO MAINTAIN PROPER BALANCE)	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0100
E0961	BRAKE EXTENSION, FOR WHEELCHAIR	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0079
E0962	1" CUSHION, FOR WHEELCHAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0963	2" CUSHION, FOR WHEELCHAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0964	3" CUSHION, FOR WHEELCHAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0965	4" CUSHION, FOR WHEELCHAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0966	HOOK ON HEAD REST EXTENSION	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0025
E0967	WHEELCHAIR HAND RIMS WITH 8 VERTICAL RUBBER TIPPED PROJECTIONS, PAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0968	COMMODE SEAT, WHEELCHAIR	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E0969	NARROWING DEVICE, WHEELCHAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0970	NO.2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to codes K0037 & K0021
E0971	ANTI-TIPPING DEVICE WHEELCHAIRS	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0021
E0972	TRANSFER BOARD OR DEVICE	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service xref to code K0103

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E0973	ADJUSTABLE HEIGHT DETACHABLE ARMS, DESK OR FULL LENGTH, WHEELCHAIR	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0016
E0974	GRADE-AID (DEVICE TO PREVENT ROLLING BACK ON AN INCLINE) FOR WHEELCHAIR	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0080
E0975	REINFORCED SEAT UPHOLSTERY, WHEELCHAIR	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service xref to code K0029
E0976	REINFORCED BACK, WHEELCHAIR, UPHOLSTERY OR OTHER MATERIAL	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0022
E0977	WEDGE CUSHION, WHEELCHAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0978	BELT, SAFETY WITH AIRPLANE BUCKLE, WHEELCHAIR	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service xref to code K0031
E0979	BELT, SAFETY WITH VELCRO CLOSURE, WHEELCHAIR	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0031
E0980	SAFETY VEST, WHEELCHAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0990	ELEVATING LEG REST, EACH	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service xref to code K0048
E0991	UPHOLSTERY SEAT	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to codes K0031 & K0033
E0992	SOLID SEAT INSERT	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0030
E0993	BACK, UPHOLSTERY	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to codes K0026 & K0027
E0994	ARM REST, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0995	CALF REST, EACH	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0049

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E0996	TIRE, SOLID, EACH	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0066
E0997	CASTER WITH A FORK	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0998	CASTER WITHOUT FORK	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E0999	PNEUMATIC TIRE WITH WHEEL	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E1000	TIRE, PNEUMATIC CASTER	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0074
E1001	WHEEL, SINGLE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER	Yes	MCM 2100	NA	NA	00	SNFs cannot be paid for this service.
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1065	POWER ATTACHMENT (TO CONVERT ANY WHEELCHAIR TO MOTORIZED WHEELCHAIR, E.G., SOLO)	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E1066	BATTERY CHARGER	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0088
E1069	DEEP CYCLE BATTERY	Yes	SNF 534	NA	NA	00	SNFs cannot be paid for this service. xref to codes K0082 & K0086
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1085	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0002
E1086	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0002

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E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1089	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0004
E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOT RESTS	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0004
E1091	YOUTH WHEELCHAIR, ANY TYPE	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0001
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0001
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1171	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGREST	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1172	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) WITHOUT FOOTRESTS OR LEGREST	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.

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E1195	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1210	MOTORIZED WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1211	MOTORIZED WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH SWING AWAY, DETACHABLE ELEVATING LEG REST	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1212	MOTORIZED WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0010
E1213	MOTORIZED WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOT RESTS	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0010
E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER, IF ANY) AND JUSTIFICATION	Yes	SNF 534	NA	NA	45	Category is DME SNFs cannot be paid for this service.
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1225	SEMI-RECLINING BACK FOR CUSTOMIZED WHEEL CHAIR	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1226	FULL RECLINING BACK FOR CUSTOMIZED WHEELCHAIR	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0028
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0003

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E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0003
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1285	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0006
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Yes	SNF 534	NA	NA	00	Code Effective 4/1/2001 SNFs cannot be paid for this service. xref to code K0006
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	No	Non-Covered by Medicare CIM 60-9	NA	NA		SNFs cannot be paid for this service.
E1310	WHIRLPOOL, NON-PORTABLE (BUILT-IN TYPE)	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E1340	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	Yes	MCM 2100.4	NA	NA	46	Category is DME SNFs cannot be paid for this service.
E1353	REGULATOR	Yes	MCM 4107.9 CIM 60-4	NA	IC	33	Category is oxygen SNFs cannot be paid for this service.
E1355	STAND/RACK	Yes	MCM 4107.9 CIM 60-4	NA	IC	33	Category is oxygen SNFs cannot be paid for this service.
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
E1390	OXYGEN CONCENTRATOR, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	Yes	SNF 534	NA	Fee	33	Category is oxygen SNFs cannot be paid for this service.

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E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	Yes	SNF 534	NA	NA	46	Category is DME SNFs cannot be paid for this service.
E1400	LITERS PER MINUTE, AT 85 PERCENT OR GREATER CONCENTRATION.	Yes	SNF 534	NA	Fee	33	Category is oxygen SNFs cannot be paid for this service.
E1401	OXYGEN CONCENTRATOR, MANUFACTURER SPECIFIED MAXIMUM FLOW RATE GREATER THAN 2 LITERS PER MINUTE, DOES NOT EXCEED 3 LITERS PER MINUTE, AT 85 PERCENT OR GREATER CONCENTRATION	Yes	SNF 534	NA	Fee	33	Category is oxygen SNFs cannot be paid for this service.
E1402	LITERS PER MINUTE, DOES NOT EXCEED 4 LITERS PER MINUTE, AT 85 PERCENT OR GREATER CONCENTRATION	Yes	SNF 534	NA	Fee	33	Category is oxygen SNFs cannot be paid for this service.
E1403	OXYGEN CONCENTRATOR, MANUFACTURER SPECIFIED MAXIMUM FLOW RATE GREATER THAN 4 LITERS PER MINUTE, DOES NOT EXCEED 5 LITERS PER MINUTE, AT 85 PERCENT OR GREATER CONCENTRATION	Yes	SNF 534	NA	Fee	33	Category is oxygen SNFs cannot be paid for this service.
E1404	OXYGEN CONCENTRATOR, MANUFACTURER SPECIFIED MAXIMUM FLOW RATE GREATER THAN 5 LITERS PER MINUTE, AT 85 PERCENT OR GREATER CONCENTRATION	Yes	SNF 534	NA	Fee	33	Category is oxygen SNFs cannot be paid for this service.
E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	Yes	SNF 534	NA	Fee	33	Category is oxygen SNFs cannot be paid for this service.
E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	Yes	SNF 534	NA	Fee	33	Category is oxygen SNFs cannot be paid for this service.
E1500	Centrifuge, for dialysis	No	SNF 516	NA	NA	52	Code Effective 1/1/2002 SNFs cannot be paid for this service
E1510	KIDNEY, DIALYSATE DELIVERY SYST. KIDNEY MACHINE, PUMP RECIRCULAT- ING, AIR REMOVAL SYST, FLOWRATE METER, POWER OFF, HEATER AND TEMPERATURE CONTROL WITH ALARM, I.V.POLES, PRESSURE GAUGE, CONCENTRATE CONTAINER	No	SNF 516	NA	NA	52	Code Effective 1/1/2002 SNFs cannot be paid for this service
E1520	HEPARIN INFUSION PUMP FOR DIALYSIS	No	SNF 516	NA	NA	00	SNFs cannot be paid for this service.
E1530	AIR BUBBLE DETECTOR FOR DIALYSIS	No	SNF 516	NA	NA	00	SNFs cannot be paid for this service.
E1540	PRESSURE ALARM FOR DIALYSIS	No	SNF 516.6	NA	NA	00	SNFs cannot be paid for this service.
E1550	BATH CONDUCTIVITY METER FOR DIALYSIS	No	SNF 516.6	NA	NA	00	SNFs cannot be paid for this service.
E1560	BLOOD LEAK DETECTOR FOR DIALYSIS, EACH, REPLACEMENT	No	SNF 516	NA	NA	52	Code Effective 1/1/2002 SNFs cannot be paid for this service
E1570	ADJUSTABLE CHAIR, FOR ESRD PATIENTS	No	SNF 516	NA	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service
E1575	TRANSDUCER PROTECTORS/FLUID BARRIERS, ANY SIZE, EACH	No	SNF 516	NA	NA	00	SNFs cannot be paid for this service.
E1580	UNIPUNCTURE CONTROL SYSTEM FOR DIALYSIS	No	SNF 516	NA	NA	00	SNFs cannot be paid for this service.
E1590	HEMODIALYSIS MACHINE	No	SNF 516	NA	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service

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E1592	AUTOMATIC INTERMITTENT PERITIONEAL DIALYSIS SYSTEM	No	SNF 516	NA	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service
E1594	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS	No	SNF 516	NA	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service
E1600	DELIVERY AND/OR INSTALLATION CHARGES FOR RENAL DIALYSIS EQUIPMENT	No	SNF 516	NA	NA	00	SNFs cannot be paid for this service.
E1610	REVERSE OSMOSIS WATER PURIFICATION SYSTEM	No	SNF 516	NA	NA	00	SNFs cannot be paid for this service.
E1615	DEIONIZER WATER PURIFICATION SYSTEM	No	SNF 516	NA	NA	00	SNFs cannot be paid for this service.
E1620	BLOOD PUMP FOR DIALYSIS	No	SNF 516	NA	NA	00	SNFs cannot be paid for this service.
E1625	WATER SOFTENING SYSTEM	No	SNF 516	NA	NA	00	SNFs cannot be paid for this service.
E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM	No	SNF 516	NA	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service
E1632	WEARABLE ARTIFICAL KIDNEY	No	SNF 516	NA	NA	00	SNFs cannot be paid for this service.
E1635	COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM	No	SNF 516	NA	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service
E1636	SORBENT CARTRIDGES, PER CASE	No	SNF 516	NA	NA	00	SNFs cannot be paid for this service.
E1637	Hemostats, for dialysis, each	No	SNF 516	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
E1638	Heating pad, for peritoneal dialysis, any size, each	No	SNF 516	NA	NA		Code Effective 1/1/2002 Discontinued effective 12/31/2002. SNFs cannot be paid for this service.
E1639	Scale, for dialysis, each	No	SNF 516	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
E1640	REPLACEMENT COMPONENTS FOR HEMODIALYSIS AND/OR PERITONEAL DIALYSIS MACHINES THAT ARE OWNED OR BEING PURCHASED BY THE PATIENT	No	SNF 516	NA	NA	52	Discontinue after 12/31/2001 SNFs cannot be paid for this service
E1699	DIALYSIS EQUIPMENT, UNSPECIFIED, BY REPORT	No	SNF 516	NA	NA	00	SNFs cannot be paid for this service.
E1700	JAW MOTION REHABILITATION SYSTEM	Yes	SNF 534	NA	NA	34	Category is DME Supplies SNFs cannot be paid for this service.
E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 6	Yes		NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200	Yes		NA	NA	36	Category is DME SNFs cannot be paid for this service.
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, OR EQUAL	Yes	SNF 534	NA	NA	00	SNFs cannot be paid for this service.
E1801	Bi-directional static progressive stretch elbow device with range of motion adjustment, includes cuffs	Yes	SNF 534	NA	NA		Code Effective 1/1/2002 Category is DME SNFs cannot be paid for this service.
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material	Yes	SNF 534	NA	NA	00	SNFs cannot be paid for this service.

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E1806	Bi-directional static progressive stretch wrist device with range of motion adjustment, includes cuffs	Yes	SNF 534	NA	NA		Code Effective 1/1/2002 Category is DME SNFs cannot be paid for this service.
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material	Yes	SNF 534	NA	NA	00	SNFs cannot be paid for this service.
E1811	Bi-directional static progressive stretch knee device with range of motion adjustment, includes cuffs	Yes	SNF 534	NA	NA		Code Effective 1/1/2002 Category is DME SNFs cannot be paid for this service.
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Yes	SNF 534	NA	NA	00	SNFs cannot be paid for this service.
E1816	Bi-directional static progressive stretch forearm pronation/supination device with range of motion adjustment, includes cuffs	Yes	SNF 534	NA	NA		Code Effective 1/1/2002 Category is DME SNFs cannot be paid for this service.
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	Yes	SNF 534	NA	NA	00	SNFs cannot be paid for this service.
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	Yes	SNF 534	NA	NA		Code Effective 1/1/2002 Category is DME SNFs cannot be paid for this service.
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	Yes	SNF 534	NA	NA	00	SNFs cannot be paid for this service.
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	Yes	SNF 534	NA	NA	00	SNFs cannot be paid for this service.
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	Yes	SNF 534	NA	NA		Code Effective 1/1/2002 Category is DME SNFs cannot be paid for this service.
E1900	SYNTHESIZED SPEECH AUGMENTATIVE COMMUNICATION DEVICE WITH DYNAMIC DISPLAY	Yes	SNF 534	NA	NA	00	Discontinue after 12/31/2001 SNFs cannot be paid for this service.
E1902	Communication Board, non-electronic augmentative or alternative communication device	Yes		NA	NA	00	Code Effective 1/1/2002 SNFs cannot be paid for this service
E2000	Blood glucose monitor with integrated voice synthesizer	Yes		NA	NA		Code Effective 1/1/2002 Category is DME SNFs cannot be paid for this service.
E2001	Blood glucose monitor with integrated lancing/blood sample	Yes		NA	NA		Code Effective 1/1/2002 Category is DME SNFs cannot be paid for this service.
E2101	Bld glucose monitor w lance	Yes		NA	NA		Code Effective 1/1/2002 Category is DME SNFs cannot be paid for this service.
G0001	ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S)	Yes	MIM 3628E SNF 541	9	Fee	22	Rendering provider may bill or SNF may bill under arrangements

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G0002	OFFICE PROCEDURE, INSERTION OF TEMPORARY INDWELLING CATHETER, FOLEY TYPE (SEPARATE PROCEDURE)	No		0	Fee	11	Physician billing to Carrier
G0004	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRE-SYMPTOM MEMORY LOOP AND 24 HOUR ATTENDED MONITORING, PER 30 DAY PERIOD; INCLUDES TRANSMISSION, PHYSICIAN REVIEW AND INTERPRETATION	Yes	CIM 50-15	4	Fee	11	SNFs cannot be paid for this global code. Bill with code that represents the technical component
G0005	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRE-SYMPTOM MEMORY LOOP AND 24 HOUR ATTENDED MONITORING, PER 30 DAY PERIOD; RECORDING (INCLUDES HOOK-UP, RECORDING AND DISCONNECTION)	Yes	CIM 50-15	3	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0006	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRE-SYMPTOM MEMORY LOOP AND 24 HOUR ATTENDED MONITORING, PER 30 DAY PERIOD; 24 HOUR ATTENDED MONITORING, RECEIPT OF TRANSMISSIONS, AND ANALYSIS	Yes	CIM 50-15	3	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0007	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRE-SYMPTON MEMORY LOOP AND 24 HOUR ATTENDED MONITORING, PER 30 DAY PERIOD; PHYSICIAN REVIEW AND INTERPRETATION ONLY	No	CIM 50-15	2	Fee	11	Physician billing to Carrier
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	No	MIM 3660.7 SNF 536	9	Cost	54	Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	No	MIM 3660.7 SNF 536	9	Cost	54	Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	No	MIM 3660.7 SNF 536	9	Cost	54	Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
G0015	POST-SYMPTOM TELEPHONIC TRANSMISSION OF ELECTROCARDIOGRAM RHYTHM STRIP(S) AND 24 HOUR ATTENDED MONITORING, PER 30 DAY PERIOD; TRACING ONLY	Yes	CIM 50-15	3	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0016	POST-SYMPTOM TELEPHONIC TRANSMISSION OF ELECTROCARDIOGRAM RHYTHM STRPS(S) AND 24 HOUR ATTENDED MONITORING, PER 30 DAY PERIOD; PHYSICIAN REVIEW AND INTERPRETATION ONLY	No	CIM 50-15	2	Fee	11	Discontinue as of 12/31/2001 Physician billing to Carrier
G0025	COLLAGEN SKIN TEST KIT	Yes	CIM 65-9	9	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0026	FECAL LEUCOCYTE EXAMINATION	Yes	SNF 260.1	9	Fee	21	SNFs cannot be paid for this service.

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G0027	SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM EXCLUDING HUHNER	Yes	SNF 260.1	9	Fee	21	SNFs cannot be paid for this service.
G0030	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING PREVIOUS PET, G0030-G0047); SINGLE STUDY, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	SNF 533	1	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0031	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING PREVIOUS PET, G0030-G0047); MULTIPLE STUDIES, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0032	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING REST SPECT, 78464); SINGLE STUDY, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0033	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING REST SPECT, 78464); MULTIPLE STUDIES, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0034	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS SPECT, 78465); SINGLE STUDY, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0035	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS SPECT, 78465); MULTIPLE STUDIES, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0036	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING CORONARY ANGIOGRAPHY, 93510-93529); SINGLE STUDY, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0037	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING CORONARY ANGIOGRAPHY, 93510-93529); MULTIPLE STUDIES, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0038	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS PLANAR MYOCARDIAL PERFUSION, 78460); SINGLE STUDY, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0039	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS PLANAR MYOCARDIAL PERFUSION, 78460); MULTIPLE STUDIES, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0040	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS ECHOCARDIOGRAM, 93350); SINGLE STUDY, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0041	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS ECHOCARDIOGRAM, 93350); MULTIPLE STUDIES, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0042	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS NUCLEAR VENTRICULOGRAM, 78481 OR 78483); SINGLE STUDY, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Fee	11	Rendering provider may bill or SNF may bill under arrangements

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G0043	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS NUCLEAR VENTRICULOGRAM, 78481 OR 78483); MULTIPLE STUDIES, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0044	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING REST ECG, 93000); SINGLE STUDY, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0045	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING REST ECG, 93000); MULTIPLE STUDIES, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0046	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS ECG, 93015); SINGLE STUDY, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	CIM 50-36 SNF 533	1	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0047	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS ECG, 93015); MULTIPLE STUDIES, REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	Yes	SNF 533	1	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0050	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY ULTRASOUND	Yes		3	Fee	11	Rendering provider may bill or SNF may bill under arrangements
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	No	MIM 3660.17	0	Fee	11	Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	No	MIM 3616	0	Fee	11	Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
G0103	PROSTATE CANCER SCREENING; PROSTATE SPECIFIC ANTIGEN TEST (PSA), TOTAL	No	MIM 3616	9	Fee	21	Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	No	MIM 3660.17	0	Fee	11	Physician billing to Carrier
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	No	MIM 3660.17	0	Fee	11	Physician billing to Carrier
G0106	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104, SCREENING SIGMOIDOSCOPY, BARIUM ENEMA	No	MIM 3660.17	1	Fee	11	Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.

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G0107	COLORECTAL CANCER SCREENING; FECAL-OCCULT BLOOD TEST, 1-3 SIMULTANEOUS DETERMINATIONS	No	MIM 3660.17	9	Fee	21	Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30 MINUTES	No		0	Fee	11	Physician billing to Carrier
G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 OR MORE), PER 30 MINUTES	No		0	Fee	11	Physician billing to Carrier
G0110	NETT PULM-REHAB; EDUCATION/SKILLS TRAINING, INDIVIDUAL	No		0	Fee	11	Physician billing to Carrier
G0111	NETT PULM-REHAB; EDUCATION/SKILLS TRAINING, GROUP	No	CIM 35-93	0	Fee	11	Physician billing to Carrier
G0112	NETT PULM-REHAB; NUTRITIONAL GUIDANCE, INITIAL	No	CIM 35-93	0	Fee	11	Physician billing to Carrier
G0113	NETT PULM-REHAB; NUTRITIONAL GUIDANCE, SUBSEQUENT	No	CIM 35-93	0	Fee	11	Physician billing to Carrier
G0114	NETT PULM-REHAB; PSYCHOSOCIAL CONSULTATION	No	CIM 35-93	0	Fee	11	Physician billing to Carrier
G0115	NETT PULM-REHAB; PSYCHOLOGICAL TESTING	No	CIM 35-93	0	Fee	11	Physician billing to Carrier
G0116	NETT PULM-REHAB; PSYCHOSOCIAL COUNSELING	No	CIM 35-93	0	Fee	11	Physician billing to Carrier
G0117	Glaucoma scrn hgh risk direc	No	PM A01-105	0	Fee	11	Code Effective 1/1/2002 Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
G0118	Glaucoma scrn hgh risk direc	No	PM A01-105	0	Fee	11	Code Effective 1/1/2002 Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
G0120	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0105, SCREENING COLONOSCOPY, BARIUM ENEMA.	No	MIM 3660.17	1	Fee	11	Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK	No	MIM 3660.17	0	NA	11	SNFs cannot be paid for this service.
G0122	COLORECTAL CANCER SCREENING; BARIUM ENEMA	No	Non-covered by Medicare	1	NA		SNFs cannot be paid for this service.
G0123	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, SCREENING BY CYTOTECHNOLOGIST UNDER PHYSICIAN SUPERVISION	No	MIM 3628.1 CIM 50-20,	9	Fee	11	Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.

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G0124	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, REQUIRING INTERPRETATION BY PHYSICIAN	Yes	CIM 50-36, MCM 4174 MIM 3628.1	0	Fee	12	Rendering provider may bill or SNF may bill under arrangements
G0125	PET imaging regional or whole body; single pulmonary nodule	Yes	CIM 50-36, MCM 4173	1	Fee	13	Rendering provider may bill or SNF may bill under arrangements
G0126	PET LUNG IMAGING OF SOLITARY PULMONARY NODULES, USING 2-(FLUORINE-18)-FLUORO-2-DEOXY-D-GLUCOSE (FDG), FOLLOWING CT (71250/71260 OR 71270); INITIAL STAGING OF PATHOLOGICALLY DIAGNOSED NON-SMALL CELL LUNG CANCER	Yes	MCM 2323, MCM 4120	1	Fee	11	Discontinued after 6/30/01
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	No		0	Fee	11	Physician billing to Carrier
G0128	DIRECT (FACE-TO-FACE WITH PATIENT) SKILLED NURSING SERVICES OF A REGISTERED NURSE PROVIDED IN A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY, EACH 10 MINUTES BEYOND THE FIRST 5 MINUTES	No		0	Fee	99	Physician billing to Carrier
G0129	OCCUPATIONAL THERAPY REQUIRING THE SKILLS OF A QUALIFIED OCCUPATIONAL THERAPIST, FURNISHED AS A COMPONENT OF A PARTIAL HOSPITALIZATION TREATMENT PROGRAM, PER DAY	N/A		NA	NA	00	Discontinued - No date provided in HCPCS file SNFs cannot be paid for this service.
G0130	SINGLE ENERGY X-RAY ABSORPTIOMETRY (SEXA) BONE DENSITY STUDY, ONE OR MORE SITES; APPENDICULAR SKELETON (PERIPHERAL) (EG, RADIUS, WRIST, HEEL)	No	MIM 3631	1	Fee		Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
G0131	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)	No	SNF 533	1	NA	11	Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
G0132	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES; APPENDICULAR SKELETON (PERIPHERAL) (EG, RADIUS, WRIST, HEEL)	No	CIM 50-44 SNF 533	1	NA	11	Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
G0141	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM, WITH MANUAL RESCREENING, REQUIRING INTERPRETATION BY PHYSICIAN	No		0	Fee	11	Physician billing to Carrier
G0143	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, WITH MANUAL SCREENING AND RESCREENING BY CYTOTECHNOLOGIST UNDER PHYSICIAN SUPERVISION	No	MIM 3628.1 SNF 541.2	9	Fee	21	Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.

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G0144	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING BY CYTOTECHNOLOGIST UNDER PHYSICIAN SUPERVISION	No	MIM 3628.1 SNF 541.2	9	Fee	21	Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
G0145	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION, WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING USING CELL SELECTION AND REVIEW UNDER PHYSICIAN SUPERVISION	No	MIM 3628.1 SNF 541.2	9	Fee	21	Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
G0147	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM UNDER PHYSICIAN SUPERVISION	No	MIM 3628.1 SNF 541.2	9	Fee	21	Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
G0148	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM WITH MANUAL RESCREENING	No	MIM 3628.1 SNF 541.2	9	Fee	21	Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
G0151	SERVICES OF PHYSICAL THERAPIST IN HOME HEALTH SETTING, EACH 15 MINUTES	Yes		NA	NA	00	SNFs cannot be paid for this service.
G0152	SERVICES OF OCCUPATIONAL THERAPIST IN HOME HEALTH SETTING, EACH 15 MINUTES	Yes		NA	NA	00	SNFs cannot be paid for this service.
G0153	SERVICES OF SPEECH AND LANGUAGE PATHOLOGIST IN HOME HEALTH SETTING, EACH 15 MINUTES	Yes		NA	NA	00	SNFs cannot be paid for this service.
G0154	SERVICES OF SKILLED NURSE IN HOME HEALTH SETTING, EACH 15 MINUTES	Yes		NA	NA	00	SNFs cannot be paid for this service.
G0155	SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH SETTING, EACH 15 MINUTES	Yes		NA	NA	00	SNFs cannot be paid for this service.
G0156	SERVICES OF HOME HEALTH AIDE IN HOME HEALTH SETTING, EACH 15 MINUTES	Yes		NA	NA	00	SNFs cannot be paid for this service.
G0163	POSITRON EMISSION TOMOGRAPHY (PET), WHOLE BODY, FOR RECURRENCE OF COLORECTAL METASTATIC CANCER	Yes	CIM 50-36, MCM 4173 SNF 533	1	Fee	11	Discontinued after 6/30/01
G0164	POSITRON EMISSION TOMOGRAPHY (PET), WHOLE BODY, FOR STAGING AND CHARACTERIZATION OF LYMPHOMA	Yes	CIM 50-36, MCM 4173 SNF 533	1	Fee	11	Discontinued after 6/30/01
G0165	POSITRON EMISSION TOMOGRAPHY (PET), WHOLE BODY, FOR RECURRENCE OF MELANOMA OR MELANOMA METASTATIC CANCER	Yes	CIM 35-74 SNF 533	1	Fee	11	Discontinued after 6/30/01
G0166	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION	No	CIM 35-10	0	NA	11	Physician billing to Carrier

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G0167	HYPERBARIC OXYGEN TREATMENT NOT REQUIRING PHYSICIAN ATTENDANCE, PER TREATMENT SESSION	Yes	CIM 35-10 SNF 515.1	5	IC	11	Physician billing to Carrier
G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	Yes	SNF 515.1	0	NA	00	Physician billing to Carrier
G0173	STEROTACTIC RADIOSURGERY, COMPLETE COURSE OF THERAPY IN ONE SESSION	No	SNF 515.1 SNF 516.3	9	NA	00	Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
G0174	IMRT INTENSITY MODULATED RADIATION THERAPY PLAN, PER SESSION	Yes		9	NA	00	Discontinue after 12/31/2001 SNFs cannot be paid for this service.
G0175	SCHEDULED INTERDISCIPLINARY TEAM CONFERENCE (MINIMUM OF THREE EXCLUSIVE OF PATIENT CARE NURSING STAFF) WITH PATIENT PRESENT	Yes		9	NA	00	SNFs cannot be paid for this service.
G0176	ACTIVITY THERAPY, SUCH AS MUSIC, DANCE, ART, OR PLAY THERAPIES NOT FOR RECREATION, RELATED TO THE CARE AND TREATMENT OF PATIENTS DISABILING MENTAL HEALTH PROBLEMS, PER SESSION (45 MINUTES OR MORE)	Yes		9	NA	00	SNFs cannot be paid for this service.
G0177	TRAINING AND EDUCATIONAL SERVICES RELATED TO THE CARE AND TREATMENT OF PATIENTS DISABILING MENTAL HEALTH PROBLEMS PER SESSION (45 MINUTES OR MORE)	Yes		9	NA	00	SNFs cannot be paid for this service.
G0178	INTENSITY MODULATED RADIATION THERAPY (IMRT) DELIVERY TO MULTIPLE AREAS WITH TREATMENT SET UP AND VERIFICATION IMAGES	Yes		9	Cost	11	Discontinue as of 12/31/2001 Part B - Non covered for SNF. Physician may bi
G0179	PHYSICIAN RECERTIFICATION SERVICES FOR MEDICARE-COVERED SERVICES PROVIDED BY A PARTICIPATING HOME HEALTH AGENCY (PATIENT NOT PRESENT), INCLUDING REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS, REVIEW OF PATIENTS RESPONSES TO THE OASIS ASSESSMENT INSTRUMENT, CONTACT WITH THE HOME HEALTH AGENCY TO ASCERTAIN THE FOLLOWUP IMPLEMENTATION PLAN OF CARE, AND DOCUMENTATION IN THE PATIENTS OFFICE RECORD, PER CERTIFICATION PERIOD	No		0	NA	11	Physician billing to Carrier
G0180	PHYSICIAN CERTIFICATION SERVICES FOR MEDICARE-COVERED SERVICES PROVIDED BY A PARTICIPATING HOME HEALTH AGENCY (PATIENT NOT PRESENT), INCLUDING REVIEW OF INITIAL OR SUBSEQUENT REPORTS OF PATIENT STATUS, REVIEW OF PATIENTS STATUS TO THE OASIS ASSESSMENT INSTRUMENT, CONTACT WITH THE HOME HEALTH AGENCY TO ASCERTAIN THE INITIAL IMPLEMENTATION PLAN OF CARE, AND DOCUMENTATION IN THE PATIENTS OFFICE RECORD, PER CERTIFICATION PERIOD	No		0	NA	11	Physician billing to Carrier

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G0181	PHYSICIAN SUPERVISION OF A PATIENT RECEIVING MEDICARE-COVERED SERVICES PROVIDED BY A PARTICIPATING HOME HEALTH AGENCY (PATIENT NOT PRESENT), REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR PHYSICIAN DEVELOPMENT AND/OR REVISION OF CARE PLANS, REVIEW OF SUBSEQUENT REPORTS OF PATIENTS STATUS, REVIEW OF LABORATORY AND OTHER STUDIES, COMMUNICATION (INCLUDING TELEPHONE CALLS) WITH OTHER HEALTH CARE PROFESSIONAL INVOLVED IN THE PATIENTS CARE, INTEGRATION OF NEW INFORMATION INTO THE MEDICAL TREATMENT PLAN AND/OR ADJUSTMENT OF MEDICAL THERAPY, WITHIN A CALENDAR MONTH, 30 MINUTES OR MORE	No		0	NA	11	Physician billing to Carrier
G0182	PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE-APPROVED HOSPICE (PATIENT NOT PRESENT)	No		0	NA	11	Part B - Non covered for SNF. Physician may bil
G0183	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOLORIDAL NEOVASCULARIZATION); OCULAR PHOTODYNAMIC THERAPY (INCLUDES INTRAVENSOUS INFUSION)	Yes		NA	IC	11	Rendering provider may bill or SNF may bill under arrangements
G0184	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOLORIDAL NEOVASCULARIZATION); PHOTOCOAGULATION, (FOR EXAMPLE BY LASER) ONE OR MORE SESSIONS	No		0	NA	11	Discontinue as of 12/31/2001 Physician billing to Carrier
G0185	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOLORIDAL NEOVASCULARIZATION); TRANSPUPILLARY THERMOTHERAPY (ONE OR MORE SESSIONS)	No		0	NA	00	Physician billing to Carrier
G0186	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOLORIDAL NEOVASCULARIZATION); PHOTOCOAGULATION, FEEDER VESSEL TECHNIQUE (ONE OR MORE SESSIONS)	No		0	NA	00	Physician billing to Carrier
G0187	DESTRUCTION OF MACULAR DRUSEN, PHOTOCOAGULATION (ONE OR MORE SESSIONS)	No		0	NA	00	Physician billing to Carrier
G0188	FULL LENGTH RADIOGRAPHY OF LOWER EXTREMITY, WHICH INCLUDES HIP, KNEE AND ANKLE	Yes		1	IC	11	Discontinue as of 12/31/2001 Rendering provider may bill or SNF may bill under arrangements
G0190	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, INTRAMUSCULAR AND JET INJECTIONS; EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	Yes		9	IC	11	Discontinue as of 12/31/2001 Rendering provider may bill or SNF may bill under arrangements
G0191	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, INTRAMUSCULAR AND JET INJECTIONS; EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) LIST SEPARTELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Yes		9	IC	11	Discontinue as of 12/31/2001 Rendering provider may bill or SNF may bill under arrangements

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G0192	INTRANSAL OR ORAL ADMINISTRATION; ONE VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)		Non-covered by Medicare MCM 2049.4, MCM 2320	9	NA		SNFs cannot be paid for this service.
G0193	ENDOSCOPIC STUDY OF SWALLOWING FUNCTION (ALSO FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING (FEES)	Yes	SNF 515 SNF 529 SNF 532	0	Fee	11	Part B - SNFs must bill this therapy service
G0194	SENSORY TESTING DURING ENDOSCOPIC STUDY OF SWALLOOWING (ADD ON CODE) REFERRED TO AS FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING WITH SENSORY TESTING (FEEST)	Yes	SNF 515 SNF 529 SNF 532	0	Fee	11	Part B - SNFs must bill this therapy service
G0195	CLINICAL EVALUATION OF SWALLOWING FUNCTION (NOT INVOLVING INTERPRETATION OF DYNAMIC RADIOLOGICAL STUDIES OR ENDOSCOPIC STUDY OF SWALLOWING)	Yes	SNF 515 SNF 529 SNF 532	0	Fee	11	Part B - SNFs must bill this therapy service
G0196	EVALUATION OF SWALLOWING INVOLVING SWALLOWING OF RADIO-OPAQUE MATERIALS	Yes	SNF 515 SNF 529 SNF 532	0	Fee	11	Part B - SNFs must bill this therapy service
G0197	EVALUATION OF PATIENT FOR PRESCRIPTION OF SPEECH GENERATING DEVICES	Yes	SNF 515 SNF 529 SNF 532	0	Fee	11	Part B - SNFs must bill this therapy service
G0198	PATIENT ADAPTATION AND TRAINING FOR USE OF SPEECH GENERATING DEVICES	Yes	SNF 515 SNF 529 SNF 532	0	Fee	11	Part B - SNFs must bill this therapy service
G0199	RE-EVALUATION OF PATIENT USING SPEECH GENERATING DEVICES	Yes	SNF 515 SNF 529 SNF 532	0	Fee	11	Part B - SNFs must bill this therapy service
G0200	EVALUATION OF PATIENT FOR PRESCRIPTION OF VOICE PROSTHETIC	Yes	SNF 515 SNF 529 SNF 532	0	Fee	11	Part B - SNFs must bill this therapy service
G0201	MODIFICATION OR TRAINING AND USE OF VOICE PROSTHETIC	Yes	SNF 515 SNF 529 SNF 532	0	Fee	11	Part B - SNFs must bill this therapy service
G0202	Screening mammography, producing direct digital image, bilateral, all views	No	PM AB-01-20 SNF 537	1	Fee		Review manual references for special billing/pricing instructions. Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.

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G0203	Screening mammography, film processed to produce digital images analyzed for potential abnormalities, bilateral, all views	No	PM AB-01-20 SNF 537	9	Fee		Code Effective 4/1/2001. Discontinue as of 12/31/2001. Rendering provider may bill or SNF may bill under arrangements
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views	Yes	SNF 537	1	Fee		Code Effective 4/1/2001 Rendering provider may bill or SNF may bill under arrangements
G0205	Diagnostic mammography, film processed to produce digital image analyzed for potential abnormalities, bilateral, all views	Yes	SNF 537	1	Fee		Discontinue as of 12/31/2001 Code Effective 4/1/2001 Rendering provider may bill or SNF may bill under arrangements
G0206	Diagnostic mammography, producing direct image, unilateral, all views	Yes	SNF 537	1	Fee		Code Effective 4/1/2001 Rendering provider may bill or SNF may bill under arrangements
G0207	Diagnostic mammography, film processed to produce digital image analyzed for potential abnormalities, unilateral, all views	Yes	SNF 537	1	Fee		Discontinue as of 12/31/2001 Code Effective 4/1/2001 Rendering provider may bill or SNF may bill under arrangements
G0210	PET Imaging whole body; diagnosis; lung cancer, non-small cell	Yes	CIM 50-36, MCM 4173	1	Fee	11	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0211	PET Imaging whole body; initial staging; lung cancer; non-small cell(replaces G0126)	Yes	CIM 50-36, MCM 4173	1	Fee	11	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0212	PET Imaging whole body; restaging; lung cancer; non-small cell	Yes	CIM 50-36, MCM 4173	1	Fee	11	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0213	PET Imaging whole body; diagnosis; colorectal cancer	Yes	CIM 50-36, MCM 4173	1	Fee	11	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0214	PET Imaging whole body; initial staging; colorectal cancer	Yes	CIM 50-36, MCM 4173	1	Fee	11	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0215	PET Imaging whole body; full- and partial-ring pet scanners only, restaging; colorectal cancer (replaces G0163)	Yes	CIM 50-36, MCM 4173	1	Fee	11	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0216	PET Imaging whole body; diagnosis; melanoma	Yes	CIM 50-36, MCM 4173	1	Fee	11	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements

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G0217	PET Imaging whole body; full- and partial-ring pet scanners only, initial staging; melanoma	Yes	CIM 50-36, MCM 4173	1	Fee	11	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0218	PET Imaging whole body; restaging; melanoma (replaces G0165)	Yes	CIM 50-36, MCM 4173	1	Fee	11	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0219	PET Imaging whole body; (full- and partial-ring pet scanners) melanoma for non-covered indications	Yes	CIM 50-36, MCM 4173	1	Fee	0	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0220	PET Imaging whole body; diagnosis; lymphoma	Yes	CIM 50-36, MCM 4173	1	Fee	11	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0221	PET Imaging whole body; initial staging; lymphoma (replaces G0164)	Yes	CIM 50-36, MCM 4173	1	Fee	11	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0222	PET Imaging whole body; restaging; lymphoma (replaces G0164)	Yes	CIM 50-36, MCM 4173	1	Fee	11	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0223	PET Imaging whole body or regional; diagnosis; head and neck cancer; excluding thyroid and CNS cancers	Yes	CIM 50-36, MCM 4173	1	Fee	11	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0224	PET Imaging whole body or regional; initial staging; head and neck cancer; excluding thyroid and CNS cancers	Yes	CIM 50-36, MCM 4173	1	Fee	11	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0225	PET Imaging whole body or regional; restaging; head and neck cancer, excluding thyroid and CNS cancers	Yes	CIM 50-36, MCM 4173	1	Fee	11	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0226	PET Imaging whole body; full- and partial-ring pet scanners only, diagnosis; esophageal cancer	Yes	CIM 50-36, MCM 4173	1	Fee	11	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0227	PET Imaging whole body; initial staging; esophageal cancer	Yes	CIM 50-36, MCM 4173	1	Fee	11	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0228	PET Imaging whole body; restaging; esophageal cancer	Yes	CIM 50-36, MCM 4173	1	Fee	11	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0229	PET Imaging; Metabolic brain imaging for pre-surgical evaluation of refractory seizures	Yes	CIM 50-36, MCM 4173	1	Fee	11	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements

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G0230	PET Imaging; Metabolic assessment for myocardial viability following inconclusive SPECT study	Yes	CIM 50-36, MCM 4173	1	Fee	11	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0231	PET WhBD colorec; gamma cam	Yes		1	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0232	PET Whole Body, for staging and characterization of lymphoma; gamma cameras only	Yes		1	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0233	PET Whole Body, for recurrence of melanoma or melanoma metastatic cancer; gamma cameras only	Yes		1	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0234	PET WhBD pulm nod; gamma cam	Yes		1	Fee		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
G0236	digital film convert diag ma	Yes		1	__		Code Effective 1/1/2002 SNFs cannot be paid for this service
G0237	Therapeutic procd strg endur	No		0	NA		Physicians, hospitals and CORFs may bill. SNFs cannot be paid for this service.
G0238	Oth resp proc, indiv	No		0	NA		Physicians, hospitals and CORFs may bill. SNFs cannot be paid for this service.
G0239	Oth resp proc, group	No		0	NA		Physicians, hospitals and CORFs may bill. SNFs cannot be paid for this service.
G0240	Critic care by MD transport	No	Refer to PM AB-00-103 and PM AB-00-88	0	NA		Code Effective 1/1/2002 Physician may bill
G0241	Each additional 30 minutes	No	Refer to PM AB-00-103 and PM AB-00-88	0	NA		Code Effective 1/1/2002 Physician may bill
G0242	Multisource photon ster plan	No	SNF 515.1 SNF 516.3	9	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
G0243	Multisour photon stero treat	No	SNF 515.1 SNF 516.3	9	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Rendering provider may bill or SNF may bill under arrangements

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G0244	Observ care by facility topt	Yes		9	NA		Code Effective 1/1/2002 Part A resident- Hospital or CAH must bill. Part B - Non covered for SNF. Physician may bi
G0250		Yes					
G0279	Excorp shock tx, elbow epi	Yes			Fee		Code effective 1/1/2003 Part B-- SNFs must bill this therapy service.
G0280	Excorp shock tx other than	Yes			Fee		Code effective 1/1/2003 Part B-- SNFs must bill this therapy service.
G0281	Elec stim unattend for press	Yes			Fee		Code effective 1/1/2003 Part B-- SNFs must bill this therapy service.
G0282	Elect stim wound care not pd	Yes			Fee		Code effective 1/1/2003 Part B-- SNFs must bill this therapy service.
G0283	Elec stim other than wound	Yes			Fee		Code effective 1/1/2003 Part B-- SNFs must bill this therapy service.
G9001	COORDINATED CARE FEE, INITIAL RATE	No		9	NA	00	SNFs cannot be paid for this service.
G9002	COORDINATED CARE FEE, MAINTENANCE RATE	No		0	NA	00	SNFs cannot be paid for this service.
G9003	COORDINATED CARE FEE, RISK ADJUSTED HIGH, INITIAL	No		2	NA	00	SNFs cannot be paid for this service.
G9004	COORDINATED CARE FEE, RISK ADJUSTED LOW, INITIAL	No		4	NA	00	SNFs cannot be paid for this service.
G9005	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE	No		3	NA	00	SNFs cannot be paid for this service.
G9006	COORDINATED CARE FEE, HOME MONITORING	No		3	NA	00	SNFs cannot be paid for this service.
G9007	COORDINATED CARE FEE, SCHEDULED TEAM CONFERENCE	No		2	NA	00	SNFs cannot be paid for this service.
G9008	COORDINATED CARE FEE, PHYSICIAN COORDINATED CARE OVERSIGHT SERVICES	No		9	NA	00	SNFs cannot be paid for this service.
G9009	COORDINATED CARE FEE, Risk Adjusted Maintenance, Level 3	No		9	NA	00	SNFs cannot be paid for this service.
G9010	Coordinated care fee, risk adjusted maintenance, level 4	No		9	NA	00	Code Effective 10/01/2001 SNFs cannot be paid for this service.
G9011	Coordinated care fee, risk adjusted maintenance, level 5	No		9	NA	00	Code Effective 10/01/2001 SNFs cannot be paid for this service.
G9012	Other specified case management service not elsewhere classified	No		9	NA	00	Code Effective 10/01/2001 SNFs cannot be paid for this service.
G9016	SMOKING CESSATION COUNSELING, INDIVIDUAL, IN THE ABSENCE OF OR IN ADDITION TO ANY OTHER EVALUATION AND MANAGEMENT SERVICE, PER SESSION (6-10 MINUTES) DEMO PROJECT CODE ONLY	No	Non-covered by Medicare	9	NA		SNFs cannot be paid for this service.

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J0120	INJECTION, TETRACYCLINE, UP TO 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0130	INJECTION ABCIXIMAB, 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0150	INJECTION, ADENOSINE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	Yes	MCM 2049 SNF 533.3	9	Fee	51	Rendering provider may bill or SNF may bill under arrangements
J0151	INJECTION, ADENOSINE, 90 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0170	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0190	INJECTION, BIPERIDEN LACTATE, PER 5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0200	INJECTION, ALATROFLOXACIN MESYLATE, 100 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0205	INJECTION, ALGLUCERASE, PER 10 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0207	INJECTION, AMIFOSTINE, 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0210	INJECTION, METHYLDOPATE HCL, UP TO 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0256	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0270	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0275	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

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J0280	INJECTION, AMINOPHYLLIN, UP TO 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0282	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0285	INJECTION, AMPHOTERICIN B, 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0286	INJECTION, AMPHOTERICIN B, ANY LIPID FORMULATION, 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0300	INJECTION, AMOBARBITAL, UP TO 125 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0330	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0340	INJECTION, NANDROLONE PHENPROPIONATE, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J0350	INJECTION, ANISTREPLASE, PER 30 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0360	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0380	INJECTION, METARAMINOL BITARTRATE, PER 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0390	INJECTION, CHLOROQUINE HYDROCHLORIDE, UP TO 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

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J0395	INJECTION, ARBUTAMINE HCL, 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0400	INJECTION, TRIMETHAPHAN CAMSYLATE, UP TO 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J0456	INJECTION, AZITHROMYCIN, 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0460	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0470	INJECTION, DIMERCAPROL, PER 100 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0475	INJECTION, BACLOFEN, 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0500	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0510	INJECTION, BENZQUINAMIDE HCL, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J0515	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0520	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0530	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0540	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

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J0550	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,000 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0560	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0570	INJECTION, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0580	INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0585	BOTULINUM TOXIN TYPE A, PER UNIT	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0587	Botulinum toxin type B, per 100 units	Yes		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
J0590	INJECTION, ETHYLNOREPINEPHRINE HCL, 1 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J0600	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0610	INJECTION, CALCIUM GLUCONATE, PER 10 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0620	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0635	INJECTION, CALCITRIOL, 1 MCG AMP.	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0670	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

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J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0692	Injection, cefepime hydrochloride, 500 mg	Yes		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
J0694	INJECTION, CEFOXITIN SODIUM, 1 GM	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0695	INJECTION, CEFONICID SODIUM, 1 GRAM	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0698	INJECTION, CEFOTAXIME SODIUM, PER GM	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0702	INJECTION, BETAMETHASONE ACETATE AND BETAMETHASONE SODIUM PHOSPHATE, PER 3 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0704	INJECTION, BETAMETHASONE SODIUM PHOSPHATE, PER 4 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0706	Injection, caffeine citrate, 5mg	Yes		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
J0710	INJECTION, CEPHAPIRIN SODIUM, UP TO 1 GM	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0713	INJECTION, CEFTAZIDIME, PER 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0715	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0720	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

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J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0730	INJECTION, CHLORPHENIRAMINE MALEATE, PER 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0740	INJECTION, CIDOFOVIR, 375 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0743	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0744	Injection, Ciprofloxacin for intravenous infusion, 200 mg	Yes		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
J0745	INJECTION, CODEINE PHOSPHATE, PER 30 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0760	INJECTION, COLCHICINE, PER 1MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0770	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0810	INJECTION, CORTISONE, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J0835	INJECTION, COSYNTROPIN, PER 0.25 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0850	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

SNF HCPCS HELP FILE

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J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0900	INJECTION, TESTOSTERONE ENANTHATE AND ESTRADIOL VALERATE, UP TO 1 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0945	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J0970	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 100 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	No	Non-covered by Medicare Statute 1862A1	9	NA		SNFs cannot be paid for this service.
J1056	Injection, medroxyprogesterone acetate/estradiol cypionate, 5mg/25mg	Yes		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
J1060	INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1070	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

SNF HCPCS HELP FILE

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J1080	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1090	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J1095	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1100	INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1110	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1120	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1165	INJECTION, PHENYTOIN SODIUM, PER 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1180	INJECTION, DYPHYLLINE, UP TO 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1205	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

SNF HCPCS HELP FILE

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J1212	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1230	INJECTION, METHADONE HCL, UP TO 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1240	INJECTION, DIMENHYDRINATE, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1245	INJECTION, DIPYRIDAMOLE, PER 10 MG	Yes	MCM 2049 MCM 15030 SNF 536 SNF 533.2I	9	Fee	51	Rendering provider may bill or SNF may bill under arrangements
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1260	INJECTION, DOLASETRON MESYLATE, 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1270	Injection, doxercalciferol, 1 mcg	Yes		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
J1320	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1325	INJECTION, EPOPROSTENOL, 0.5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1327	INJECTION, EPTIFIBATIDE, 5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1330	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1362	INJECTION, ERYTHROMYCIN GLUCEPTATE, PER 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

SNF HCPCS HELP FILE

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J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1410	INJECTION, ESTROGEN CONJUGATED, PER 25 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1435	INJECTION, ESTRONE, PER 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1436	INJECTION, ETIDRONATE DISODIUM, PER 300 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1438	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1440	INJECTION, FILGRASTIM (G-CSF), 300 MCG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1441	INJECTION, FILGRASTIM (G-CSF), 480 MCG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1450	INJECTION FLUCONAZOLE, 200 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1452	INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1455	INJECTION, FOSCARNET SODIUM, PER 1000 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1470	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 2 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

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J1480	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 3 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1490	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 4 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1500	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 5 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1510	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 6 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1520	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 7 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1530	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 8 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1540	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 9 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1550	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 10 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1561	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1563	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1 G	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1565	INJECTION, RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN, INTRAVENOUS, 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

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J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1590	Injection, Gatifloxacin, 10mg	Yes		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
J1600	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1620	INJECTION, GONADORELIN HYDROCHLORIDE, PER 100 MCG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1630	INJECTION, HALOPERIDOL, UP TO 5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1631	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1645	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1655	Injection, Tinzaparin sodium, 1000 IU	Yes		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
J1670	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

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J1690	INJECTION, PREDNISOLONE TEBUTATE, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J1700	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1710	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1730	INJECTION, DIAZOXIDE, UP TO 300 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1739	INJECTION, HYDROXYPROGESTERONE CAPROATE 125 MG/ML	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J1741	INJECTION, HYDROXYPROGESTERONE CAPROATE, 250 MG/ML	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J1742	INJECTION, IBUTILIDE FUMARATE, 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1745	INJECTION INFLIXIMAB, 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1750	INJECTION, IRON DEXTRAN, 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1755	Injection, Iron Sucrose, 20mg	Yes		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
J1760	INJECTION, IRON DEXTRAN, 2 CC	Yes	MCM 2049 SNF 536	NA	NA	51	SNFs cannot be paid for this service.
J1770	INJECTION, IRON DEXTRAN, 5 CC	Yes	MCM 2049 SNF 536	NA	NA	51	SNFs cannot be paid for this service.
J1780	INJECTION, IRON DEXTRAN, 10 CC	Yes	MCM 2049 SNF 536	NA	NA	51	SNFs cannot be paid for this service.
J1785	INJECTION, IMIGLUCERASE, PER UNIT	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

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J1790	INJECTION, DROPERIDOL, UP TO 5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1800	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1810	INJECTION, DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML AMPULE	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1820	INJECTION, INSULIN, UP TO 100 UNITS	Yes	MCM 2049 CIM 60-14 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1825	INJECTION, INTERFERON BETA-1A, 33 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1830	INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1835	Injection, itraconazole, 50 mg	Yes		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
J1840	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1850	INJECTION, KANAMYCIN SULFATE, UP TO 75 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1910	INJECTION, KUTAPRESSIN, UP TO 2 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

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J1930	INJECTION, PROPIOMAZINE HCL, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J1940	INJECTION, FUROSEMIDE, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1955	INJECTION, LEVOCARNITINE, PER 1 GM	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1956	INJECTION, LEVOFLOXACIN, 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1970	INJECTION, METHOTRIMEPRAZINE, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J1980	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J1990	INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2000	INJECTION, LIDOCAINE HCL, 50 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2020	Injection, Linezolid, 200mg	Yes		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
J2050	INJECTION, LIVER, UP TO 20 MCG	Yes	MCM 2049 MIM 3133.5D	NA	NA	51	SNFs cannot be paid for this service.
J2060	INJECTION, LORAZEPAM, 2 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

SNF HCPCS HELP FILE

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J2150	INJECTION, MANNITOL, 25% IN 50 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2240	INJECTION, METOCURINE IODIDE, UP TO 2 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2260	INJECTION, MILRINONE LACTATE, PER 5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2271	INJECTION, MORPHINE SULFATE, 100MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2275	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2320	INJECTION, NANDROLONE DECANOATE, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

SNF HCPCS HELP FILE

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J2321	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2322	INJECTION, NANDROLONE DECANOATE, UP TO 200 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2330	INJECTION, THIOTHIXENE, UP TO 4 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J2350	INJECTION, NIACINAMIDE, NIACIN, UP TO 100 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J2352	INJECTION, OCTREOTIDE ACETATE, 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2355	INJECTION, OPRELVEKIN, 5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2360	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2400	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2410	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

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J2460	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2480	INJECTION, HYDROCHLORIDES OF OPIUM ALKALOIDS, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J2500	INJECTION, PARICALCITOL, 5 MCG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2512	INJECTION, PENTAGASTRIN, PER 2 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J2515	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2543	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/ 0.125 GRAMS (1.125 GRAMS)	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2545	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, PER 300 MG, ADMINISTERED THROUGH A DME	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2560	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2590	INJECTION, OXYTOCIN, UP TO 10 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2597	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

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J2640	INJECTION, PREDNISOLONE SODIUM PHOSPHATE, TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J2650	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2670	INJECTION, TOLAZOLINE HCL, UP TO 25 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2675	INJECTION, PROGESTERONE, PER 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J2680	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2690	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2720	INJECTION, PROTAMINE SULFATE, PER 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2725	INJECTION, PROTIRELIN, PER 250 MCG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2730	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2760	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

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J2770	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, ONE DOSE PACKAGE	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2792	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2795	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2800	INJECTION, METHOCARBAMOL, UP TO 10 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2810	INJECTION, THEOPHYLLINE, PER 40 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2860	INJECTION, SECOBARBITAL SODIUM, UP TO 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J2910	INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2912	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2915	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 62.5 MG	Yes	MCM 2049.2 MCM 2049.4 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

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J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2940	Injection, Linezolid, 200mg	Yes		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
J2941	Injection, Somatropin, 1 mg	Yes		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2970	INJECTION, METHICILLIN SODIUM, UP TO 1 GM	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J2993	INJECTION, RETEPLASE, 18.1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2995	INJECTION, STREPTOKINASE, PER 250,000 IU	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3070	INJECTION, PENTAZOCINE HCL, UP TO 30 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3080	INJECTION, CHLORPROTHIXENE, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service

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J3100	Injection, Tenecteplase, 50mg	Yes		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3120	INJECTION, TESTOSTERONE ENANTHATE, UP TO 100 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3130	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3140	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3150	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3240	INJECTION, THYROTROPIN ALFA, 0.9 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3245	INJECTION, TIROFIBAN HYDROCHLORIDE, 12.5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3250	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3260	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3265	INJECTION, TORSEMIDE, 10 MG/ML	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3270	INJECTION, IMIPRAMINE HCL, UP TO 25 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J3280	INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

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J3301	INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3302	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3305	INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3310	INJECTION, PERPHENAZINE, UP TO 5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3320	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3350	INJECTION, UREA, UP TO 40 GM	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3360	INJECTION, DIAZEPAM, UP TO 5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3364	INJECTION, UROKINASE, 5000 IU VIAL	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3365	INJECTION, IV, UROKINASE, 250,000 I.U. VIAL	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3370	INJECTION, VANCOMYCIN HCL, 500 MG	Yes	MCM 2049 CIM 60-14 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3390	INJECTION, METHOXAMINE HCL, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	NA	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J3395	Injection, Verteporfin, 15 mg	Yes	PM AB-01-37	9	NA		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements

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J3400	INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	Yes	MCM 2049 CIM 45-4 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3450	INJECTION, MEPHENTERMINE SULFATE, UP TO 30 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J3470	INJECTION, HYALURONIDASE, UP TO 150 UNITS	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3485	INJECTION, ZIDOVUDINE, 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3490	UNCLASSIFIED DRUGS	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J3520	EDETATE DISODIUM, PER 150 MG	No	Non-covered by Medicare, CIM 35-64 CIM 45-20	9	NA		SNFs cannot be paid for this service.
J3530	NASAL VACCINE INHALATION	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

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J3535	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	No	Non-covered by Medicare, MCM 2050.5	9	NA		SNFs cannot be paid for this service.
J3570	LAETRILE, AMYGDALIN, VITAMIN B17	No	Non-covered by Medicare, CIM 45-10	9	NA		SNFs cannot be paid for this service.
J7030	INFUSION, NORMAL SALINE SOLUTION, 1000 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J7051	STERILE SALINE OR WATER, UP TO 5 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J7070	INFUSION, D5W, 1000 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J7100	INFUSION, DEXTRAN 40, 500 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J7110	INFUSION, DEXTRAN 75, 500 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

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J7130	HYPERTONIC SALINE SOLUTION, 50 OR 100 MEQ, 20 CC VIAL	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J7140	PRESCRIPTION DRUG, ORAL, DISPENSED IN PHYSICIAN'S OFFICE	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J7150	PRESCRIPTION DRUG, ORAL CHEMOTHERAPY FOR MALIGNANT DISEASE	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.	Yes	MCM 2049 MCM 5245	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7191	FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER I.U.	Yes	MCM 2049 MCM 5245	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	Yes	MCM 2049 MCM 5245	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7193	Factor IX (antihemophilic factor, purified, non-recombinant), per i.u.	Yes	SNF 160.1B.11	9	Cost		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
J7194	FACTOR IX, COMPLEX, PER I.U.	Yes	SNF 160.1B.11	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7195	Factor IX (antihemophilic factor, recombinant), per i.u.	Yes	SNF 160.1B.11	9	Cost		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
J7197	ANTITHROMBIN III (HUMAN), PER I.U.	Yes	SNF 160.1B.11	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7198	ANTI-INHIBITOR, PER I.U.	Yes	SNF 160.1B.11	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7199	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED	Yes	SNF 160.1B.11	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	No	Non-covered by Medicare Statute 1862A1	9	NA		SNFs cannot be paid for this service.

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J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg	No	Non-covered by Medicare Statute 1862A1	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)	Yes		9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J7315	SODIUM HYALURONATE, 20 MG, FOR INTRA ARTICULAR INJECTION	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service
J7316	Sodium Hyaluronate, 5 mg for intra-articular injection	Yes	MCM 2049 MIM 3133.5D	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
J7320	HYLAN G-F 20, 16 MG, FOR INTRA ARTICULAR INJECTION	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	Yes	MCM 2049 MIM 3133.5D	9	NA	57	SNFs cannot be paid for this service.
J7340	Dermal and epidermal, tissue of human origin, with or without bioengineered or processed elements, with metabolically active elements, per square centimeter	Yes		9	NA		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
J7500	AZATHIOPRINE, ORAL, 50 MG	Yes	MCM 2049.5 SNF 542	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7501	AZATHIOPRINE, PARENTERAL, 100 MG	Yes	MCM 2049.5 SNF 543	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7502	CYCLOSPORINE, ORAL, 100 MG	Yes	MCM 2049.5 SNF 542	9	Cost	57	Rendering provider may bill or SNF may bill under arrangements
J7503	CYCLOSPORINE, PARENTERAL, PER 50 MG	Yes	MCM 2049 SNF 542	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7504	Lymphocyte immune globulin, antithymocyte globulin, **equine**, parenteral, 250 mg	Yes	MCM 2049 CIM 45-22 SNF 542	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7505	MUROMONAB-CD3, PARENTERAL, 5 MG	Yes	MCM 2049 SNF 542	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements

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J7506	PREDNISONE, ORAL, PER 5MG	Yes	MCM 2049 SNF 542	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7507	TACROLIMUS, ORAL, PER 1 MG	Yes	MCM 2049.5 SNF 542	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7508	TACROLIMUS, ORAL, PER 5 MG	Yes	MCM 2049.5 SNF 542	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7509	METHYLPREDNISOLONE ORAL, PER 4 MG	Yes	MCM 2049.5 SNF 543	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7510	PREDNISOLONE ORAL, PER 5 MG	Yes	MCM 2049.5 SNF 542	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	Yes	MCM 2049 CIM 45-22 SNF 542	9	Cost	51	Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
J7513	DACLIZUMAB, PARENTERAL, 25 MG	Yes	MCM 2049.5 SNF 542	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7515	CYCLOSPORINE, ORAL, 25 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J7516	CYCLOSPORIN, PARENTERAL, 250 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J7517	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	Yes	SNF 542	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7520	SIROLIMUS, ORAL, 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
J7525	TACROLIMUS, PARENTERAL, 5 MG	Yes	MCM 2049.5 SNF 542	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J7526	Budesonide inhalation solution, administered through DME, unit dose form, 0.25 mg	Yes	MCM 2049 MIM 3133.5D	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
J7599	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

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J7608	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7618	Albuterol, all formulations including separated isomers, inhalation solution administered through DME, concentrated form, per 1 mg (albuterol) or per 0.5 mg (levalbuterol)	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7619	Albuterol, all formulations including separated isomers, inhalation solution administered through DME, unit dose, per 1 mg (albuterol) or per 0.5 mg (levalbuterol)	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7622	Beclomethasome, inhalation solution administered through DME, unit dose form, per milligram	Yes	MCM 2049 MIM 3133.5D	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
J7624	Beclomethasome, inhalation solution administered through DME, unit dose form, per milligram	Yes	MCM 2049 MIM 3133.5D	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
J7628	BITOLTEROL MESYLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7629	BITOLTEROL MESYLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7631	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7635	ATROPINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7636	ATROPINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7637	DEXAMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7638	DEXAMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7639	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.

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J7641	Flunisolide, inhalation solution administered through DME, unit dose, per milligram	Yes	MCM 2049 MIM 3133.5D	9	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service
J7642	GLYCOPYRROLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7643	GLYCOPYRROLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7644	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7648	ISOETHARINE HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7649	ISOETHARINE HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7658	ISOPROTERENOL HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7659	ISOPROTERENOL HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7668	METAPROTERENOL SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 10 MILLIGRAMS	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7669	METAPROTERENOL SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7680	TERBUTALINE SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7681	TERBUTALINE SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7682	TOBRAMYCIN, UNIT DOSE FORM, 300 MG, INHALATION SOLUTION, ADMINISTERED THROUGH DME	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.

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J7683	TRIAMCINOLONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7684	TRIAMCINOLONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7699	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J7799	NOC DRUGS, OTHER THAN INHALTENT DRUGS, ADMINISTERED THROUGH DME	Yes	MCM 2100.5 SNF 536	9	NA	51	SNFs cannot be paid for this service.
J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	No	Non-covered by Medicare, MCM 2049	9	NA		SNFs cannot be paid for this service.
J8510	BUSULFAN; ORAL, 2 MG	Yes	MCM 2049.5 SNF 536.1 B MIM 366.13	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J8520	CAPECITABINE, ORAL, 150 MG	Yes	MCM 2049.5 SNF 536.1 B MIM 366.13	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J8521	CAPECITABINE, ORAL, 500 MG	Yes	MCM 2049.5 SNF 536.1 B MIM 366.13	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J8530	CYCLOPHOSPHAMIDE; ORAL, 25 MG	Yes	MCM 2049.5 SNF 536.1 B SNF 542 MIM 366.13	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J8560	ETOPOSIDE; ORAL, 50 MG	Yes	MCM 2049.5 SNF 536.1 B	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J8600	MELPHALAN; ORAL, 2 MG	Yes	MCM 2049.5 SNF 536.1 B	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements

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J8610	METHOTREXATE; ORAL, 2.5 MG	Yes	MCM 2049.5 SNF 536.1 B MIM 366.13	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J8700	TEMOZOLMIDE, ORAL, 5 MG	Yes	MCM 2049.5 SNF 536.1 B	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J8999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	Yes	MCM 2049.5 SNF 536.1 B	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
J9000	DOXORUBICIN HCL, 10 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9001	DOXORUBICIN HYDROCHLORIDE, ALL LIPID FORMULATIONS, 10 MG	No	MCM 2049 MIM 3133.5D	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9010	DOXORUBICIN HCL, 50 MG	No	MCM 2049 MIM 3133.5D	NA	Cost	51	Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9015	ALDESLEUKIN, PER SINGLE USE VIAL	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9017	Arsenic Trioxide, 1mg	No	SNF 515 SNF 516	9	Cost		Code Effective 1/1/2002 Part A resident- Rendering provider must bill. Part B - Rendering provider mmay bill or SNF may bill under arrangements
J9020	ASPARAGINASE, 10,000 UNITS	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9031	BCG (INTRAVESICAL) PER INSTILLATION	Yes	MCM 2049 MIM 3133.5D	9	Cost	51	Part B - Rendering provider may bill or SNF may bill under arrangements

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J9040	BLEOMYCIN SULFATE, 15 UNITS	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9045	CARBOPLATIN, 50 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9050	CARMUSTINE, 100 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9060	CISPLATIN, POWDER OR S0LUTION, PER 10 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9062	CISPLATIN, 50 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9065	INJECTION, CLADRIBINE, PER 1 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9070	CYCLOPHOSPHAMIDE, 100 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9080	CYCLOPHOSPHAMIDE, 200 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9090	CYCLOPHOSPHAMIDE, 500 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9091	CYCLOPHOSPHAMIDE, 1.0 GRAM	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements

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J9092	CYCLOPHOSPHAMIDE, 2.0 GRAM	Yes	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9093	CYCLOPHOSPHAMIDE, LYOPHILIZED, 100 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9094	CYCLOPHOSPHAMIDE, LYOPHILIZED, 200 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9095	CYCLOPHOSPHAMIDE, LYOPHILIZED, 500 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9096	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9097	CYCLOPHOSPHAMIDE, LYOPHILIZED, 2.0 GRAM	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9100	CYTARABINE, 100 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9110	CYTARABINE, 500 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9120	DACTINOMYCIN, 0.5 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9130	DACARBAZINE, 100 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements

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J9140	DACARBAZINE, 200 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9150	DAUNORUBICIN, 10 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9151	DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9160	DENILEUKIN DIFTITOX, 300 MCG	Yes	MCM 2049 MIM 3133.5D	9	Cost		Part B - Rendering provider may bill or SNF may bill under arrangements
J9165	DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG	Yes	MCM 2049 MIM 3133.5D	9	Cost	51	Part B - Rendering provider may bill or SNF may bill under arrangements
J9170	DOCETAXEL, 20 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9180	EPIRUBICIN HYDROCHLORIDE, 50 MG	No	MCM 2049 MIM 3133.5D	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9181	ETOPOSIDE, 10 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9182	ETOPOSIDE, 100 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9185	FLUDARABINE PHOSPHATE, 50 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements

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J9190	FLUOROURACIL, 500 MG	Yes	MCM 2049 MIM 3133.5D	9	Cost	51	Part B - Rendering provider may bill or SNF may bill under arrangements
J9200	FLOXURIDINE, 500 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9201	GEMCITABINE HCL, 200 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Yes	MCM 2049 MIM 3133.5D	9	Cost	51	Part B-Rendering provider may bill or SNF may bill under arrangements
J9206	IRINOTECAN, 20 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9208	IFOSFAMIDE, 1 GM	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9209	MESNA, 200 MG	Yes	MCM 2049 MIM 3133.5D	9	Cost	51	Part B-Rendering provider may bill or SNF may bill under arrangements
J9211	IDARUBICIN HYDROCHLORIDE, 5 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9212	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG	Yes	MCM 2049 MIM 3133.5D	9	Cost	51	Part B-Rendering provider may bill or SNF may bill under arrangements
J9213	INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	Yes	MCM 2049 MIM 3133.5D	9	Cost	51	Part B-Rendering provider may bill or SNF may bill under arrangements
J9214	INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	Yes	MCM 2049 MIM 3133.5D	9	Cost	51	Part B-Rendering provider may bill or SNF may bill under arrangements

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J9215	INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	Yes	MCM 2049 MIM 3133.5D	9	Cost	51	Part B-Rendering provider may bill or SNF may bill under arrangements
J9216	INTERFERON, GAMMA 1-B, 3 MILLION UNITS	Yes	MCM 2049 MIM 3133.5D	9	Cost	51	Part B-Rendering provider may bill or SNF may bill under arrangements
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	Yes	MCM 2049 MIM 3133.5D	9	Cost	51	Part B-Rendering provider may bill or SNF may bill under arrangements
J9218	LEUPROLIDE ACETATE, PER 1 MG	Yes	MCM 2049 MIM 3133.5D	9	Cost	51	Part B-Rendering provider may bill or SNF may bill under arrangements
J9219	LEUPROLIDE ACETATE IMPLANT, 65 MG	Yes	MCM 2049 MIM 3133.5D	9	Cost	51	Part B-Rendering provider may bill or SNF may bill under arrangements
J9230	MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9245	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	No	MCM 2049 SNF 536	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9250	METHOTREXATE SODIUM, 5 MG	Yes	MCM 2049 MIM 3133.5D	9	Cost	51	Part B-Rendering provider may bill or SNF may bill under arrangements
J9260	METHOTREXATE SODIUM, 50 MG	Yes	MCM 2049 MIM 3133.5D	9	Cost	51	Part B-Rendering provider may bill or SNF may bill under arrangements
J9265	PACLITAXEL, 30 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9266	PEGASPARGASE, PER SINGLE DOSE VIAL	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements

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J9268	PENTOSTATIN, PER 10 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9270	PLICAMYCIN, 2.5 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9280	MITOMYCIN, 5 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9290	MITOMYCIN, 20 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9291	MITOMYCIN, 40 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9293	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9300	Gemtuzumab Ozogamicin, 5mg	No	SNF 515 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9310	RITUXIMAB, 100 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9320	STREPTOZOCIN, 1 GM	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9340	THIOTEPA, 15 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements

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J9350	TOPOTECAN, 4 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9355	TRASTUZUMAB, 10 MG	Yes	MCM 2049 MIM 3133.5D	9	Cost		Part B-Rendering provider may bill or SNF may bill under arrangements
J9357	VALRUBICIN, INTRAVESICAL, 200 MG	Yes	MCM 2049 MIM 3133.5D	9	Cost		Part B-Rendering provider may bill or SNF may bill under arrangements
J9360	VINBLASTINE SULFATE, 1 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9370	VINCRISTINE SULFATE, 1 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9375	VINCRISTINE SULFATE, 2 MG	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9380	VINCRISTINE SULFATE, 5 MG INJ	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9390	VINORELBINE TARTRATE/10 mg	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9600	PORFINER SODIUM	No	MCM 2049 SNF 516	9	Cost		Part A resident- Rendering provider must bill. Part B - Rendering provider may bill or SNF may bill under arrangements
J9999	CHEMOTHERAPY DRUG	Yes	MCM 2049 MIM 3133.5D	9	Cost	51	Part B-Rendering provider may bill or SNF may bill under arrangements
K0001	STANDARD WHEELCHAIR	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.

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K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
K0003	LIGHTWEIGHT WHEELCHAIR	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0006	HEAVY DUTY WHEELCHAIR	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
K0007	EXTRA HEAVY DUTY WHEELCHAIR	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	No	SNF 534	NA	NA	46	Discontinued after 6/30/01
K0009	OTHER MANUAL WHEELCHAIR/BASE	Yes	SNF 534	NA	NA	46	Category is DME SNFs cannot be paid for this service.
K0010	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
K0011	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	No	SNF 534	NA	IC	45	Discontinued after 6/30/01
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0016	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, COMPLETE ASSEMBLY, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0019	ARM PAD, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0021	ANTI-TIPPING DEVICE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.

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K0022	REINFORCED BACK UPHOLSTERY	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0023	SOLID BACK INSERT, PLANAR BACK, SINGLE DENSITY FOAM, ATTACHED WITH STRAPS	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0024	SOLID BACK INSERT, PLANAR BACK, SINGLE DENSITY FOAM, WITH ADJUSTABLE HOOK-ON HARDWARE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0025	HOOK-ON HEADREST EXTENSION	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0026	BACK UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0027	BACK UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0028	MANUAL, FULLY RECLINING BACK	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0029	REINFORCED SEAT UPHOLSTERY	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0030	SOLID SEAT INSERT, PLANAR SEAT, SINGLE DENSITY FOAM	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0031	SAFETY BELT/PELVIC STRAP, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0032	SEAT UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0033	SEAT UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0034	HEEL LOOP,EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0035	HEEL LOOP WITH ANKLE STRAP, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0036	TOE LOOP, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0038	LEG STRAP, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0039	LEG STRAP, H STYLE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0041	LARGE SIZE FOOTPLATE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.

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K0042	STANDARD SIZE FOOTPLATE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0044	FOOTREST, UPPER HANGER BRACKET, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0045	FOOTREST, COMPLETE ASSEMBLY	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0048	ELEVATING LEGREST, COMPLETE ASSEMBLY	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0049	CALF PAD, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0050	RATCHET ASSEMBLY	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0054	SEAT WIDTH OF 10", 11", 12", 15", 17", OR 20" FOR A HIGH STRENGTH, LIGHTWEIGHT OR ULTRALIGHTWEIGHT WHEELCHAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0055	SEAT DEPTH OF 15", 17", OR 18" FOR A HIGH STRENGTH, LIGHTWEIGHT OR ULTRALIGHTWEIGHT WHEELCHAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0057	SEAT WIDTH 19" OR 20" FOR HEAVY DUTY OR EXTRA HEAVY DUTY CHAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0058	SEAT DEPTH 17" OR 18" FOR MOTORIZED/POWER WHEELCHAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0059	PLASTIC COATED HANDRIM, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0060	STEEL HANDRIM, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0061	ALUMINUM HANDRIM, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.

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K0062	HANDRIM WITH 8-10 VERTICAL OR OBLIQUE PROJECTIONS, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0063	HANDRIM WITH 12-16 VERTICAL OR OLBIQUE PROJECTIONS, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0064	ZERO PRESSURE TUBE (FLAT FREE INSERTS), ANY SIZE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0065	SPOKE PROTECTORS, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0066	SOLID TIRE, ANY SIZE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0067	PNEUMATIC TIRE, ANY SIZE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0068	PNEUMATIC TIRE TUBE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0073	CASTER PIN LOCK,EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0074	PNEUMATIC CASTER TIRE, ANY SIZE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0075	SEMI-PNEUMATIC CASTER TIRE, ANY SIZE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0076	SOLID CASTER TIRE, ANY SIZE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0078	PNEUMATIC CASTER TIRE TUBE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0079	WHEEL LOCK EXTENSION, PAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0080	ANTI-ROLLBACK DEVICE, PAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0081	WHEEL LOCK ASSEMBLY, COMPLETE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.

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K0082	22 NF DEEP CYCLE LEAD ACID BATTERY, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0083	22 NF GEL CELL BATTERY, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0084	GROUP 24 DEEP CYCLE LEAD ACID BATTERY, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0085	GROUP 24 GEL CELL BATTERY, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0086	U-1 LEAD ACID BATTERY, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0087	U-1 GEL CELL BATTERY, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0088	BATTERY CHARGER, LEAD ACID OR GEL CELL	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0089	BATTERY CHARGER, DUAL MODE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0090	REAR WHEEL TIRE FOR POWER WHEELCHAIR, ANY SIZE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0091	REAR WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR POWER WHEELCHAIR, ANY SIZE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0092	REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR, COMPLETE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0093	REAR WHEEL, ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER WHEELCHAIR, ANY SIZE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0094	WHEEL TIRE FOR POWER BASE, ANY SIZE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0095	WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR EACH BASE, ANY SIZE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0096	WHEEL ASSEMBLY FOR POWER BASE, COMPLETE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0097	WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER BASE, ANY SIZE, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0098	DRIVE BELT FOR POWER WHEELCHAIR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0099	FRONT CASTER FOR POWER WHEELCHAIR, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0100	WHEELCHAIR ADAPTER FOR AMPUTEE, PAIR (DEVICE USED TO COMPENSATE FOR TRANSFER OF WEIGHT DUE TO LOST LIMBS TO MAINTAIN PROPER BALANCE)	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0101	ONE-ARM DRIVE ATTACHMENT, EACH	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.

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K0102	CRUTCH AND CANE HOLDER, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0103	TRANSFER BOARD,<25"	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0104	CYLINDER TANK CARRIER, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0105	IV HANGER, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0106	ARM TROUGH, EACH	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0107	WHEELCHAIR TRAY	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	Yes	SNF 534	NA	NA	46	Category is DME SNFs cannot be paid for this service.
K0112	TRUNK SUPPORT DEVICE, VEST TYPE, WITH INNER FRAME, PREFABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
K0113	TRUNK SUPPORT DEVICE, VEST TYPE, WITHOUT INNER FRAME, PREFABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
K0114	BACK SUPPORT SYSTEM FOR USE WITH A WHEELCHAIR, WITH INNER FRAME, PREFABRICATED	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0115	SEATING SYSTEM, BACK MODULE, POSTERIORLATERAL CONTROL, WITH OR WITHOUT LATERAL SUPPORTS, CUSTOM FABRICATED FOR ATTACHMENT TO WHEELCHAIR BASE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0116	SEATING SYSTEM, COMBINED BACK AND SEAT MODULE, CUSTOM FABRICATED FOR ATTACHMENT TO WHEELCHAIR BASE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0119	AZATHIOPRINE - ORAL, TAB, 50 MG	Yes		NA	NA	51	SNFs cannot be paid for this service.
K0120	AZATHIOPRINE - PARENTERAL, 100 MG	Yes		NA	NA	51	SNFs cannot be paid for this service.
K0121	CYCLOSPORINE - ORAL, 25 MG	Yes		NA	NA	51	SNFs cannot be paid for this service.
K0122	CYCLOSPORINE - PARENTERAL, 250 MG	Yes		NA	NA	51	SNFs cannot be paid for this service.
K0137	SKIN BARRIER; LIQUID (SPRAY, BRUSH, ETC.), PER OZ.	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0138	SKIN BARRIER; PASTE, PER OZ.	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0139	SKIN BARRIER; POWDER, PER OZ.	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0168	ADMINISTRATION SET, SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.

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K0169	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0170	ADMINISTRATION SET, SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0171	ADMINISTRATION SET, SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0172	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0173	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0174	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0175	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0176	CORRUGATED TUBING, NON-DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 10 FEET	Yes	SNF 534	NA	NA	46	Category is DME SNFs cannot be paid for this service.
K0177	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0178	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0179	FILTER, NON-DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0180	AEROSOL MASK, USED WITH DME NEBULIZER	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0181	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0183	NASAL APPLICATION DEVICE USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0184	Nasal single piece interface, replacement for nasal application device, pair or sing piece interface	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0185	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0186	CHIN STRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0187	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0188	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0189	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.

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K0190	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0191	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0192	TUBING, USED WITH SUCTION PUMP	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
K0268	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0277	SKIN BARRIER; SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0278	SKIN BARRIER; WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), STANDARD WEAR, WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0279	SKIN BARRIER; WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0284	EXTERNAL INFUSION PUMP, MECHANICAL, REUSABLE, FOR EXTENDED DRUG INFUSION	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
K0400	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
K0401	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE SHELF DEPTH INLAY SHOE OR CUSTOM MOLDED SHOE, PER SHOE	Yes		NA	NA	00	SNFs cannot be paid for this service.
K0415	PRESCRIPTION ANTIEMETIC DRUG, ORAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	Yes	MCM 2049.5C SNF 536.1C MIM 3660.14	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
K0416	PRESCRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUCTION WITH ORAL ANTI-CANCER DRUG, NOT OTHERWISE SPECIFIED	Yes	MCM 2049.5C SNF 536.1C MIM 3660.14	NA	Cost	51	Rendering provider may bill or SNF may bill under arrangements
K0417	EXTERNAL INFUSION PUMP, MECHANICAL, REUSABLE, FOR SHORT TERM DRUG INFUSION	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0419	POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill

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K0420	POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0421	POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0422	POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0423	POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0424	POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0425	POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0426	POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0427	POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0428	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0429	SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0430	SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, ANY SIZE, EACH	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0431	POUCH, CLOSED; WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1PIECE), EACH	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0432	POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-IN CONVEXITY (1 PIECE), EACH	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill

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K0433	POUCH, DRAINABLE, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0434	POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (I PIECE EACH)	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0435	POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-IN CONVEXITY (I PIECE EACH)	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0436	POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1PIECE EACH)	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0437	POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (I PIECE EACH)	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0438	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID, PER FLUID OUNCE	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0439	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	Yes	SNF 534	NA	Fee	37	Category is ostomy tracheostomy & urological supplies SNF or supplier may bill
K0452	WHEELCHAIR BEARINGS, ANY TYPE	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0455	INFUSION PUMP USED FOR UNINTERRUPTED ADMINISTRATION OF EPOPROSTENOL	Yes	CIM 60-14	NA	NA	31	Category is DME SNFs cannot be paid for this service.
K0460	POWER ADD-ON, TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
K0461	POWER ADD-ON, TO CONVERT MANUAL WHEELCHAIR TO POWER OPERATED VEHICLE, TILLER CONTROL	Yes	SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0462	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING REPAIRED, ANY TYPE	Yes	MCM 5102.3 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0503	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.
K0504	ALBUTEROL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.
K0505	ALBUTEROL, INHALATION SOLUTION ADMINISTERED THROUGH DME, Unit Dose FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.
K0506	Atropine, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.

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K0507	Atropine, INHALATION SOLUTION ADMINISTERED THROUGH DME, Unit dose FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.
K0508	Bitolterol mesylate, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.
K0509	Bitolterol mesylate, INHALATION SOLUTION ADMINISTERED THROUGH DME, Unit dose FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.
K0511	Cromolyn sodium, INHALATION SOLUTION ADMINISTERED THROUGH DME, Unit dose FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.
K0512	Dexamethasone, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.
K0513	Dexamethasone, INHALATION SOLUTION ADMINISTERED THROUGH DME, Unit dose FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.
K0514	Dornase alpha, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.
K0515	Glycopyrrolate, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.
K0516	GLYCOPYRROLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.
K0518	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.
K0519	Isoetharine Hcl, INHALATION SOLUTION ADMINISTERED THROUGH DME,CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.
K0520	Isoetharine Hcl, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.
K0521	Isoetharine Hcl, INHALATION SOLUTION ADMINISTERED THROUGH DME,CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.
K0522	Isoetharine Hcl, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.
K0523	Metaproternol sulfate, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 10 MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.
K0524	Metaproternol sulfate, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.
K0525	Terbutaline sulfate, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.
K0526	Terbutaline sulfate, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.
K0527	Traimcinolone, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.
K0528	Traimcinolone, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	Yes	MCM 2100.5	NA	NA	51	Category is drugs SNFs cannot be paid for this service.

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K0530	NEBULIZER, DURABLE, GLASS , OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	Yes	CIM 60-9 SNF 534	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0531	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes	CIM 60-9	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0532	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Yes	CIM 60-9 SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
K0533	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Yes	CIM 60-9 SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
K0534	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPACITY, WITH BACK UP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Yes	CIM 60-9	NA	NA	31	Category is DME SNFs cannot be paid for this service.
K0538	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
K0539	DRESSING SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICDAL PUMP, STATIONARY OR PORTABLE, EACH	Yes		NA	NA	34	Category is DME Supplies SNFs cannot be paid for this service.
K0540	CANNISTER SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE, EACH	Yes		NA	NA	34	Category is DME Supplies SNFs cannot be paid for this service.
K0541	SPEECH GENERATING DEVICE, DIGITIZED SPEECH USING PRE-RECORDING MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME	Yes	CIM 60-23	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0542	SPEECH GENERATING DEVICE, DIGITIZED SPEECH USING PRE-RECORDING MESSAGES, GREATER THAN 8 MINUTES RECORDING TIME	Yes	CIM 60-23	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0543	SPEECH GENERATING DEVICE, SYSTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	Yes	CIM 60-23	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0544	SPEECH GENERATING DEVICE, SYSTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	Yes	CIM 60-23	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0545	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	Yes	CIM 60-23	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0546	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	Yes	CIM 60-23	NA	NA	32	Category is DME SNFs cannot be paid for this service.
K0547	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHER WISE CLASSIFIED	Yes	CIM 60-23	NA	NA	46	Category is DME SNFs cannot be paid for this service.
K0548	Injection, insulin lispro, up to 50 units	Yes		NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service

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K0549	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPAITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
K0550	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPAITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	SNF 534	NA	NA	36	Category is DME SNFs cannot be paid for this service.
K0551	RESIDUAL LIMB SUPPORT SYSTEM, SOLID BASE WITH ADJUSTABLE DROP HOOKS, MOUNTS TO WHEELCHAIR FRAME, EACH	Yes	SNF 534 PM B 01-23	NA	NA	36	Category is DME SNFs cannot be paid for this service. Code Effective 7-01-01. Discontinued 12/31/02.
K0556	Addition to lower extremity, below knee/above knee, custom fabricated from existi mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	No			Fee		Code effective 10/1/02.OCE will not recognize until 1/1/03. Continue to use L code until then Category is Prosthetics & Orthotics. SNF or supplier may bill.
K0557	Addition to lower extremity, below knee/above knee, custom fabricated from existi mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	No			Fee		Code effective 10/1/02.OCE will not recognize until 1/1/03. Continue to use L code until then Category is Prosthetics & Orthotics. SNF or supplier may bill.
K0558	Addition to lower extremity, below knee/above knee, custom fabricated socket ins for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code K0556 or K0557)	No			Fee		Code effective 10/1/02.OCE will not recognize until 1/1/03. Continue to use L code until then Category is Prosthetics & Orthotics. SNF or supplier may bill.
K0559	Addition to lower extremity, below knee/above knee, custom fabricated socket ins for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code K0556 or K0557)	No			Fee		Code effective 10/1/02.OCE will not recognize until 1/1/03. Continue to use L code until then Category is Prosthetics & Orthotics. SNF or supplier may bill.
L0100	Cranial orthosis (helmet), with or without soft interface, molded to patient model	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0110	Cranial orthosis (helmet), with or without soft interface, non-molded	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE (FOAM COLLAR)	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO PIECE	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0210	THORACIC, RIB BELT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0300	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), FLEXIBLE (DORSO-LUMBAR SURGICAL SUPPORT)	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0310	TLSO, FLEXIBLE, (DORSO-LUMBAR SURGICAL SUPPORT), CUSTOM FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0315	TLSO, FLEXIBLE DORSO-LUMBAR SURGICAL SUPPORT, ELASTIC TYPE, WITH RIGID POSTERIOR PANEL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0317	TLSO, FLEXIBLE DORSO-LUMBAR SURGICAL SUPPORT, HYPEREXTENSION, ELASTIC TYPE, WITH RIGID POSTERIOR PANEL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0320	TLSO, ANTERIOR-POSTERIOR CONTROL (TAYLOR TYPE), WITH APRON FRONT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0321	TLSO, anterior-posterior control, with rigid or semi-rigid posterior panel, prefabricated (includes fitting and adjustment)	Yes	SNF 534	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L0330	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL (KNIGHT-TAYLOR TYPE), WITH APRON FRONT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0331	TLSO, anterior-posterior-lateral control, with rigid or semi-rigid posterior panel, prefabricated (includes fitting and adjustment)	Yes	SNF 534	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L0340	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL (ARNOLD, MAGNUSON, STEINDLER TYPES), WITH APRON FRONT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0350	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL, FLEXION COMPRESSION JACKET, CUSTOM FITTED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L0360	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL, FLEXION COMPRESSION JACKET MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0370	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL, HYPEREXTENSION (JEWETT, LENNOX, BAKER, CASH TYPES)	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0380	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL, WITH EXTENSIONS	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0390	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0391	TLSO, anterior-posterior-lateral-rotary control, with rigid or semi-rigid posterior panel, prefabricated (includes fitting and adjustment)	Yes	SNF 534	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L0400	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0410	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, TWO-PIECE CONSTRUCTION, MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0420	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, TWO PIECE CONSTRUCTION MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0430	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH INTERFACE MATERIAL L CUSTOM FITTED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0440	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH OVERLAPPING FRONT SECTION, SPRING STEEL FRONT, CUSTOM FITTED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0500	LUMBAR-SACRAL-ORTHOSIS (LSO), FLEXIBLE, (LUMBO-SACRAL SURGICAL SUPPORT)	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0510	LSO, FLEXIBLE (LUMBO-SACRAL SURGICAL SUPPORT), CUSTOM FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0515	LSO, anterior-posterior control, with rigid or semi-rigid posterior panel, prefabricated	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0520	LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL (KNIGHT, WILCOX TYPES), WITH APRON FRONT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0530	LSO, ANTERIOR-POSTERIOR CONTROL (MACAUSLAND TYPE), WITH APRON FRONT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0540	LSO, LUMBAR FLEXION (WILLIAMS FLEXION TYPE)	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0550	LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0560	LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L0561	LSO, anterior-posterior-lateral control, with rigid or semi-rigid posterior panel, prefabricated	Yes	SNF 534	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L0565	LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, CUSTOM FITTED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0600	SACROILIAC, FLEXIBLE (SACROILIAC SURGICAL SUPPORT),	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0610	SACROILIAC, FLEXIBLE (SACROILIAC SURGICAL SUPPORT), CUSTOM FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0620	SACROILIAC, SEMI-RIGID (GOLDTHWAITE, OSGOOD TYPES), WITH APRON FRONT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, (MINERVA TYPE)	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0710	CTLSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0820	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0830	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0860	ADDITION TO HALO PROCEDURES, MAGNETIC REASONANCE IMAGE COMPATIBLE SYSTEM	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0900	TORSO SUPPORT, PTOSIS SUPPORT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0910	TORSO SUPPORT, PTOSIS SUPPORT, CUSTOM FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0920	TORSO SUPPORT, PENDULOUS ABDOMEN SUPPORT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0930	TORSO SUPPORT, PENDULOUS ABDOMEN SUPPORT, CUSTOM FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0940	TORSO SUPPORT, POSTSURGICAL SUPPORT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0950	TORSO SUPPORT, POST SURGICAL SUPPORT, CUSTOM FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0960	TORSO SUPPORT, POST SURGICAL SUPPORT, PADS FOR POST SURGICAL SUPPORT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0970	TLSO, CORSET FRONT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L0972	LSO, CORSET FRONT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0974	TLSO, FULL CORSET	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0976	LSO, FULL CORSET	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0978	AXILLARY CRUTCH EXTENSION	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0980	PERONEAL STRAPS, PAIR	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0982	STOCKING SUPPORTER GRIPS, SET OF FOUR (4)	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0984	PROTECTIVE BODY SOCK, EACH	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L0986	Addition to spinal orthosis, rigid or semi-rigid abdominal panel, prefabricated	Yes	SNF 534	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	Yes	SNF 534	NA	Fee	46	Rendering provider may bill or SNF may bill under arrangements
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	Yes	SNF 534	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L1010	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) OR SCOLIOSIS ORTHOSIS, AXILLA SLING	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1020	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1025	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1030	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1040	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1120	ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1200	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1210	ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1220	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1230	ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1240	ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1250	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1260	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1270	ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1280	ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC), EACH	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1290	ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	Yes	SNF 534	NA	Fee	46	Category is Prosthetics & Orthotics SNF or supplier may bill
L1500	THORACIC-HIP-KNEE-ANKLE ORTHOSIS (THKAO), MOBILITY FRAME (NEWINGTON, PARAPODIUM TYPES)	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L1510	THKAO, standing frame, with or without tray and accessories	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1520	THKAO, SWIVEL WALKER	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1600	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1610	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1620	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1630	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE), CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1640	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1650	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1660	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1680	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1685	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POST-OPERATIVE HIP ABDUCTION TYPE, CUSTOMFABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POST-OPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1690	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICTED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1700	LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1710	LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L1750	LEGG PERTHES ORTHOSIS, LEGG PERTHES SLING (SAM BROWN TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1755	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1800	KNEE ORTHOSIS, ELASTIC WITH STAYS, PREFBRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1810	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1815	KNEE ORTHOSIS, ELASTIC OR OTHER ELASTIC TYPE MATERIAL WITH CONDYLAR PAD(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1825	KNEE ORTHOSIS, ELASTIC KNEE CAP, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS, POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1834	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1840	KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L1850	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1855	KNEE ORTHOSIS, MOLDED PLASTIC, THIGH AND CALF SECTIONS, WITH DOUBLE UPRIGHT KNEE JOINTS, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1858	KNEE ORTHOSIS, MOLDED PLASTIC, POLYCENTRIC KNEE JOINTS, PNEUMATIC KNEE PADS (CTI), CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1860	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM-FABRICATED (SK)	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1870	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF LACERS, MOLDED TO PATIENT MODEL WITH KNEE JOINTS, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1880	KNEE ORTHOSIS, DOUBLE UPRIGHT, NON-MOLDED THIGH AND CALF CUFFS/LACERS WITH KNEE JOINTS, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1885	KNEE ORTHOSIS, SINGLE OR DOUBLE UPRIGHT, THIGH AND CALF, WITH FUNCTIONAL ACTIVE RESISTANCE CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1900	ANKLE-FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1902	ANKLE-FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1904	ANKLE-FOOT ORTHOSIS, MOLDED ANKLE GAUNTLET, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1906	ANKLE-FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1910	ANKLE-FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1920	ANKLE-FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1930	ANKLE-FOOT ORTHOSIS, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1940	ANKLE-FOOT ORTHOSIS, MOLDED TO PATIENT MODEL, PLASTIC, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1945	ANKLE-FOOT ORTHOSIS, MOLDED TO PATIENT MODEL, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1950	ANKLE-FOOT ORTHOSIS, SPIRAL, (IRM TYPE), PLASTIC, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1960	ANKLE-FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L1970	ANKLE-FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1980	ANKLE-FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR 'BK' ORTHOSIS), CUSWTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L1990	ANKLE-FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR 'BK' ORTHOSIS), CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2000	KNEE-ANKLE-FOOT-ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2010	KNEE-ANKLE-FOOT-ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2020	KNEE-ANKLE-FOOT-ORTHOSIS, DOUBLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2030	KNEE-ANKLE-FOOT-ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS, (DOUBLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2035	KNEE-ANKLE-FOOT-ORTHOSIS, FULL PLASTIC, STATIC, (PEDIATRIC SIZE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2036	KNEE-ANKLE-FOOT-ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2037	KNEE-ANKLE-FOOT-ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, FREE KNEE, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2038	KNEE-ANKLE-FOOT-ORTHOSIS, FULL PLASTIC, WITHOUT KNEE JOINT, MULTI-AXIS ANKLE,(LIVELY ORTHOSIS OR EQUAL), CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2039	KNEE-ANKLE-FOOT-ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, POLY-AXIAL HINGE, MEDIAL LATERAL ROTATION CONTROL, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2040	HIP-KNEE-ANKLE-FOOT ORTHOSIS TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2050	HIP-KNEE-ANKLE-FOOT ORTHOSIS , TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2060	HIP-KNEE-ANKLE-FOOT ORTHOSIS , TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

SNF HCPCS HELP FILE

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L2070	HIP-KNEE-ANKLE-FOOT ORTHOSIS , TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2080	HIP-KNEE-ANKLE-FOOT ORTHOSIS , TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2090	HIP-KNEE-ANKLE-FOOT ORTHOSIS , TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2102	ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, PLASTER TYPE CASTING MATERIAL, CUSTOM-FABRICATED	No	Not valid for Medicare	NA	NA		SNFs cannot be paid for this service. Code Effective 7/1/01 for Carriers, 10/01/01 for FIs.
L2104	ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, SYNTHETIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED	No	Not valid for Medicare	NA	NA		SNFs cannot be paid for this service. Code Effective 7/1/01 for Carriers, 10/01/01 for FIs.
L2106	ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2108	ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2112	ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2114	ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2116	ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2122	KNEE-ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, PLASTER TYPE CASTING MATERIAL, CUSTOM-FABRICATED	No	Not valid for Medicare. PM AB-01-60	NA	NA		SNFs cannot be paid for this service. Code Effective 7/1/01 for Carriers, 10/01/01 for FIs.
L2124	KNEE-ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SYNTHETIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED	No	Not valid for Medicare	NA	NA		SNFs cannot be paid for this service.
L2126	KNEE-ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2128	KNEE-ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L2132	KNEE-ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2134	KNEE-ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2136	KNEE-ANKLE-FOOT-ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ('T') STRAP, PADDED/LINED OR MALLEOLUS PAD	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO' ORTHOSES)	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2397	ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH JOINT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2435	ADDITION TO KNEE JOINT, POLYCENTRIC JOINT, EACH JOINT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARING, RING	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI-LATERAL BRIM, MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI-LATERAL BRIM, CUSTOM FITTED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2530	ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION JOINT, EACH	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE, EACH	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST BEARING, LOCK, EACH	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2768	Orthotic side bar disconnect device, per bar	Yes	SNF 534	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L2770	ADDITION TO LOWER EXTREMITY ORTHOSIS, ANY MATERIAL - PER BAR OR JOINT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L2860	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM, EACH	Yes	SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L2999	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED	Yes	SNF 534	NA	Fee	46	Category is Prosthetics & Orthotics SNF or supplier may bill
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL, EACH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL SUPPORT, EACH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL, EACH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3070	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3090	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3150	FOOT, ABDUCTION ROTATATION BAR, WITHOUT SHOES	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3160	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3170	FOOT, PLASTIC HEEL STABILIZER	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.

SNF HCPCS HELP FILE

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L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3208	SURGICAL BOOT, EACH, INFANT	Yes	MCM 2079 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3209	SURGICAL BOOT, EACH, CHILD	Yes	MCM 2079 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3211	SURGICAL BOOT, EACH, JUNIOR	Yes	MCM 2079 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3212	BENESCH BOOT, PAIR, INFANT	Yes	MCM 2079 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3213	BENESCH BOOT, PAIR, CHILD	Yes	MCM 2079 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3214	BENESCH BOOT, PAIR, JUNIOR	Yes	MCM 2079 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOES, OXFORD	No	Non-covered by Medicare Statute 1862A8	NA	NA		SNFs cannot be paid for this service.
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOES, DEPTH INLAY	No	Non-covered by Medicare Statute 1862A8	NA	NA		SNFs cannot be paid for this service.
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOES, HIGHTOP, DEPTH INLAY	No	Non-covered by Medicare Statute 1862A8	NA	NA		SNFs cannot be paid for this service.
L3218	ORTHOPEDIC FOOTWEAR, LADIES SURGICAL BOOT, EACH	Yes	MCM 2323	NA	NA	00	SNFs cannot be paid for this service.

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L3219	ORTHOPEDIC FOOTWEAR, MENS SHOES, OXFORD	No	Non-covered by Medicare Statute 1862A8	NA	NA		SNFs cannot be paid for this service.
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOES, DEPTH INLAY	No	Non-covered by Medicare Statute 1862A8	NA	NA		SNFs cannot be paid for this service.
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOES, HIGHTOP, DEPTH INLAY	No	Non-covered by Medicare Statute 1862A8	NA	NA		SNFs cannot be paid for this service.
L3223	ORTHOPEDIC FOOTWEAR, MENS SURGICAL BOOT, EACH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	Yes	MCM 2323D SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	Yes	MCM 2323D SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOES, DEPTH INLAY	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3254	NON-STANDARD SIZE OR WIDTH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3255	NON-STANDARD SIZE OR LENGTH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3260	AMBULATORY SURGICAL BOOT, EACH	Yes	MCM 2079 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3265	PLASTAZOTE SANDAL, EACH	Yes	SNF 534	NA	NA	00	SNFs cannot be paid for this service.

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L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3320	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE)	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3334	LIFT, ELEVATION, HEEL, PER INCH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3340	HEEL WEDGE, SACH	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3350	HEEL WEDGE	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3360	SOLE WEDGE, OUTSIDE SOLE	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3370	SOLE WEDGE, BETWEEN SOLE	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3380	CLUBFOOT WEDGE	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3390	OUTFLARE WEDGE	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3400	METATARSAL BAR WEDGE, ROCKER	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3410	METATARSAL BAR WEDGE, BETWEEN SOLE	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3430	HEEL, COUNTER, PLASTIC REINFORCED	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3440	HEEL, COUNTER, LEATHER REINFORCED	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3450	HEEL, SACH CUSHION TYPE	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3455	HEEL, NEW LEATHER, STANDARD	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3460	HEEL, NEW RUBBER, STANDARD	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.

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L3465	HEEL, THOMAS WITH WEDGE	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3470	HEEL, THOMAS EXTENDED TO BALL	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3480	HEEL, PAD AND DEPRESSION FOR SPUR	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3485	HEEL, PAD, REMOVABLE FOR SPUR	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3500	ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3510	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3520	ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3530	ORTHOPEDIC SHOE ADDITION, SOLE, HALF	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL	Yes	MCM 2323 SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3550	ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD	Yes	MCM 2323 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3560	ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE	Yes	MCM 2323 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3570	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	Yes	MCM 2323 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	Yes	MCM 2323 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3590	ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	Yes	MCM 2323 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3595	ORTHOPEDIC SHOE ADDITION, MARCH BAR	Yes	MCM 2323 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	Yes	MCM 2323 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	Yes	MCM 2323 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING	Yes	MCM 2323 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW	Yes	MCM 2323 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES	Yes	MCM 2323 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L3649	ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED	Yes	MCM 2323 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3650	SHOULDER ORTHOSIS, FIGURE OF '8' DESIGN ABDUCTION RE-STRAINER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3660	SHOULDER ORTHOSIS, FIGURE OF '8' DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3670	SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE) PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE, OR EQUAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3677	Shoulder orthosis, hard plastic, shoulder stabilizer, pre-fabricated, includes fitting and adjustment	Yes	SNF 534	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L3700	ELBOW ORTHOSIS, ELASTIC WITH STAYS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION ASSIST, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3760	ELBOW ORTHOSIS, WITH ADJUSTABLE POSTION LOCKING JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, ANY TYPE	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3800	WRIST-HAND-FINGER-ORTHOSIS SHORT OPPONENS, NO ATTACHMENTS, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3805	WRIST-HAND-FINGER-ORTHOSIS , LONG OPPONENS, NO ATTACHMENT, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3807	WRIST-HAND-FINGER-ORTHOSIS , EXTENSION ASSIST, WITH INFLATABLE PALMER AIR SUPPORT, WITH OR WITHOUT THUMB EXTENSION, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, ANY TYPE	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3810	WRIST-HAND-FINGER-ORTHOSIS , ADDITION TO SHORT AND LONG OPPONENS, THUMB ABDUCTION ('C') BAR	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3815	WRIST-HAND-FINGER-ORTHOSIS , ADDITION TO SHORT AND LONG OPPONENS, SECOND M.P. ABDUCTION ASSIST	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L3820	WRIST-HAND-FINGER-ORTHOSIS , ADDITION TO SHORT AND LONG OPPONENS, I.P. EXTENSION ASSIST, WITH M.P. EXTENSION STOP	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3825	WRIST-HAND-FINGER-ORTHOSIS , ADDITION TO SHORT AND LONG OPPONENS, M.P. EXTENSION STOP	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3830	WRIST-HAND-FINGER-ORTHOSIS , ADDITION TO SHORT AND LONG OPPONENS, M.P. EXTENSION ASSIST	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3835	WRIST-HAND-FINGER-ORTHOSIS , ADDITION TO SHORT AND LONG OPPONENS, M.P. SPRING EXTENSION ASSIST	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3840	WRIST-HAND-FINGER-ORTHOSIS , ADDITION TO SHORT AND LONG OPPONENS, SPRING SWIVEL THUMB	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3845	WRIST-HAND-FINGER-ORTHOSIS , ADDITION TO SHORT AND LONG OPPONENS, THUMB I.P. EXTENSION ASSIST, WITH M.P. STOP	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3850	WHO, ADDITION TO SHORT AND LONG OPPONENS, ACTION WRIST, WITH DORSIFLEXION ASSIST	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3855	WRIST-HAND-FINGER-ORTHOSIS , ADDITION TO SHORT AND LONG OPPONENS, ADJUSTABLE M.P. FLEXION CONTROL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3860	WRIST-HAND-FINGER-ORTHOSIS , ADDITION TO SHORT AND LONG OPPONENS, ADJUSTABLE M.P. FLEXION CONTROL AND I.P.	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3890	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM, EACH	Yes	SNF 534	NA	NA	00	SNFs cannot be paid for this service.
L3900	WRIST-HAND-FINGER-ORTHOSIS , DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3901	WRIST-HAND-FINGER-ORTHOSIS , DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3902	WRIST-HAND-FINGER-ORTHOSIS , EXTERNAL POWERED, COMPRESSED GAS, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3904	WRIST-HAND-FINGER-ORTHOSIS , EXTERNAL POWERED, ELECTRIC, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3906	WHO, WRIST GAUNTLET, MOLDED TO PATIENT MODEL, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3907	WRIST-HAND-FINGER-ORTHOSIS , WRIST GAUNTLET WITH THUMB SPICA, MOLDED TO PATIENT MODEL, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3910	WRIST-HAND-FINGER-ORTHOSIS , SWANSON DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3912	HAND FINGER ORTHOSIS, FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

SNF HCPCS HELP FILE

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L3914	WRIST HAND ORTHOSIS, WRIST EXTENSION COCK-UP, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3916	WRIST-HAND-FINGER-ORTHOSIS , WRIST EXTENSION COCK-UP, WITH OUTRIGGER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3918	HAND FINGER ORTHOSIS, KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3920	HAND FINGER ORTHOSIS,, KNUCKLE BENDER, WITH OUTRIGGER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3922	HAND FINGER ORTHOSIS,, KNUCKLE BENDER, TWO SEGMENT TO FLEX JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3924	WRIST-HAND-FINGER-ORTHOSIS , OPPENHEIMER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3926	WRIST-HAND-FINGER-ORTHOSIS , THOMAS SUSPENSION, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3928	HAND FINGER ORTHOSIS,, FINGER EXTENSION, WITH CLOCK SPRING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3930	WRIST-HAND-FINGER-ORTHOSIS , FINGER EXTENSION, WITH WRIST SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3932	FINGER ORTHOSIS, SAFETY PIN, SPRING WIRE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3934	FINGER ORTHOSIS, SAFETY PIN, MODIFIED, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3936	WRIST-HAND-FINGER-ORTHOSIS , PALMER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3938	WRIST-HAND-FINGER-ORTHOSIS , DORSAL WRIST, WITH OUTRIGGER ATTACHMENT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3940	WRIST-HAND-FINGER-ORTHOSIS , DORSAL WRIST, WITH OUTRIGGER ATTACHMENT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3942	HAND FINGER ORTHOSIS,, REVERSE KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3944	HAND FINGER ORTHOSIS,, REVERSE KNUCKLE BENDER, WITH OUTRIGGER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3946	HAND FINGER ORTHOSIS,, COMPOSITE ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3948	FINGER ORTHOSIS, FINGER KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3950	WRIST-HAND-FINGER-ORTHOSIS , COMBINATION OPPENHEIMER, WITH KNUCKLE BENDER AND TWO ATTACHMENTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L3952	WRIST-HAND-FINGER-ORTHOSIS , COMBINATION OPPENHEIMER, WITH REVERSE KNUCKLE AND TWO ATTACHMENTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3954	HAND FINGER ORTHOSIS, SPREADING HAND, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3960	SHOULDER-ELBOW-WRIST-HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3962	SHOULDER-ELBOW-WRIST-HAND ORTHOSIS, ABDUCTION POSITIONING, ERBS PALSEY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3963	SHOULDER-ELBOW-WRIST-HAND ORTHOSIS, MOLDED SHOULDER, ARM, FOREARM, AND WRIST, WITH ARTICULATING ELBOW JOINT, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3964	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	32	Category is Prosthetics & Orthotics SNF or supplier may bill
L3965	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	32	Category is Prosthetics & Orthotics SNF or supplier may bill
L3966	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	32	Category is Prosthetics & Orthotics SNF or supplier may bill
L3968	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	32	Category is Prosthetics & Orthotics SNF or supplier may bill
L3969	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE ARM SUSPENSION SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	32	Category is Prosthetics & Orthotics SNF or supplier may bill
L3970	SHOULDER ELBOW ORTHOSIS, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	Yes	SNF 534	NA	Fee	32	Category is Prosthetics & Orthotics SNF or supplier may bill
L3972	SHOULDER ELBOW ORTHOSIS, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	Yes	SNF 534	NA	Fee	32	Category is Prosthetics & Orthotics SNF or supplier may bill
L3974	SHOULDER ELBOW ORTHOSIS, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	Yes	SNF 534	NA	Fee	32	Category is Prosthetics & Orthotics SNF or supplier may bill

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L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3985	UPPER EXTREMITY FRACTURE ORTHOSIS, FOREARM, HAND WITH WRIST HINGE, CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3986	UPPER EXTREMITY FRACTURE ORTHOSIS, COMBINATION OF HUMERAL, RADIUS/ULNAR, WRIST, (EXAMPLE--COLLES FRACTURE), CUSTOM-FABRICATED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	Yes	SNF 534	NA	Fee	46	Category is Prosthetics & Orthotics SNF or supplier may bill
L4000	Replace girdle for spinal orthosis (CTLSO or SO)	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4010	REPLACE TRILATERAL SOCKET BRIM	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4020	REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4040	REPLACE MOLDED THIGH LACER	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4045	REPLACE NON-MOLDED THIGH LACER	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4050	REPLACE MOLDED CALF LACER	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4055	REPLACE NON-MOLDED CALF LACER	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4060	REPLACE HIGH ROLL CUFF	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KNEE-ANKLE-FOOT-ORTHOSIS	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4080	REPLACE METAL BANDS KNEE-ANKLE-FOOT-ORTHOSIS, PROXIMAL THIGH	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4090	REPLACE METAL BANDS KNEE-ANKLE-FOOT-ORTHOSIS-AFO, CALF OR DISTAL THIGH	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4100	REPLACE LEATHER CUFF KNEE-ANKLE-FOOT-ORTHOSIS, PROXIMAL THIGH	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L4110	REPLACE LEATHER CUFF KNEE-ANKLE-FOOT-ORTHOSIS-AFO, CALF OR DISTAL THIGH	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4130	REPLACE PRETIBIAL SHELL	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	Yes	MCM 2100.4 SNF 534	NA	Fee	46	Category is Prosthetics & Orthotics SNF or supplier may bill
L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	Yes	MCM 2133, MCM 2100.4, MCM 2130D SNF 534	NA	Fee	46	Category is Prosthetics & Orthotics SNF or supplier may bill
L4350	PNEUMATIC ANKLE CONTROL SPLINT (E.G., AIRCAST), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4360	PNEUMATIC WALKING SPLINT (E.G., AIRCAST), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4370	PNEUMATIC FULL LEG SPLINT (E.G., AIRCAST), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4380	PNEUMATIC KNEE SPLINT (E.G., AIRCAST), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4392	REPLACEMNET, SOFT INTERFACE MATERIAL, STATIC AFO	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4396	Static ankle foot orthosis, including soft interface material, **adjustable for fit**, for positioning, pressure reduction, may be used for minimal ambulation, prefabricate includes fitting and adjustment	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, INCLUDES FITTING AND ADJUSTMENT	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	Yes	MCM 2323 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	Yes	MCM 2323 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	Yes	MCM 2323 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, XTERNAL KNEE JOINTS, SHIN, SACH FOOT	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5200	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5210	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5250	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5270	HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5300	BELOW KNEE, MOLDED SOCKET, SACH FOOT, ENDOSKELETAL SYSTEM, INCLUDING SOFT COVER AND FINISHING	No	SNF 516 SNF 534	NA	NA	38	Discontinue after 12/31/2001 Xref to L5301 Category is Prosthetics & Orthotics SNF or supplier may bill
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system	No	SNF 515.1 SNF 516.5 SNF 534	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L5310	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SACH FOOT ENDOSKELETAL SYSTEM, INCLUDING SOFT COVER AND FINISHING	No	SNF 516 SNF 534	NA	NA	38	Discontinue after 12/31/2001 Xref to L5311 Category is Prosthetics & Orthotics SNF or supplier may bill
L5311	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot, endoskeletal system	No	SNF 515.1 SNF 516.5 SNF 534	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L5320	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE, INCLUDING SOFT COVER AND FINISHING	No	SNF 516 SNF 534	NA	NA	38	Discontinue after 12/31/2001 Xref to L5321 Category is Prosthetics & Orthotics SNF or supplier may bill

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L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single a: knee	No	SNF 515.1 SNF 516.5 SNF 534	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L5330	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT, INCLUDING SOFT COVER AND FINISHING	No	SNF 516 SNF 534	NA	NA	38	Discontinue after 12/31/2001 Xref to L5331 Category is Prosthetics & Orthotics SNF or supplier may bill
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	No	SNF 515.1 SNF 516.5 SNF 534	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L5340	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT, INCLUDING SOFT COVER AND FINISHING	No	SNF 516 SNF 534	NA	NA	38	Discontinue after 12/31/2001 Xref to L5341 Category is Prosthetics & Orthotics SNF or supplier may bill
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	No	SNF 515.1 SNF 516.5 SNF 534	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION, AND ONE CAST CHANGE, BELOW KNEE	No	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNFs cannot be paid for this service.
L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION, BELOW KNEE, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	No	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNFs cannot be paid for this service.
L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE 'AK OR KNEE DISARTICULATION	No	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNFs cannot be paid for this service.
L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCL. FITTING, ALIGNMENT AND SUPENSION, 'AK' OR KNEE DISARTICULATION, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	No	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNFs cannot be paid for this service.
L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, BELOW KNEE	No	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNFs cannot be paid for this service.
L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, ABOVE KNEE	No	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNFs cannot be paid for this service.
L5500	INITIAL, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L5505	INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5510	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5520	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5530	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5535	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5540	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5560	PREPARATORY, ABOVE KNEE- KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDE TO MODEL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5570	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5580	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5585	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED ADJUSTABLE OPEN END SOCKET	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5590	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5595	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5600	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE – KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5614	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR BELOW KNEE, EACH	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, 'PTB' BRIM DESIGN SOCKET	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR CUSHION SOCKET	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR CUSHION SOCKET	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L5660	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, SILICONE GEL OR EQUAL	No	SNF 516 SNF 534	NA	NA	38	Code deleted 9/31/03.Use until 1/1/2003, OCE will not accept new K codes until 1/1/03. Category is Prosthetics & Orthotics. SNF or supplier may bill.
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5662	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE, SILICONE GEL OR EQUAL	No	SNF 516 SNF 534	NA	NA	38	Code deleted 9/31/03.Use until 1/1/2003, OCE will not accept new K codes until 1/1/03. Category is Prosthetics & Orthotics. SNF or supplier may bill.
L5663	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION, SILICONE GEL OR EQUAL	No	SNF 516 SNF 534	NA	NA	38	Code deleted 9/31/03.Use until 1/1/2003, OCE will not accept new K codes until 1/1/03. Category is Prosthetics & Orthotics. SNF or supplier may bill.
L5664	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE, SILICONE GEL OR EQUAL	No	SNF 516 SNF 534	NA	NA	38	Code deleted 9/31/03.Use until 1/1/2003, OCE will not accept new K codes until 1/1/03. Category is Prosthetics & Orthotics. SNF or supplier may bill.
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5667	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, SOCKET INSERT, SUCTION SUSPENSION WITH LOCKING MECHANISM	No	SNF 516 SNF 534	NA	NA	38	Discontinue after 12/31/2001 Category is orthotics & prosthetics SNF or supplier may bill
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5669	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, SOCKET INSERT, SUCTION SUSPENSION WITHOUT LOCKING MECHANISM	No	SNF 516 SNF 534	NA	NA	38	Discontinue after 12/31/2001 Xref to L5660, L5662, L5664 Category is Prosthetics & Orthotics SNF or supplier may bill
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION ('PTS' OR SIMILAR)	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	No	SNF 515.1 SNF 516.5 SNF 534	NA	NA	38	Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill

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L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5674	ADDITION TO LOWER EXTREMITY, BELOW KNEE, SUSPENSION SLEEVE ANY MATERIAL, EACH	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5675	ADDITION TO LOWER EXTREMITY, BELOW KNEE, SUSPENSION SLEEVE, HEAVY DUTY, ANY MATERIAL, EACH	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5678	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NONMOLDED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIAN BANDAGE	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5702	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5704	Custom shaped protective cover, below knee	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5705	Custom shaped protective cover, above knee	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5706	Custom shaped protective cover, knee disarticulation	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5707	Custom shaped protective cover, hip disarticulation	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID SWING PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume manageme and moisture evacuation system, heavy duty	No		NA	NA	38	Code effective 01/01/03 Category is Prosthetics & Orthotics SNF or supplier may bill.
L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5840	ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5846	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONLY	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5847	Addition, endoskeletal knee-shin system, microprocessor control feature, stance phase	No	SNF 515.1 SNF 516.5 SNF 534	NA	NA	38	Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L5848	Addition to endoskeletal, knee-shin system, hydraulic stance extension, dampening feature, adjustable	No		NA	NA	38	Code effective 01/01/03 Category is Prosthetics & Orthotics SNF or supplier may bill.
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5972	ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAFE, STEN, BOCK DYNAMIC OR EQUAL)	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5975	ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5979	ALL LOWER EXTREMITY PROSTHESES, MULTIAXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROTHESES, DYNAMIC PROSTHETIC PYLON	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ('MCP' OR EQUAL)	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	Yes	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5988	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L5989	Addition to lower extremity prosthesis, endoskeletal system, pylon with integrated electronic force sensors	No	SNF 515.1 SNF 516.5 SNF 534	NA	NA	38	Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L5990	Addition to lower extremity prosthesis, user adjustable heel height	No	SNF 515.1 SNF 516.5 SNF 534	NA	NA	38	Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L5995	Addition to lower extremity prostheses, heavy duty feature (for patient weight > 300 lbs)	No		NA	NA	38	Code effective 01/01/03 Category is Prosthetics & Orthotics SNF or supplier may bill.
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	Yes	SNF 534	NA	Fee	46	Category is Prosthetics & Orthotics SNF or supplier may bill
L6000	PARTIAL HAND, ROBIN-AIDS, THUMB REMAINING (OR EQUAL)	Yes	SNF 535	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6010	PARTIAL HAND, ROBIN-AIDS, LITTLE AND/OR RING FINGER REMAINING (OR EQUAL)	Yes	SNF 536	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6020	PARTIAL HAND, ROBIN-AIDS, NO FINGER REMAINING (OR EQUAL)	Yes	SNF 537	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6100	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, WRIST DISARTICULATION OR BELOW ELBOW	No	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, ELBOW DISARTICULATION OR ABOVE ELBOW	No	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	No	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	No	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY	No	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6580	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6584	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT, EACH	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6620	UPPER EXTREMITY ADDITION, FLEXION-FRICTION WRIST UNIT	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6623	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	No		NA	NA	38	Code effective 01/01/03 Category is Prosthetics & Orthotics SNF or supplier may bill.
L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	No					Code effective 01/01/03 Category is Prosthetics & Orthotics SNF or supplier may bill.
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	No					Code effective 01/01/03 Category is Prosthetics & Orthotics SNF or supplier may bill.

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L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	No					Code effective 01/01/03 Category is Prosthetics & Orthotics SNF or supplier may bill.
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6675	UPPER EXTREMITY ADDITION, HARNESS, FIGURE OF ('8') EIGHT TYPE, FOR SINGLE CONTROL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6676	UPPER EXTREMITY ADDITION, HARNESS, FIGURE OF ('8') EIGHT TYPE, FOR DUAL CONTROL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6689	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L6700	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #3	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6705	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #5	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6710	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #5X	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6715	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #5XA	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6720	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #6	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6725	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #7	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6730	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #7LO	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6735	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #8	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6740	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #8X	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6745	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #88X	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6750	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #10P	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6755	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #10X	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6765	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #12P	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L6770	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #99X	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6775	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #555	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6780	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #SS555	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6790	TERMINAL DEVICE, HOOK-ACCU HOOK, OR EQUAL	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6795	TERMINAL DEVICE, HOOK-2 LOAD, OR EQUAL	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6800	TERMINAL DEVICE, HOOK-APRL VC, OR EQUAL	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6805	TERMINAL DEVICE, MODIFIER WRIST FLEXION UNIT	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6806	TERMINAL DEVICE, HOOK, TRS GRIP, GRIP III, VC, OR EQUAL	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6807	TERMINAL DEVICE, HOOK, GRIP I, GRIP II, VC, OR EQUAL	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6808	TERMINAL DEVICE, HOOK, TRS ADEPT, INFANT OR CHILD, VC, OR EQUAL	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6809	TERMINAL DEVICE, HOOK, TRS SUPER SPORT, PASSIVE	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6810	TERMINAL DEVICE, PINCHER TOOL, OTTO BOCK OR EQUAL	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6825	TERMINAL DEVICE, HAND, DORRANCE, VO	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L6830	TERMINAL DEVICE, HAND, APRL, VC	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6835	TERMINAL DEVICE, HAND, SIERRA, VO	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6840	TERMINAL DEVICE, HAND, BECKER IMPERIAL	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6845	TERMINAL DEVICE, HAND, BECKER LOCK GRIP	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6850	TERMINAL DEVICE, HAND, BECKER PLYLITE	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6855	TERMINAL DEVICE, HAND, ROBIN-AIDS, VO	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6860	TERMINAL DEVICE, HAND, ROBIN-AIDS, VO SOFT	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6865	TERMINAL DEVICE, HAND, PASSIVE HAND	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6867	TERMINAL DEVICE, HAND, DETROIT INFANT HAND (MECHANICAL)	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6868	TERMINAL DEVICE, HAND, PASSIVE INFANT HAND, (STEEPER, HOSMER OR EQUAL)	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6870	TERMINAL DEVICE, HAND, CHILD MITT	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6872	TERMINAL DEVICE, HAND, NYU CHILD HAND	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6873	TERMINAL DEVICE, HAND, MECHANICAL INFANT HAND, STEEPER OR EQUAL	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L6875	TERMINAL DEVICE, HAND, BOCK, VC	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6880	TERMINAL DEVICE, HAND, BOCK, VO	No	MCM 2133 SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6881	Automatic grasp feature, addition to upper limb prosthetic terminal device	No	SNF 515.1 SNF 516.5 SNF 534	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	No	SNF 515.1 SNF 516.5 SNF 534	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L6890	TERMINAL DEVICE, GLOVE FOR ABOVE HANDS, PRODUCTION GLOVE	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6895	TERMINAL DEVICE, GLOVE FOR ABOVE HANDS, CUSTOM GLOVE	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAINING	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6915	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL, SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	No	SNF 516	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6940	Elbow Disarticulation, External power, molded inner socket, Removable humeral shell, outside locking hinges, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6945	Elbow Disarticulation, External power, molded inner socket, Removable humeral shell, outside locking hinges, forearm, otto bock or equal electrodes, cables, electordes, cables, two batteries and one charger, myoelectronic control terminal device	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6950	Above Elbow, External power, molded inner socket, Removable humeral shell, internal locking elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6955	Above Elbow, External power, molded inner socket, Removable humeral shell, internal locking elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7010	ELECTRONIC HAND, OTTO BOCK, STEEPER OR EQUAL, SWITCH CONTROLLED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7015	ELECTRONIC HAND, SYSTEM TEKNIK, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L7020	ELECTRONIC GREIFER, OTTO BOCK OR EQUAL, SWITCH CONTROLLED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7025	ELECTRONIC HAND, OTTO BOCK OR EQUAL, MYOELECTRONICALLY CONTROLLED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7030	ELECTRONIC HAND, SYSTEM TEKNIK, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7035	ELECTRONIC GREIFER, OTTO BOCK OR EQUAL, MYOELECTRONICALLY CONTROLLED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7040	PREHENSILE ACTUATOR, HOSMER OR EQUAL, SWITCH CONTROLLED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7045	ELECTRONIC HOOK, CHILD, MICHIGAN OR EQUAL, SWITCH CONTROLLED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7180	ELECTRONIC ELBOW, BOSTON, UTAH OR EQUAL, MYOELECTRONICALLY CONTROLLED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7190	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7191	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7260	ELECTRONIC WRIST ROTATOR, OTTO BOCK OR EQUAL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7261	ELECTRONIC WRIST ROTATOR, FOR UTAH ARM	No	SNF 516	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7266	SERVO CONTROL, STEEPER OR EQUAL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7272	ANALOGUE CONTROL, UNB OR EQUAL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7274	PROPORTIONAL CONTROL, 6-12 VOLT, LIBERTY, UTAH OR EQUAL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7360	SIX VOLT BATTERY, OTTO BOCK OR EQUAL, EACH	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7362	BATTERY CHARGER, SIX VOLT, OTTO BOCK OR EQUAL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7364	TWELVE VOLT BATTERY, UTAH OR EQUAL, EACH	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L7366	BATTERY CHARGER, TWELVE VOLT, UTAH OR EQUAL	No	SNF 516 SNF 534	NA	NA	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	No	SNF 534	NA	Fee	46	Category is Prosthetics & Orthotics SNFs cannot be paid for this service.
L7500	REPAIR OF PROSTHETIC DEVICE, HOURLY RATE (EXCLUDES V5335 REPAIR OF ORAL OR LARYNGEAL PROSTHESIS OR ARTIFICIAL LARYNX)	Yes	MCM 2100.4, MCM 2130D, MCM 2133 SNF 534	NA	Fee	46	Category is Prosthetics & Orthotics SNF or supplier may bill
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS (EXCLUDES V5335 REPAIR OF ORAL OR LARYNGEAL PROSTHESIS OR ARTIFICIAL LARYNX)	Yes	MCM 2100.4, MCM 2130D, MCM 2133 SNF 534	NA	Fee	46	Category is Prosthetics & Orthotics SNF or supplier may bill
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	Yes	SNF 534	NA	Fee	46	Category is Prosthetics & Orthotics SNF or supplier may bill
L7900	VACUUM ERECTION SYSTEM	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8000	BREAST PROSTHESIS, MASTECTOMY BRA	Yes	MCM 2130A SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	Yes	MCM 2130A SNF 534	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	Yes	MCM 2130A SNF 534	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L8010	BREAST PROSTHESIS, MASTECTOMY SLEEVE	Yes	MCM 2130A SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY	Yes	MCM 2130 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	Yes	MCM 2130A SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL	Yes	MCM 2130A SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	Yes	MCM 2130 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	Yes	SNF 534	NA	Fee	46	Category is Prosthetics & Orthotics SNF or supplier may bill

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L8040	NASAL PROSTHEIS, PROVIDED BY A NON-PHYSICIAN	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8041	MID FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8042	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8045	AURICULAR PROSWTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8047	NASAL SEPTAL PROSTHEIS, PROVIDED BY A NON-PHYSICIAN	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN	Yes	SNF 534	NA	Fee	46	Category is Prosthetics & Orthotics SNF or supplier may bill
L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE INCREMENTS, PROVIDED BY A NON-PHYSICIAN	Yes	SNF 534	NA	Fee	46	Category is Prosthetics & Orthotics SNF or supplier may bill
L8100	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH	No	Non-covered by Medicare, MCM 2133, CIM 60-9	NA	NA		SNFs cannot be paid for this service.
L8110	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH	No	Non-covered by Medicare, MCM 2133, CIM 60-9	NA	NA		SNFs cannot be paid for this service.
L8120	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH	No	Non-covered by Medicare, MCM 2133, CIM 60-9	NA	NA		SNFs cannot be paid for this service.
L8130	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH	No	Non-covered by Medicare, MCM 2133, CIM 60-9	NA	NA		SNFs cannot be paid for this service.

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L8140	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH	No	Non-covered by Medicare, MCM 2133, CIM 60-9	NA	NA		SNFs cannot be paid for this service.
L8150	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMHG, EACH	No	Non-covered by Medicare, MCM 2133, CIM 60-9	NA	NA		SNFs cannot be paid for this service.
L8160	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH	No	Non-covered by Medicare, MCM 2133, CIM 60-9	NA	NA		SNFs cannot be paid for this service.
L8170	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, EACH	No	Non-covered by Medicare, MCM 2133, CIM 60-9	NA	NA		SNFs cannot be paid for this service.
L8180	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MMHG, EACH	No	Non-covered by Medicare, MCM 2133, CIM 60-9	NA	NA		SNFs cannot be paid for this service.
L8190	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, EACH	No	Non-covered by Medicare, MCM 2133, CIM 60-9	NA	NA		SNFs cannot be paid for this service.
L8195	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, EACH	No	Non-covered by Medicare, MCM 2133, CIM 60-9	NA	NA		SNFs cannot be paid for this service.
L8200	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MMHG, EACH	No	Non-covered by Medicare, MCM 2133, CIM 60-9	NA	NA		SNFs cannot be paid for this service.

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L8210	GRADIENT COMPRESSION STOCKING, CUSTOM MADE	No	Non-covered by Medicare, MCM 2133, CIM 60-9	NA	NA		SNFs cannot be paid for this service.
L8220	GRADIENT COMPRESSION STOCKING, LYMPHEDEMA	No	Non-covered by Medicare, MCM 2133, CIM 60-9	NA	NA		SNFs cannot be paid for this service.
L8230	GRADIENT COMPRESSION STOCKING, GARTER BELT	No	Non-covered by Medicare, MCM 2133, CIM 60-9	NA	NA		SNFs cannot be paid for this service.
L8239	GRADIENT COMPRESSION STOCKING, NOT OTHERWISE SPECIFIED	Yes	SNF 534	NA	Fee	46	Category is Prosthetics & Orthotics SNF or supplier may bill
L8300	TRUSS, SINGLE WITH STANDARD PAD	Yes	MCM 2133, CIM 7-1, CIM 70-2 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8310	TRUSS, DOUBLE WITH STANDARD PADS	Yes	MCM 2133, CIM 7-1, CIM 70-2 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8320	TRUSS, ADDITION TO STANDARD PAD, WATER PAD	Yes	MCM 2133, CIM 7-1, CIM 70-2 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD	Yes	MCM 2133, CIM 7-1, CIM 70-2 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	Yes	MCM 2133 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8410	PROSTHETIC SHEATH, ABOVE KNEE, EACH	Yes	MCM 2133 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH	Yes	MCM 2133 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE, EACH	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH	Yes	MCM 2133 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH	Yes	MCM 2133 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH	Yes	MCM 2133 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH	Yes	MCM 2133 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH	Yes	MCM 2133 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH	Yes	MCM 2133 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	Yes	MCM 2133 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	Yes	MCM 2133 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	Yes	MCM 2133 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8490	ADDITION TO PROSTHETIC SHEATH/SOCK, AIR SEAL SUCTION RETENTION SYSTEM	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	Yes	SNF 534	NA	Fee	46	Rendering provider may bill or SNF may bill under arrangements
L8500	ARTIFICIAL LARYNX, ANY TYPE	Yes	MCM 2130, CIM 65-5	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8501	TRACHEOSTOMY SPEAKING VALVE	Yes	CIM 65-16	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8505	Artificial larynx replacement battery/accessory, any type	Yes	CIM 65-5	NA	Fee	46	Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	Yes	CIM 65-5	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	Yes	CIM 65-5	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill
L8510	Voice Amplifier	Yes	CIM 65-5	NA	Fee		Code Effective 1/1/2002 Category is Prosthetics & Orthotics SNF or supplier may bill

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L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	Yes	MCM 2130, CIM 35-47	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8603	INJECTABLE BULKING AGENT, COLLAGEN IMPLANT, URINARY TRACT, 2.5 ML SYRINGE, INCLUDES SHIPPING AND NECESSARY SUPPLIES	Yes	CIM 65.9 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8606	INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, 1 ML SYRINGE, INCLUDES SHIPPING AND NECESSARY SUPPLIES	Yes	SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8610	OCULAR IMPLANT	Yes	MCM 2130 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8612	AQUEOUS SHUNT	Yes	MCM 2130 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8613	OSSICULA IMPLANT	Yes	MCM 2130 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8614	COCHLEAR DEVICE/SYSTEM	Yes	MCM 2130, CIM 65-14 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, REPLACEMENT	Yes	CIM 65-14 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8630	METACARPOPHALANGEAL JOINT IMPLANT	Yes	MCM 2130 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8641	METATARSAL JOINT IMPLANT	Yes	MCM 2130 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8642	HALLUX IMPLANT	Yes	MCM 2130 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8658	INTERPHALANGEAL JOINT IMPLANT	Yes	MCM 2130 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8670	VASCULAR GRAFT MATERIAL, SYNTHETIC, IMPLANT	Yes	MCM 2130 SNF 534	NA	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	Yes	SNF 534	NA	Fee	46	Category is Prosthetics & Orthotics SNF or supplier may bill
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS "L" CODE	Yes	SNF 534	NA	Fee	46	Category is Prosthetics & Orthotics SNF or supplier may bill
M0064	BRIEF OFFICE VISIT FOR THE SOLE PURPOSE OF MONITORING OR CHANGING DRUG PRESCRIPTIONS USED IN THE TREATMENT OF MENTAL PSYCHONEUROTIC AND PERSONALITY DISORDERS	No	MCM 2476.3	0	Fee	11	SNFs cannot be paid for this service.
M0075	CELLULAR THERAPY	No	Non-covered by Medicare CIM 35-5	9	NA		SNFs cannot be paid for this service.

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M0076	PROLOTHERAPY	No	Non-covered by Medicare CIM 35-13	9	NA		SNFs cannot be paid for this service.
M0100	INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING (MNP)	No	Non-covered by Medicare CIM 35-65	9	NA		SNFs cannot be paid for this service.
M0300	IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY)	No	Non-covered by Medicare CIM 35-64	9	NA		SNFs cannot be paid for this service.
M0301	FABRIC WRAPPING OF ABDOMINAL ANEURYSM (MNP)	No	Non-covered by Medicare CIM 35-64	9	NA		SNFs cannot be paid for this service.
M0302	ASSESSMENT OF CARDIAC OUTPUT BY ELECTRICAL BIOIMPEDANCE	No	Non-covered by Medicare CIM 50-54	1	NA		SNFs cannot be paid for this service.
P2028	CEPHALIN FLOCULATION, BLOOD	Yes	CIM 50-34	9	NA	57	SNFs cannot be paid for this service.
P2029	CONGO RED, BLOOD	Yes	CIM 50-34	9	NA	57	SNFs cannot be paid for this service.
P2031	HAIR ANALYSIS (EXCLUDING ARSENIC)	No	Non-covered by Medicare CIM 50-54	9	NA		SNFs cannot be paid for this service.
P2033	THYMOL TURBIDITY, BLOOD	Yes	CIM 50-34	9	NA	57	SNFs cannot be paid for this service.
P2038	MUCOPROTEIN, BLOOD (SEROMUCOID) (MEDICAL NECESSITY PROCEDURE)	Yes	CIM 50-34	9	Fee	21	SNFs cannot be paid for this service.
P3000	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY TECHNICIAN UNDER PHYSICIAN SUPERVISION	No	CIM 50-20 SNF 541.2	9	Fee	21	Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
P3001	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, REQUIRING INTERPRETATION BY PHYSICIAN	No	CIM 50-20 SNF 541.2	0	Fee	11	Part B - Non covered for SNF. Physician may bil
P7001	CULTURE, BACTERIAL, URINE; QUANTITATIVE, SENSITIVITY STUDY	No	Not valid for Medicare	9	NA		SNFs cannot be paid for this service.
P9010	BLOOD (WHOLE), FOR TRANSFUSION, PER UNIT	Yes	MCM 2455A SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements

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P9011	BLOOD (SPLIT UNIT), SPECIFY AMOUNT	Yes	MCM 2455A SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9012	CRYOPRECIPITATE, EACH UNIT	Yes	MCM 2455B SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9016	RED BLOOD CELLS, LEUKOCYTES REDUCED, EACH UNIT	Yes	MCM 2455B SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9017	FRESH FROZEN PLASMA (SINGLE DONOR), EACH UNIT	Yes	MCM 2455B SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9019	PLATELETS, EACH UNIT	Yes	MCM 2455B SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9020	PLATELET RICH PLASMA, EACH UNIT	Yes	MCM 2455B SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9021	RED BLOOD CELLS, EACH UNIT	Yes	MCM 2455A SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9022	RED BLOOD CELLS, WASHED, EACH UNIT	Yes	MCM 2455A SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9023	PLASMA, POOLED MULTIPLE DONOR, SOLVENT/DETERGENT TREATED, FROZEN, EACH UNIT	Yes	MCM 2455B SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9031	PLATELETS, LEUKOCYTES REDUCED, EACH UNIT	Yes	MCM 2455 SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9032	PLATELETS, IRRADIATED, EACH UNIT	Yes	MCM 2455 SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9033	PLATELETS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	Yes	MCM 2455 SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9034	PLATELETS, PHERESIS, EACH UNIT	Yes	MCM 2455 SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9035	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, EACH UNIT	Yes	MCM 2455 SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9036	PLATLETS, PHERESIS, IRRADIATED, EACH UNIT	Yes	MCM 2455 SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9037	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	Yes	MCM 2455 SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9038	RED BLOOD CELLS, IRRADIATED, EACH UNIT	Yes	MCM 2455 SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9039	RED BLOOD CELLS, DEGLYCEROLIZED, EACH UNIT	Yes	MCM 2455 SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9040	RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	Yes	MCM 2455 SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9041	INFUSION, ALBUMIN (HUMAN), 5%, 50ML	Yes	SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements

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P9042	INFUSION, ALBUMIN (HUMAN), 25%, 10ML	Yes	SNF 230.6	9	Cost	52	Discontinue after 12/31/2001 Xref to P9046 Rendering provider may bill or SNF may bill under arrangements
P9043	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 50 ML	Yes	MCM 2455 B SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9044	PLASMA, CRYOPRECIPITATE REDUCED, EACH UNIT	Yes	MCM 2455 B SNF 230.6	9	Cost	52	Rendering provider may bill or SNF may bill under arrangements
P9045	Infusion, albumin (human), 5%, 250 ml	Yes	SNF 230.6	9	Cost		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
P9046	Infusion, albumin (human), 25%, 20 ml	Yes	SNF 230.6	9	Cost		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
P9047	Infusion, albumin (human), 25%, 50 ml	Yes	SNF 230.6	9	Cost		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
P9048	Infusion, plasma protein fraction (human), 5%, 250 ml	Yes	MCM 2455B SNF 230.6	9	Cost		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
P9050	Granulocytes, pheresis, each unit	Yes	MCM 2455 SNF 230.6	9	Cost		Code Effective 1/1/2002 Rendering provider may bill or SNF may bill under arrangements
P9603	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY SPECIMEN COLLECTION DRAWN FROM HOME BOUND OR NURSING HOME BOUND PATIENT; PRORATED MILES ACTUALLY TRAVELLED.	Yes	MCM 51141K SNF 541C	9	Fee	22	Fee established by Carrier SNFs may bill this service
P9604	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY SPECIMEN COLLECTION DRAWN FROM HOME BOUND OR NURSING HOME BOUND PATIENT; PRORATED TRIP CHARGE.	Yes	MCM 51141K SNF 541C	9	Fee	22	Fee established by Carrier SNFs may bill this service
P9612	CATHETERIZATION FOR COLLECTION OF SPECIMEN, SINGLE PATIENT, ALL PLACES OF SERVICE	Yes	MCM 51141D SNF 541	9	NA	57	SNFs cannot be paid for this service.
P9615	CATHETERIZATION FOR COLLECTION OF SPECIMEN (S) (MULTIPLE PATIENTS)	Yes	MCM 51141D SNF 541	9	Fee	57	SNFs may bill this service

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Q0035	CARDIOKYMOGRAPHY	Yes	CIM 50-51	1	Fee	11	Rendering provider may bill or SNF may bill under arrangements
Q0068	EXTRACORPOREAL PLASMAPHERESIS: IMMUNOADSORPTION WITH STAPHYLOCOCCAL PROTEIN A COLUMNS	Yes	CIM 35-90	NA	IC	11	Rendering provider may bill or SNF may bill under arrangements
Q0081	INFUSION THERAPY, USING OTHER THAN CHEMOTHERAPEUTIC DRUGS, PER VISIT	Yes	CIM 60-14	NA	NA	00	SNFs cannot be paid for this service.
Q0083	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE ONLY (EG SUBCUTANEOUS, INTRAMUSCULAR, PUSH), PER VISIT	No	SNF 516	NA	NA	00	Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
Q0084	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER VISIT	No	CIM 60-14 SNF 516	NA	NA	00	Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
Q0085	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND OTHER TECHIQUE(S) (EG SUBCUTANEOUS, INTRAMUSCULAR, PUSH), PER VISIT	No	SNF 516	NA	NA	00	Part A resident- included in Part A payment when done alone or with other surgery; excluded from Part A PPS rate if billed with separately billable chemotherapy agent. Part B -Rendering provider may bill or SNF may bill under arrangements
Q0086	PHYSICAL THERAPY EVALUATION/TREATMENT, PER VISIT	Yes	MCM 2210	NA	NA	00	SNFs cannot be paid for this service.
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY	No	CIM 50-20	0	Fee	11	Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	Yes	MCM 2070.4	3	Fee	11	Rendering provider may bill or SNF may bill under arrangements
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	Yes	SNF 541.2D	9	Fee	21	Rendering provider bills
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	Yes	SNF 541.2D	9	Fee	21	Rendering provider bills
Q0113	PINWORM EXAMINATIONS	Yes	SNF 541.2D	9	Fee	21	Rendering provider bills
Q0114	FERN TEST	Yes	SNF 541.2D	9	Fee	21	Rendering provider bills

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Q0115	POST-COITAL DIRECT, QUALITATIVE EXAMINATIONS OF VAGINAL OR CERVICAL MUCOUS	Yes	SNF 541.2E	9	Fee	21	Rendering provider bills
Q0132	DISPENSING FEE FOR COVERED DRUG ADMINISTRATION THROUGH DME NEBULIZER	Yes		NA	NA	46	SNFs cannot be paid for this service.
Q0136	INJECTION, EPOETIN ALPHA, (FOR NON ESRD USE), PER 1000 UNITS	Yes	MCM 2049 PM AB-01-17	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0144	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	No	Non-covered by Medicare	9	NA		Discontinue after 12/31/2001 SNFs cannot be paid for this service
Q0160	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	Yes	MCM 2049 MCM 5245	9	Cost	51	Discontinue after 12/31/2001 Xref to J7193 Rendering provider may bill or SNF may bill under arrangements
Q0161	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	Yes	MCM 2049 MCM 5245	9	Cost	51	Discontinue after 12/31/2001 Xref to J7195 Rendering provider may bill or SNF may bill under arrangements
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D MIM 3660.15	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0164	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D MIM 3660.15	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0165	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D MIM 3660.15	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0166	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D MIM 3660.15	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements

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Q0167	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D MIM 3660.15	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0168	DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D MIM 3660.15	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0169	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D MIM 3660.15	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0170	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D MIM 3660.15	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0171	CHLORPROMAZINE HYDROCHLORIDE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D MIM 3660.15	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0172	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D MIM 3660.15	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0173	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D MIM 3660.15	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0174	THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D MIM 3660.15	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements

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Q0175	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OFCHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D MIM 3660.15	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0176	PERPHENAZINE, 8MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D MIM 3660.15	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0177	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D MIM 3660.15	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0178	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D MIM 3660.15	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0179	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D MIM 3660.15	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0180	DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D MIM 3660.15	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0181	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR A IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	Yes	SNF 536.1D MIM 3660.15	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q0183	DERMAL TISSUE, OF HUMAN ORIGIN, WITH AND WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, BUT WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	Yes		9	Fee	46	SNFs cannot be paid for this service.
Q0184	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITH METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	Yes		9	Fee	46	SNFs cannot be paid for this service.

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Q0185	DERMAL AND EPIDERMAL, TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT BIOENGINEERED OR PROCESSED ELEMENTS, WITH METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	Yes		9	Fee	46	Discontinue after 12/31/2001 Xref to J7340 SNFs cannot be paid for this service.
Q0187	FACTOR VIIA (COAGULATION FACTOR, RECOMBINANT) PER 1.2 MG	Yes	MCM 2049 MCM 5245	9	Cost	51	Rendering provider may bill or SNF may bill under arrangements
Q1001	NEW TECHNOLOGY INTRAOCULAR LENSE CATEGORY 1 AS DEFINED IN FEDERAL REGISTER NOTICE, VOL 65, DATED MAY 3, 2000	Yes		9	NA	57	SNFs cannot be paid for this service.
Q1002	NEW TECHNOLOGY INTRAOCULAR LENSE CATEGORY 2 AS DEFINED IN FEDERAL REGISTER NOTICE, VOL 65, DATED MAY 3, 2000	Yes		9	NA	57	SNFs cannot be paid for this service.
Q1003	NEW TECHNOLOGY INTRAOCULAR LENSE CATEGORY 3 AS DEFINED IN FEDERAL REGISTER NOTICE	Yes		9	NA	57	SNFs cannot be paid for this service.
Q1004	NEW TECHNOLOGY INTRAOCULAR LENSE CATEGORY 4 AS DEFINED IN FEDERAL REGISTER NOTICE	Yes		9	NA	57	SNFs cannot be paid for this service.
Q1005	NEW TECHNOLOGY INTRAOCULAR LENSE CATEGORY 5 AS DEFINED IN FEDERAL REGISTER NOTICE	Yes		9	NA	57	SNFs cannot be paid for this service.
Q2001	ORAL, CABERLOGOLINE, 0.5 MG	No	Non-covered by Medicare, MCM 2049.5	9	NA		SNFs cannot be paid for this service.
Q2002	INJECTION, ELLIOTTS B SOLUTION, PER ML	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
Q2003	INJECTION, APROTININ, 10,000 KIU	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
Q2004	IRRIGATION SOLUTION FOR TREATMENT OF BLADDER CALCULI, FOR EXAMPLE RENACIDIN, PER 500 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
Q2005	INJECTION, CORTICORELIN OVINE TRIFLUTATE, PER DOSE	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
Q2006	INJECTION, DIGIOXIN IMMUNE FAB (OVINE), PER VIAL	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
Q2007	INJECTION, ETHANOLAMINE OLEATE, 100 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
Q2008	INJECTION, FOMEPIZOE, 1.5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

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Q2009	INJECTION, FOSPHENYTOIN, 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
Q2010	INJECTION, GLATIRAMER ACETATE, PER DOSE	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
Q2011	INJECTION, HEMIN, PER 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
Q2012	INJECTION, PEGADEMASE BOVINE, 25 IU	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
Q2013	INJECTION, PENTASTARCH, 10% SOLUTION, PER 100 ML	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
Q2014	INJECTION, SERMORELIN ACETATE, 0.5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
Q2015	INJECTION, SOMATREM, 5 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service.
Q2016	INJECTION, SOMATROPIN, 1 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	Discontinue after 12/31/2001 SNFs cannot be paid for this service.
Q2017	INJECTION, TENIPOSIDE, 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
Q2018	INJECTION, UROFOLLITROPIN, 75 IU	Yes	MCM 2049 MIM 3133.5D	9	NA		SNFs cannot be paid for this service.
Q2019	INJECTION, BASILIXIMAB, 20 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
Q2020	INJECTION, HISTRELIN ACETATE, 10 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.
Q2021	INJECTION, LEPIRUDIN, 50 MG	Yes	MCM 2049 MIM 3133.5D	9	NA	51	SNFs cannot be paid for this service.

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Q2022	VONWILLEBRAND FACTOR COMPLEX, HUMAN, PER IU	Yes	MCM 2049.5 MCM 5245	9	NA	51	Rendering provider may bill or SNF may bill under arrangements
Q3001	RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH	Yes	MCM 15022	9	NA	57	SNFs cannot be paid for this service.
Q3002	SUPPLY OF RADIOPHARMECUTICAL DIAGNOSTIC IMAGING AGENT, GALLIUM GA 67, PER MCI	Yes	MCM 15022	9	NA	57	SNFs cannot be paid for this service.
Q3003	SUPPLY OF RADIOPHARMECUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC99M BICISATE, PER UNIT DOSE	Yes	MCM 15022	9	NA	57	SNFs cannot be paid for this service.
Q3004	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, XENON XE 133, PER 10 MCI	Yes	MCM 15022	9	NA	57	SNFs cannot be paid for this service.
Q3005	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M MERTRIATIDE, PER MCI	Yes	MCM 15022	9	NA	57	SNFs cannot be paid for this service.
Q3006	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M GLUCEPATATE, PER 5 MCI	Yes	MCM 15022	9	NA	57	SNFs cannot be paid for this service.
Q3007	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, SODIUM PHOSPHATE P32, PER MCI	Yes	MCM 15022	9	NA	57	SNFs cannot be paid for this service.
Q3008	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, INDIUM 111-IN PENTETREOTIDE, PER 3 MCI	Yes	MCM 15022	9	NA	57	SNFs cannot be paid for this service.
Q3009	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC99M OXIDRONATE, PER MCI	Yes	MCM 15022	9	NA	57	SNFs cannot be paid for this service.
Q3010	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC99M-LABLED RED BLOOD CELLS, PER MCI	Yes	MCM 15022	9	NA	57	SNFs cannot be paid for this service.
Q3011	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, CROMIC PHOSPATE P32 SUSPENSION, PER MCI	Yes	MCM 15022	9	NA	57	SNFs cannot be paid for this service.
Q3012	SUPPLY OF ORAL RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, CYANOCOBALAMIN COBALT CO57, PER 0.5 MCI	Yes	MCM 15022	9	NA	57	SNFs cannot be paid for this service.
Q3013	Injection, Verteporfin 15 mg	Yes	PM AB-01-37	9	NA		Discontinue after 12/31/2001 Xref to J3395
Q3014	Telehealth originating site facility fee	Yes	PM AB-01-69	9	NA	_	Code Effective 10/01/2001 SNFs cannot be paid for this service.
Q3015	Item or service statutorily non-covered, including benefit category exclusion, (used only when no specific code available)	N/A	Non-covered by Medicare	N/A	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
Q3016	Item or service not reasonable or necessary (used only when no specific code available)	N/A	Non-covered by Medicare	N/A	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.

SNF HCPCS HELP FILE

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Q3018	Injection, hepatitis B vaccine, 5 mcg	No	MIM 3660.7 SNF 536	N/A	Cost		Code Effective 1/1/2002 Part A Resident - SNFs must bill this service using 22x type of bill. Part B Resident - SNF or rendering provider ma bill.
Q3019	ALS vehicle used, Emergency Transport, no ALS service furnished	No		9	rate	52	Code effective with Ambulance fee schedule See special instruction for billing.
Q3020	ALS vehicle used, Non-emergency Transport, No ALS service furnished	No		9	rate	52	Code effective with Ambulance fee schedule See special instruction for billing.
Q3021	Injection, Hepatitis B vaccine, pediatric or adolescent, per dose	No					Code effective 01/01/03. Part A stay, SNF must bill on 22x TOB..
Q3022	Injection, Hepatitis B vaccine, adult, per dose	No					Code effective 01/01/03. Part A stay, SNF must bill on 22x TOB..
Q3023	Injection, Hepatitis B vaccine, immunosuppressed patients (including renal dialysis patients), per dose	No					Code effective 01/01/03. Part A stay, SNF must bill on 22x TOB..
Q4001	Cast supplies, body cast adult, with or without head, plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers an 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4002	Cast supplies, body cast adult, with or without head, fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers an 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4003	Cast supplies, application of shoulder cast, adult (11 years +), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers an 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4004	Cast supplies, application of shoulder cast, adult (11 years +), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers an 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4005	Cast supplies, long arm cast, adult (11 years +), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers an 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements

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Q4006	Cast supplies, long arm cast, adult (11 years +), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4007	Cast supplies, long arm cast, pediatric (0-10 years), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4008	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4009	Cast supplies, short arm cast, adult (11 years +), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4010	Cast supplies, short arm cast, adult (11 years +), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4011	Cast supplies, short arm cast, pediatric (0-10 years), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4012	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4013	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4014	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4015	Cast supplies, gauntlet cast (includes lower forearm and hand, pediatric (0-10 years), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements

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Q4016	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4017	Cast supplies, long arm splint, adult (11 years +), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4018	Cast supplies, long arm splint, adult (11 years +), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4019	Cast supplies, long arm splint, pediatric (0-10 years), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4020	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4021	Cast supplies, short arm splint, adult (11 years +), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4022	Cast supplies, short arm splint, adult (11 years +), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4023	Cast supplies, short arm splint, pediatric (0-10 years), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4024	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4025	Cast supplies, hip spica (one or both legs), adult (11 years +), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements

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Q4026	Cast supplies, hip spica (one or both legs), adult (11 years +), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4027	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4028	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4029	Cast supplies, long leg cast, adult (11 years +), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4030	Cast supplies, long leg cast, adult (11 years +), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4031	Cast supplies, long leg cast, pediatric (0-10 years), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4032	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4033	Cast supplies, long leg cylinder cast, adult (11 years +), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4034	Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4035	Cast supplies, long leg cylinder cast, pediatric (0-10 years), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements

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Q4036	Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4037	Cast supplies, short leg cast, adult (11 years +), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4038	Cast supplies, short leg cast, adult (11 years +), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4039	Cast supplies, short leg cast, pediatric (0-10 years), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4041	Cast supplies, long leg splint, adult (11 years +), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4042	Cast supplies, long leg splint, adult (11 years +), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4043	Cast supplies, long leg splint, pediatric (0-10 years), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4044	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4045	Cast supplies, short leg splint, adult (11 years +), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements

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Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4047	Cast supplies, short leg splint, pediatric (0-10 years), plaster	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4048	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4049	Finger splint, static	Yes	PM AB-01-60	9	Fee	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4050	Cast supplies, for unlisted types and material of casts	Yes	PM AB-01-60	9	IC	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies	Yes	PM AB-01-60	9	IC	_	New code Code Effective 7/1/01 for Carriers and 10/01/01 for Fis. Rendering provider may bill or SNF may bill under arrangements
Q9920	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 20 OR LESS	No	MCM 4273.1 SNF 516	9	NA	57	SNFs cannot be paid for this service.
Q9921	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 21	No	MCM 4273.1 SNF 516	9	NA	57	SNFs cannot be paid for this service.
Q9922	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 22	No	MCM 4273.1 SNF 516 SNF 543	9	NA	57	SNFs cannot be paid for this service.
Q9923	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 23	No	MCM 4273.1 SNF 516 SNF 543	9	NA	57	SNFs cannot be paid for this service.

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Q9924	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 24	No	MCM 4273.1 SNF 516 SNF 543	9	NA	57	SNFs cannot be paid for this service.
Q9925	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 25	No	MCM 4273.1 SNF 516 SNF 543	9	NA	57	SNFs cannot be paid for this service.
Q9926	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 26	No	MCM 4273.1 SNF 516 SNF 543	9	NA	57	SNFs cannot be paid for this service.
Q9927	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 27	No	MCM 4273.1 SNF 516 SNF 543	9	NA	57	SNFs cannot be paid for this service.
Q9928	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 28	No	MCM 4273.1 SNF 516 SNF 543	9	NA	57	SNFs cannot be paid for this service.
Q9929	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 29	No	MCM 4273.1 SNF 516 SNF 543	9	NA	57	SNFs cannot be paid for this service.
Q9930	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 30	No	MCM 4273.1 SNF 516 SNF 543	9	NA	57	SNFs cannot be paid for this service.
Q9931	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 31	No	MCM 4273.1 SNF 516 SNF 543	9	NA	57	SNFs cannot be paid for this service.
Q9932	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 32	No	MCM 4273.1 SNF 516 SNF 543	9	NA	57	SNFs cannot be paid for this service.
Q9933	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 33	No	MCM 4273.1 SNF 516 SNF 543	9	NA	57	SNFs cannot be paid for this service.

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Q9934	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 34	No	MCM 4273.1 SNF 516 SNF 543	9	NA	57	SNFs cannot be paid for this service.
Q9935	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 35	No	MCM 4273.1 SNF 516 SNF 543	9	NA	57	SNFs cannot be paid for this service.
Q9936	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 36	No	MCM 4273.1 SNF 516 SNF 543	9	NA	57	SNFs cannot be paid for this service.
Q9937	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 37	No	MCM 4273.1 SNF 516 SNF 543	9	NA	57	SNFs cannot be paid for this service.
Q9938	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 38	No	MCM 4273.1 SNF 516 SNF 543	9	NA	57	SNFs cannot be paid for this service.
Q9939	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 39	No	MCM 4273.1 SNF 516 SNF 543	9	NA	57	SNFs cannot be paid for this service.
Q9940	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 40 OR ABOVE	No	MCM 4273.1 SNF 516 SNF 543	9	NA	57	SNFs cannot be paid for this service.
R0070	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME, PER TRIP TO FACILITY OR LOCATION, ONE PATIENT SEEN	Yes	MCM 2070.4 MCM 5244.B	3	IC	13	SNFs may bill this service
R0075	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME, PER TRIP TO FACILITY OR LOCATION, MORE THAN ONE PATIENT SEEN, PER PATIENT	Yes	MCM 2070.4 MCM 5244.B	3	IC	13	SNFs may bill this service

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R0076	TRANSPORTATION OF PORTABLE EKG TO FACILITY OR LOCATION, PER PATIENT	Yes	CIM 50-15 MCM 2070.1 MCM 2070.4	9	NA	13	SNFs cannot be paid for this service.
V2025	DELUXE FRAME	Yes	MCM 3045.4	9	NA	00	SNFs cannot be paid for this service.
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE, .12 TO 2.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2110	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25D TO 4.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2116	LENTICULAR LENS, NONASPHERIC, PER LENS, SINGLE VISION	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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V2117	LENTICULAR, ASPHERIC, PER LENS, SINGLE VISION	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2118	ANISEIKONIC LENS, SINGLE VISION	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	Yes	SNF 534	9	NA	46	SNFs cannot be paid for this service.
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,.12 TO 2.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER,PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2216	LENTICULAR, NONASPHERIC, PER LENS, BIFOCAL	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2217	LENTICULAR, ASPHERIC LENS, BIFOCAL	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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V2218	ANISEIKONIC, PER LENS, BIFOCAL	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2219	BIFOCAL SEG WIDTH OVER 28MM	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2220	BIFOCAL ADD OVER 3.25D	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2299	SPECIALTY BIFOCAL (BY REPORT)	Yes	SNF 535	9	NA	46	SNFs cannot be paid for this service.
V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12-2.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2304	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00 CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2306	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2310	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2312	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2313	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12 .00D, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2315	LENTICULAR, (MYODISC), PER LENS, TRIFOCAL	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2316	LENTICULAR NONASPHERIC, PER LENS, TRIFOCAL	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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V2317	LENTICULAR, ASPHERIC LENS, TRIFOCAL	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2318	ANISEIKONIC LENS, TRIFOCAL	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2319	TRIFOCAL SEG WIDTH OVER 28 MM	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2320	TRIFOCAL ADD OVER 3.25D	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2399	SPECIALTY TRIFOCAL (BY REPORT)	Yes	SNF 534	9	NA	46	SNFs cannot be paid for this service.
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2499	VARIABLE SPHERICITY LENS, OTHER TYPE	Yes	SNF 534	9	NA	46	SNFs cannot be paid for this service.
V2500	CONTACT LENS, PMMA, SPHERICAL, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2501	CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2502	CONTACT LENS PMMA, BIFOCAL, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2503	CONTACT LENS, PMMA, COLOR VISION DEFICIENCY, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2511	CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2512	CONTACT LENS, GAS PERMEABLE, BIFOCAL, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2513	CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2520	CONTACT LENS, HYDROPHILIC, SPHERICAL, PER LENS	Yes	CIM 45-7 CIM 65-1 SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2521	CONTACT LENS, HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS	Yes	CIM 45-7 CIM 65-1 SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2522	CONTACT LENS, HYDROPHILLIC, BIFOCAL, PER LENS	Yes	CIM 45-7 CIM 65-1 SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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V2523	CONTACT LENS, HYDROPHILIC, EXTENDED WEAR, PER LENS	Yes	CIM 45-7 CIM 65-1 SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2530	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE 92325)	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE 92325)	Yes	CIM 65-3 SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2541	Dispensing Fee, monaural hearing aid, any type	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2542	Hearing Aid, analog, monaural, CIC (completely in the ear canal)	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2543	Hearing Aid, analog, monaural, ITC (in the canal)	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2544	Hearing Aid, digitally programmable analog, monaural, CIC	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2545	Hearing aid, digitally programmable analog, monaural, ITC	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2546	Hearing Aid, digitally programmable analog, monaural, ITE (in the ear)	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2547	Hearing Aid, digitally programmable analog, monaural, BTE (behind the ear)	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2548	Hearing Aid, analog, binaural, CIC	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2549	Hearing Aid, analog, binaural, ITC	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2550	Hearing Aid, digitally programmable analog, binaural, CIC	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2551	Hearing Aid, digitally programmable analog, binaural, ITC	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.

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V2552	Hearing Aid, digitally programmable, binaural, ITE	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2553	Hearing Aid, digitally programmable, binaural, BTE	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2554	Hearing Aid, digital, monaural, CIC	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2555	Hearing Aid, digital, monaural, ITC	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2556	Hearing Aid, digital, monaural, ITE	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2557	Hearing Aid, digital, monaural, BTE	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2558	Hearing Aid, digital, binaural, CIC	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2559	Hearing Aid, digital, binaural, ITC	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2560	Hearing Aid, digital, binaural, ITE	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2561	Hearing Aid, digital, binaural, BTE	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2562	Hearing Aid, disposable, any type, monaural	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2563	Hearing Aid, disposable, any type, binaural	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2564	Ear Mold/insert, not disposable, any type	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.

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V2565	Ear Mold/insert, disposable, any type	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2566	Battery for use in hearing device	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2567	Hearing aid supplies/accessories	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2568	Assistive listening device, telephone amplifier, any type	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2569	Assistive listening device, alerting, any type	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2570	Assistive listening device, television amplifier, any type	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2571	Assistive listening device, television caption decoder	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2572	Assistive listening device, TDD (Telecommunication device for the deaf)	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2573	Assistive listening device, for use with cochlear implant	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2574	Assistive listening device, not otherwise specified	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2575	Ear Impression, each	No	Non-covered by Medicare	NA	NA		Code Effective 1/1/2002 SNFs cannot be paid for this service.
V2599	CONTACT LENS, OTHER TYPE	Yes	SNF 534	9	NA	46	SNFs cannot be paid for this service.
V2600	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS	Yes	SNF 534	9	NA	46	SNFs cannot be paid for this service.
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	Yes	SNF 534	9	NA	46	SNFs cannot be paid for this service.
V2615	TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION TELESCOPIC, NEAR VISION TELESCOPES AND COMPOUND MICROSCOPIC LENS SYSTEM	Yes	SNF 534	9	NA	46	SNFs cannot be paid for this service.

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V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	Yes	MCM 2133 SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2626	REDUCTION OF OCULAR PROSTHESIS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2627	SCLERAL COVER SHELL	Yes	CIM 65-3 SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2629	PROSTHETIC EYE, OTHER TYPE	Yes	SNF 534	9	NA	46	SNFs cannot be paid for this service.
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	Yes	MCM 2130	9	NA	52	SNFs cannot be paid for this service.
V2631	IRIS SUPPORTED INTRAOCULAR LENS	Yes	MCM 2130	9	NA	52	SNFs cannot be paid for this service.
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	Yes	MCM 2130	9	NA	52	SNFs cannot be paid for this service.
V2700	BALANCE LENS, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2710	SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2715	PRISM, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2718	PRESS-ON LENS, FRESNELL PRISM, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2740	TINT, PLASTIC, ROSE 1 OR 2 PER LENS	Yes	MCM 2130B SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2741	TINT, PLASTIC, OTHER THAN ROSE 1-2, PER LENS	Yes	MCM 2130B SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2742	TINT, GLASS ROSE 1 OR 2, PER LENS	Yes	MCM 2130B SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2743	TINT, GLASS OTHER THAN ROSE 1 OR 2, PER LENS	Yes	MCM 2130B SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2744	TINT, PHOTOCHROMATIC, PER LENS	Yes	MCM 2130B SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2750	ANTI-REFLECTIVE COATING, PER LENS	Yes	MCM 2130B SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2755	U-V LENS, PER LENS	Yes	MCM 2130B SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill

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V2760	SCRATCH RESISTANT COATING, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2770	OCCLUDER LENS, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2780	OVERSIZE LENS, PER LENS	Yes	SNF 534	9	Fee	38	Category is Prosthetics & Orthotics SNF or supplier may bill
V2781	PROGRESSIVE LENS, PER LENS	Yes	SNF 534	9	NA	00	SNFs cannot be paid for this service.
V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	Yes	SNF 534	9	NA	46	SNFs cannot be paid for this service.
V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE	Yes	SNF 534	9	NA	57	SNFs cannot be paid for this service.
V2799	VISION SERVICE, MISCELLANEOUS	Yes	SNF 534	9	NA	46	SNFs cannot be paid for this service.
V5008	HEARING SCREENING	No	Non-covered by Medicare, MEDICARE MCM 2320	9	NA		SNFs cannot be paid for this service.
V5010	ASSESSMENT FOR HEARING AID	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5014	REPAIR/MODIFICATION OF A HEARING AID	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5020	CONFORMITY EVALUATION	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.

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V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5050	HEARING AID, MONAURAL, IN THE EAR	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5060	HEARING AID, MONAURAL, BEHIND THE EAR	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5070	GLASSES, AIR CONDUCTION	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5080	GLASSES, BONE CONDUCTION	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5090	DISPENSING FEE, UNSPECIFIED HEARING AID	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5100	HEARING AID, BILATERAL, BODY WORN	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.

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V5110	DISPENSING FEE, BILATERAL	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5120	BINAURAL, BODY	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5130	BINAURAL, IN THE EAR	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5140	BINAURAL, BEHIND THE EAR	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5150	BINAURAL, GLASSES	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5160	DISPENSING FEE, BINAURAL	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5170	HEARING AID, CROS, IN THE EAR	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5180	HEARING AID, CROS, BEHIND THE EAR	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.

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V5190	HEARING AID, CROS, GLASSES	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5200	DISPENSING FEE, CROS	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5210	HEARING AID, BICROS, IN THE EAR	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5220	HEARING AID, BICROS, BEHIND THE EAR	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5230	HEARING AID, BICROS, GLASSES	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5240	DISPENSING FEE, BICROS	No	Non-covered by Medicare Statute 1862(a)7	9	NA		SNFs cannot be paid for this service.
V5299	HEARING SERVICE, MISCELLANEOUS	Yes	MCM 2320 SNF 532, Program Memo AB-01-71	0	IC	13	Rendering provider may bill or SNF may bill under arrangements
V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)	No	Non-covered by Medicare Statute 1862(a)7	NA	NA		SNFs cannot be paid for this service.

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V5362	SPEECH SCREENING	Yes		MCM 2320 SNF 532	0	IC	13	SNFs must bill this therapy service
V5363	LANGUAGE SCREENING	Yes		MCM 2320 SNF 532	0	IC	13	SNFs must bill this therapy service
V5364	DYSPHAGIA SCREENING	Yes		MCM 2320 SNF 532	0	IC	13	SNFs must bill this therapy service