



# Reimbursement Policy

Effective Date.....09/15/2019  
Reimbursement Policy Number .....R12

## Facility Routine Services, Supplies and Equipment

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### Related Policies

#### Related Reimbursement Policies:

- [R01 Multiple Radiology Services](#)
- [R04 Robotic Assisted Surgery](#)
- [R08 Unlisted Codes](#)
- [R13 Implant Billing Requirements](#)
- [R14 Pharmacy and Infusion Services](#)
- [R15 Respiratory Services and Supplies](#)
- [R17 Laboratory Services](#)
- [R18 Ambulance Services](#)

#### Related Coverage Policies

- [CP0072 - Bathroom and Toilet Equipment and Supplies](#)
- [CP0453- Inhaled Nitric Oxide](#)
- [CP0509 - Intraoperative Monitoring](#)
- [CP0136 - Nutritional Support](#)
- [CP0343 - Seat Lift Mechanism, Patient Lifts and Standing Devices](#)
- [CP0030 - Wheelchairs/Power Operated Vehicles](#)

#### INSTRUCTIONS FOR USE

Reimbursement policies are intended to supplement certain **standard** benefit plans. Please note, the terms of an individual's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which a reimbursement policy is based. For example, an individual's benefit plan document may contain specific language which contradicts the guidance outlined in a reimbursement policy. In the event of a conflict, an individual's benefit plan document **always supersedes** the information in a reimbursement policy. Reimbursement terms in agreements with participating health care providers may also supersede the information in a reimbursement policy. Proprietary information of Cigna. Copyright ©2022 Cigna

### Overview

Cigna reimburses hospital/facility services consistent with the provider contract, the benefit plan and Cigna payment policies.

This policy applies to inpatient and/or outpatient claims billed for services in a facility setting on either a CMS 1500 or UB04 claim form and all equivalent forms.

### Reimbursement Policy

Cigna does not separately reimburse items or services:

- that are wasted, broken, destroyed, stolen, or misused.

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- considered to be inappropriate or excessive (e.g. three incentive spirometers ordered during a routine inpatient stay).
- considered to be included in the daily room and board charge for the provided level of care.
- considered to be included in or incidental to facility charge associated with the primary medical or surgical service. (e.g. administration services for Injections and infusions when billed with a primary service or procedure.)

**Note:** Administration services associated with an infusion or injection are separately reimbursed when the infusion/injection is the primary reason or service performed during the facility visit.

**Note:** Cigna does not provide separate reimbursement for venipuncture or blood draws when billed with other services on an UB04 claim form as they are included in the payment to the facility.

Cigna does not reimburse personal convenience items, which are standardly excluded as non-covered charges.

Nursing charges are included in the primary medical /surgical procedure charge and/or the room and board charge. No separate reimbursement is made for incremental nursing charges unless ordered by a doctor and documentation submitted, including written doctor's order, demonstrates a significant increase in the nursing intensity provided beyond standard nursing services for that particular level of care.

Reimbursement for equipment, monitoring, supplies or services that are performed by the nursing staff or technicians at the bedside or elsewhere in the facility is included in the facility payment.

Intraoperative neurophysiological monitoring (IONM) represented by codes 95940, 95941 and G0453 will be denied when appended with Modifier TC (Technical Component). IONM codes 95940, 95941 and G0453 represent physician services only and Modifier TC is not an appropriate modifier to use. In addition, the provision of equipment, supplies and technical personnel for the IONM service is the responsibility of the facility rendering the IONM service.

Intraoperative neurophysiological monitoring (IONM) billed and associated electrodiagnostic studies will be denied when billed with all places of service (POS) other than 19, 21, 22, or 24.

Cigna will deny professional provider services/vendor services for Current Procedural Terminology (CPT®) or HCPCs codes with a PC/TC indicator of 3, or 5 when billed on a CMS 1500 claim form in a facility place of service (e.g. newborn hearing screening diagnostic services or infusion services).

Cigna will deny professional provider services/vendor services for CPT® or HCPCs codes with a status indicator of X when billed on a CMS 1500 claim form in a facility place of service.

Cigna will not reimburse professional evaluation and management (E&M) codes when billed by a facility on a UB04 claim form.

Transportation, including monitoring while being transported (i.e., cardiac monitoring), within the facility itself is included in the primary medical /surgical procedure charge and/or the room and board charge.

Cigna will not provide additional reimbursement for internal equipment transportation, portable fees, and STAT or set-up fees.

The room and board charge includes the hospital bed. If a specialized mattress or bed (i.e., bariatric bed) is required, the charges are not reimbursed separately.

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Durable medical equipment (DME) for use in the home should be supplied by a Cigna contracted and licensed DME vendor.

Separate reimbursement may be allowed to the facility for medically necessary durable medical equipment required for immediate inpatient or outpatient discharge such as crutches, canes and braces or other such medical devices necessary to allow the patient to timely and safely leave the facility. Documentation must support that the patient was discharged home with this equipment.

Cigna will not provide additional reimbursement for use of an operating room when billed with both time units and procedure units.

- Inpatient surgical services billed with Revenue Code 36X are only reimbursed when billed in time units.
- Outpatient operating room charges are reimbursed when billed with CPT® and HCPCS procedure code units.

Reimbursement for perfusion services is included in the payment to the facility and is not separately reimbursed. Unbundled components such as supplies, equipment are also not separately reimbursable.

## **General Background**

### **Room and Board**

Room and board consists of a combination of the room, routine nursing services including but not limited to the delivery of care, patient education and other routine services (see examples listed below) and routine supplies. This charge includes the room rate based on level of care, dietary and nursing services, minor medical and surgical supplies, medical social services, psychiatric social services, and the use of certain equipment and treatment rooms for which an additional payment is not made by Cigna.

Room and board is reimbursed at the semi-private room and board rate or more intensive room and board rates when medically necessary. A private room for the patient's or hospital's convenience is not additionally reimbursable. Private rooms are reimbursable when the medical condition requires patient isolation.

Special Care or Intensive Care Units utilize additional equipment and/or have available for immediate use lifesaving equipment necessary to treat critically ill patients. This equipment may include, but is not limited to, newborn hearing test equipment, respiratory and cardiac monitoring equipment, respirators, cardiac defibrillators, and wall or canister oxygen, and compressed air. Monitoring devices and other equipment used in critical care units are capital goods and should not be separately billed. These charges should be built into the appropriate revenue code for the accommodation charge (example, 020x Intensive Care, 017x Nursery).

Routine supplies and equipment are those items routinely used by patients within a level of care setting, or in the delivery of medical-surgical services, and include all related equipment necessary for that particular acuity level. These supplies and equipment are typically located in the patient care area or are available in a central supply area. Payment for routine supplies and equipment is integral to and included in Cigna's payment for room and board or the separately chargeable service.

Each CPT® code and HCPCS code is assigned a status indicator and a PC/TC indicator by CMS. Cigna recognizes and follows CMS indicator assignments.

- A status indicator of X represents an item or service that is not in the statutory definition of "physician services" for fee schedule payment purposes. No RVUS or payment amounts are shown for these codes, and no payment may be made under the physician fee schedule. Because these services do not have a professional component, Cigna considers them to be integral to and included in Cigna's payment

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for room and board services when billed by a professional or vendor on a CMS-1500 in the facility setting.

- A PC/TC indicator of 3 identifies stand- alone codes that describe the technical component (i.e., staff and equipment costs) of selected services which Cigna considers to be integral to and included in Cigna's payment for room and board when billed by a professional or outside vendor on a CMS-1500 in a facility place of service.
- A PC/TC indicator of 5 identifies codes that describe services covered incident to a physician's service when they are provided by auxiliary personnel employed by the physician and working under his or her direct personal supervision. Payment may not be made by carriers for these services when they are provided to hospital inpatients or patients in a hospital outpatient department. Therefore Cigna considers codes with a PC/TC indicator of 5 to be integral to and included in Cigna's payment for room and board services when billed by a professional or vendor on a CMS-1500 in the facility setting.

Cigna will not reimburse professional provider services or vendor services for CPT® or HCPCs codes with a status indicator of X or a PC/TC indicator of 3 or 5 when billed on a CMS-1500 for a facility place of service. The assigned indicators can be found in the National Physician Fee Schedule (NPFS) Relative Value File at the following address: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html>.

Cigna will not reimburse for units of items or supplies it considers inappropriate or excessive (e.g. 3 incentive spirometers ordered during a routine inpatient stay).

Cigna will deny charges for items that are wasted, broken, destroyed, stolen, or misused.

*The following are examples of routine supplies and equipment which are not separately reimbursable because they are included under the daily room and board charge or another service for which the facility is reimbursed. This list does not account for variable terminology of listed items that may differ among facilities (example bed sheets versus bed linens).*

<b>Routine Supplies and Equipment (List is not all-inclusive)</b>		
Admission Kits	Air Fresheners	Apnea Monitors
Band Aids, Cotton Balls, Gauze	Barrier Apparel and Towels	Batteries
Bedpans (including Fracture pans)	Beds	Betadine Ointment/Solutions
Bladder Scanner	Blood Pressure Cuffs/Monitors	Breast feeding pumps and supplies
Carbon Dioxide	Commodes	Contrast materials (e.g. low-osmolar contrast media (LOCM), high - osmolar contrast media (HOCM) and methylene blue)
Education Materials	Electrocardiogram (EKG) Supplies	Emesis Basins
Eye Cups and droppers	Exercise Equipment	Gloves
Gowns	Graduated Containers	Glucometers
Implantable access catheters, port/reservoir	Internal Patient or Equipment Transport	Intra-Aortic Balloon Pump (IABP) monitoring device
Intracranial pressure (ICP) monitoring device	Iodine Scrub	Irrigation Solutions and supplies
Isolation Supplies	IV Pumps/Poles, drug delivery systems and Supplies (including tubing, extension kits, infusion pump refill kits, syringes and flushes)	Linens

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Lubricants (e.g. KY Jelly)	Masks	Mattresses (e.g. Eggcrate)
Medicine Droppers	Nebulizers and supplies	Phototherapy Lights
Pitchers	Pneumatic Compression Devices	Portable Fees
Prep Blades	Prep Sheets	Printing Supplies
Sequential compression Devices	Skin Cleansers (including alcohol or peroxide solutions, alcohol wipes, chlorhexidine antiseptic, phiso hex solutions, etc.)	Set-up Fees
Snacks	Soaps	STAT fees
Sterile syringes and needles	Stethoscopes	Suction Canisters/Liners/Tubing
Supplies necessary for Monitoring based on Level of Care (e.g. Pulse oximetry probes, EKG pads)	Surgical trays and surgical supplies	Swab Sticks
Tape (Adhesive and Others)	Telemetry Equipment	Therapeutic Baths
Thermometer Probes	Toilet Seat Lifter	Tongue Depressors
Transparent Film	Trapeze bars	Urinals

**Routine Nursing or Ancillary Department Services**

Routine nursing services are those services provided by the hospital nursing staff or ancillary departments as part of standard care for the patient’s level of care. Such services are included in the room and board charge and are not separately reimbursable.

According to the American Medical Association (AMA) CPT® guidelines, physician or other qualified health care professional work related to hydration, injection, and infusion services predominately involves affirmation of treatment plan and direct supervision of staff. The staff actually performing these services nursing professionals. Therefore, codes 96360-96379, 96401, 96402, 96409-96425, 96521-96523 are not intended to be reported by the physician in the facility setting and are considered a routine nursing services.

The National Uniform Billing Committee (NUBC) has designated the revenue code range 0230-0239\* as Incremental Nursing. The UB-04 manual defines incremental nursing charges as “extraordinary charges for nursing services assessed in addition to the normal nursing charge associated with the typical room and board unit.” Incremental nursing charges will not be separately reimbursed **unless** the services are ordered by a physician **and** the documentation demonstrates a **significant** increase in the nursing intensity provided beyond standard nursing services for the given level of care being billed. Standards of nursing care for a given level of care are derived from sources such as the Joint Commission Resources (JC), and State Boards of Nursing.

**Example:** A patient admitted for a routine elective procedure on the regular med/surg unit of a hospital has a serious cardiac event and goes into cardiogenic shock. Unfortunately the hospital’s coronary care unit is completely full and the patient must remain on the med/surg unit. However, the patient requires specialized monitoring and one on one nursing care consistent with that usually delivered in the coronary care unit. With a physician’s order and adequate documentation, additional reimbursement for incremental nursing charges may be allowed for this specialized nursing care until such time as the patient can be transferred to the hospital’s coronary care unit. After the patient’s transfer to the coronary care unit, incremental nursing charges would no longer be covered since such specialized nursing care is considered part of the room and board charge for the coronary care unit.

*The following are examples of routine nursing/ancillary department services which are included in the reimbursement to the facility. This list does not account for variable terminology of listed items that may differ among facilities (example: telemetry monitoring verses cardiac monitoring).*

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<b>Routine Nursing/ Ancillary Department Services (List is not all inclusive)</b>		
Blood draws (including but not limited to established lines or ports)	Central line care	Dressing changes
Incontinence consultations	Incremental nursing (except as outlined above)	IV Insertions* and access to implanted ports/devices, as well as infusion services
Lactation consultations	Medication administration	Nasogastric tube insertions
Nebulizer Treatments	Nutrition Screening	Patient Assessments, including Vital Signs and Hearing Screens
Telemetry monitoring	Tracheostomy Care (Dressing, Changes/Suctioning)	Blood and Blood Product Administration
Urinary Catheter Insertions	Venipuncture	Wound Care/Ostomy Specialists

\*PICC line insertions may be separately reimbursed.

**Dietary Support**

Hospitals provide dietary and nutritional support to patients to assist in their recovery. Special diets such as diabetic, heart or clear fluids are included in the room and board charge and are not separately reimbursable. Nutritional support can be provided orally, enterally (through a tube into the stomach or small intestine), and intravenously. When enteral and intravenous feedings are separately reimbursable, the supplies, equipment and nursing services associated with these feeds are not, as these are included in the daily room and board charge. Additional guidance on Cigna's nutritional support policy can be obtained by viewing the Nutritional Support Coverage Policy #0136 found under the related coverage policy section at the top of this policy.

**Durable Medical Equipment**

Durable medical equipment (DME) is equipment that primarily and customarily is medical in nature, is not useful to a person in the absence of illness or injury, withstands repeated use, may be appropriate for home use and is ordered by the attending physician.

A hospital bed is included in the room and board allowance. If a specialized mattress or bed (i.e., bariatric bed) is required, no additional reimbursement is allowed.

Durable medical equipment (DME) for use in the home should be supplied by a Cigna contracted and licensed DME vendor.

Separate reimbursement may be allowed to the facility for medically necessary durable medical equipment required for immediate inpatient or outpatient discharge such as crutches, canes and braces or other such medical devices necessary to allow the patient to timely and safely leave the facility. Documentation must support that the patient was discharged home with this equipment.

**Anesthesia Services, Supplies and Equipment**

Routine anesthesia services, supplies, and equipment are those necessary and integral to the delivery of anesthesia in the surgical setting and are not separately reimbursable. All inhaled gases, injectables, intubation and extubation by the anesthesiologist in the delivery of anesthesia and surgical services are not additionally reimbursable as they are integral to the anesthesia services charges. All re-usable and disposable equipment



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used in the delivery of anesthesia and surgical services are not additionally reimbursable as they are integral to the anesthesia services charges.

*The following are examples of routine anesthesia services, supplies, and equipment, including personnel and anesthesia agents, which are not separately reimbursable: This list does not account for variable terminology of listed items that may differ among facilities (example: kits versus trays).*

<b>Anesthesia Services, Supplies and Equipment (List is not all-inclusive)</b>		
Airways (Oral/Endotracheal)	Airway Humidifiers	Anesthesia Machines
Arterial Blood Gases (ABG)	Blood Pressure Monitors	Blood Warmers
Breathing Circuits	Cardiac Monitors/Monitoring/Supplies	Disposable Tubing
Disposable Warming Blankets	Electrolytes	End Tidal CO2 Monitoring
Esophageal Stethoscopes	Extubation	Eye Ointment
Anesthetic Gases	Gloves	Instrument Repairs
Intravascular catheters	Intubation	Kits (e.g. Intubation, IV Start)
Laryngoscopes	Linens	Needles, Needle Holders
Positive pressure ventilation systems	Positioning Devices	Precordial Stethoscopes
Printing Supplies	Pulse Oximetry	Restraints
Skin Preparation	Staffing (e.g. Housekeeping, Orderlies, Secretaries, RNs, Anesthesia Techs, Other Techs)	Sterilization of Equipment
Suction Canisters/Liners/Tubing	Suction Catheters	Syringes and Needles
Thermometer Probes	Tongue Blades	Warming lamps

**Surgical Services, Supplies, and Equipment**

Routine surgical services, supplies and equipment are those necessary and integral to the performance of the surgical procedure and are not separately reimbursable.

Outpatient operating room charges are reimbursed when billed with CPT® and HCPCS procedure code units.

Inpatient surgical services billed with Revenue Code 36X are only reimbursed when billed in time units.

*The following are examples of routine surgical supplies and services, including personnel that are not separately reimbursable. This list does not account for variable terminology of listed items that may differ among facilities (example: dressings versus sterile gauze).*

<b>Surgical Services, Supplies and Equipment including personnel (List is not all inclusive)</b>		
Basin Stands	Bovie Machines/Pads/Supplies	Buckets
Catheters (e.g. urinary, cardiac and vascular catheters including guide wires used in percutaneous diagnostic studies as well as interventional procedures)	Cords	Drapes/Packs
Dressings (non specialty)	Fluoroscopy Equipment	Instrument Repairs
Instruments (Re-usable)	Intraoperative topical hemostatic agents and related supplies	Irrigation Solutions
IV start kits	Lasers	Light Handles
Limb Holders	Linens	Magnetic Pads
Malpractice Insurance	Marking Pens	Monitoring Equipment/Supplies

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<b>Surgical Services, Supplies and Equipment including personnel (List is not all inclusive)</b>		
Needles, Needle Holders, Noncoring needle or stylet	Operating Room Set up	Oxygen Set Up
Perfusion Equipment	Perfusionist Services	Robotic Devices
All Closure Supplies (e.g. sutures, staples, clips either internal or external)	Staffing (e.g. Housekeeping Orderlies, Secretaries, RNs, OR Techs)	Suction Machines, Canisters, Liners, Tubing and related supplies
Tables and Table Covers (e.g. Mayo)	Ties	Trays for line insertions during procedures (e.g. central lines, PICC line tray, arteriogram drapes)
Ventilator Set up	Video Equipment	Workroom supplies

**Coding/Billing Information**

- Note:** 1) This list of codes may not be all-inclusive.  
 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

**Not Separately Reimbursed Intraoperative Neurophysiological Monitoring when appended with Modifier TC:**

<b>CPT®** Codes</b>	<b>Description</b>
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)

<b>HCPCS Code</b>	<b>Description</b>
G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)

**Not separately reimbursed Intraoperative Neurophysiological Monitoring billed with or without associated electrodiagnostic studies in any Place of Service other than 19, 21, 22 or 24:**

<b>CPT®** Codes</b>	<b>Description</b>
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)

<b>HCPCS Code</b>	<b>Description</b>
G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)



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<b>CPT®** Codes</b>	<b>Description</b>
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique
92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report
92558	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis
92586	Auditory Evoked Potentials For Evoked Response Audiometry and/or Test Of The Central Nervous System; Limited (code deleted 12/31/2020)
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes
95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes
95822	Electroencephalogram (EEG); recording in coma or sleep only
95860	Needle electromyography; 1 extremity with or without related paraspinal areas
95861	Needle electromyography; 2 extremities with or without related paraspinal areas
95863	Needle electromyography; 3 extremities with or without related paraspinal areas
95864	Needle electromyography; 4 extremities with or without related paraspinal areas
95865	Needle electromyography; larynx
95866	Needle electromyography; hemidiaphragm
95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral
95868	Needle electromyography; cranial nerve supplied muscles, bilateral
95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)
95870	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters
95872	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied
95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
95885	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)
95886	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)
95887	Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)
95907	Nerve conduction studies; 1-2 studies
95908	Nerve conduction studies; 3-4 studies
95909	Nerve conduction studies; 5-6 studies
95910	Nerve conduction studies; 7-8 studies
95911	Nerve conduction studies; 9-10 studies
95912	Nerve conduction studies; 11-12 studies
95913	Nerve conduction studies; 13 or more studies
95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs
95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs
95927	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs

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<b>CPT®** Codes</b>	<b>Description</b>
95930	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report
95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing
95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method
95938	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs
95955	Electroencephalogram (EEG) during nonintracranial surgery (e.g., carotid surgery)
95957	Digital analysis of electroencephalogram (EEG) (e.g., for epileptic spike analysis)
95999	Unlisted neurological or neuromuscular diagnostic procedure

**Not Separately Reimbursed / Included in the Facility Reimbursement**

<b>CPT®** Codes</b>	<b>Description</b>
36400	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein
36405	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; scalp vein
36406	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; other vein
36410	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)
36415	Collection of venous blood by venipuncture
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)
36591	Collection of blood specimen from a completely implantable venous access device
36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified

**Injection/Infusion Administration Services: Not Separately Reimbursed/Incidental to the Primary Medical/Surgical Service:**

<b>CPT®** Codes</b>	<b>Description</b>
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)

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96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96371	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
96376	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion
96521	Refilling and maintenance of portable pump
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (e.g., intravenous, intra-arterial)
96523	Irrigation of implanted venous access device for drug delivery systems

**Not Separately Reimbursed: Perfusionist Services**

<b>CPT®** Codes</b>	<b>Description</b>
99190	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring) each hour
99191	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring), 45 minutes
99192	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring), 30 minutes

**Not separately reimbursed: Supplies Included or Incidental to Facility Charge**

<b>HCPCS Code</b>	<b>Description</b>
A4206	Syringe with needle, sterile, 1 cc or less, each
A4207	Syringe with needle, sterile 2 cc, each
A4208	Syringe with needle, sterile 3 cc, each
A4209	Syringe with needle, sterile 5 cc or greater, each
A4210	Needle-free injection device, each
A4211	Supplies for self-administered injections
A4212	Non-coring needle or stylet with or without catheter
A4213	Syringe, sterile, 20 cc or greater, each
A4215	Needle, sterile, any size, each
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml
A4217	Sterile water/saline, 500 ml
A4218	Sterile saline or water, metered dose dispenser, 10 ml
A4220	Refill kit for implantable infusion pump
A4221	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)

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<b>HCPCS Code</b>	<b>Description</b>
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)
A4223	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)
A4224	Supplies for maintenance of insulin infusion catheter, per week
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each
A4230	Infusion set for external insulin pump, non-needle cannula type
A4231	Infusion set for external insulin pump, needle type
A4232	Syringe with needle for external insulin pump, sterile, 3 cc
A4233	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each
A4234	Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each
A4244	Alcohol or peroxide, per pint
A4245	Alcohol wipes, per box
A4246	Betadine or phisohex solution, per pint
A4247	Betadine or iodine swabs/wipes, per box
A4248	Chlorhexidine containing antiseptic, 1 ml
A4250	Urine test or reagent strips or tablets (100 tablets or strips)
A4252	Blood ketone test or reagent strip, each
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4255	Platforms for home blood glucose monitor, 50 per box
A4256	Normal, low and high calibrator solution / chips
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each
A4258	Spring-powered device for lancet, each
A4259	Lancets, per box of 100
A4261	Cervical cap for contraceptive use
A4265	Paraffin, per pound
A4267	Contraceptive supply, condom, male, each
A4268	Contraceptive supply, condom, female, each
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each
A4270	Disposable endoscope sheath, each
A4280	Adhesive skin support attachment for use with external breast prosthesis, each
A4290	Sacral nerve stimulation test lead, each
A4305	Disposable drug delivery system, flow rate of 50 ml or greater per hour
A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour
A4310	Insertion tray without drainage bag and without catheter (accessories only)
A4311	Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4312	Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone
A4313	Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation
A4314	Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4315	Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone
A4316	Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation
A4320	Irrigation tray with bulb or piston syringe, any purpose

**03/13/2022: Notification for the denial of additional supply codes effective 06/11/2022.**

<b>HCPCS Code</b>	<b>Description</b>
A4321	Therapeutic agent for urinary catheter irrigation
A4322	Irrigation syringe, bulb or piston, each
A4326	Male external catheter with integral collection chamber, any type, each
A4327	Female external urinary collection device; meatal cup, each
A4328	Female external urinary collection device; pouch, each
A4330	Perianal fecal collection pouch with adhesive, each
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each
A4332	Lubricant, individual sterile packet, each
A4333	Urinary catheter anchoring device, adhesive skin attachment, each
A4334	Urinary catheter anchoring device, leg strap, each
A4335	Incontinence supply; miscellaneous
A4336	Incontinence supply, urethral insert, any type, each
A4337	Incontinence supply, rectal insert, any type, each
A4338	Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4340	Indwelling catheter; specialty type, (e.g., coude, mushroom, wing, etc.), each
A4344	Indwelling catheter, foley type, two-way, all silicone, each
A4346	Indwelling catheter; foley type, three way for continuous irrigation, each
A4349	Male external catheter, with or without adhesive, disposable, each
A4351	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each
A4353	Intermittent urinary catheter, with insertion supplies
A4354	Insertion tray with drainage bag but without catheter
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each
A4360	Disposable external urethral clamp or compression device, with pad and/or pouch, each
A4361	Ostomy faceplate, each
A4362	Skin barrier; solid, 4 x 4 or equivalent; each
A4363	Ostomy clamp, any type, replacement only, each
A4364	Adhesive, liquid or equal, any type, per oz.
A4366	Ostomy vent, any type, each
A4367	Ostomy belt, each
A4368	Ostomy filter, any type, each
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz.
A4371	Ostomy skin barrier, powder, per oz.
A4372	Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each
A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each



**03/13/2022: Notification for the denial of additional supply codes effective 06/11/2022.**

<b>HCPCS Code</b>	<b>Description</b>
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each
A4384	Ostomy faceplate equivalent, silicone ring, each
A4385	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each
A4387	Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each
A4391	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each
A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet
A4396	Ostomy belt with peristomal hernia support
A4397	Irrigation supply; sleeve, each
A4398	Ostomy irrigation supply; bag, each
A4399	Ostomy irrigation supply; cone/catheter, with or without brush
A4400	Ostomy irrigation set
A4402	Lubricant, per ounce
A4404	Ostomy ring, each
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce
A4406	Ostomy skin barrier, pectin-based, paste, per ounce
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each
A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each
A4411	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each
A4416	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each
A4418	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each
A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each
A4420	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each
A4421	Ostomy supply; miscellaneous
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each
A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each



**03/13/2022: Notification for the denial of additional supply codes effective 06/11/2022.**

<b>HCPCS Code</b>	<b>Description</b>
A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each
A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each
A4432	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each
A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each
A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each
A4450	Tape, non-waterproof, per 18 square inches
A4452	Tape, waterproof, per 18 square inches
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce
A4456	Adhesive remover, wipes, any type, each
A4458	Enema bag with tubing, reusable
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type
A4461	Surgical dressing holder, non-reusable, each
A4463	Surgical dressing holder, reusable, each
A4465	Non-elastic binder for extremity
A4467	Belt, strap, sleeve, garment, or covering, any type
A4470	Gravlee jet washer
A4480	Vabra aspirator
A4481	Tracheostoma filter, any type, any size, each
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation
A4490	Surgical stockings above knee length, each
A4495	Surgical stockings thigh length, each
A4500	Surgical stockings below knee length, each
A4510	Surgical stockings full length, each
A4520	Incontinence garment, any type, (e.g., brief, diaper), each
A4550	Surgical trays
A4553	Non-disposable underpads, all sizes
A4554	Disposable underpads, all sizes
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only
A4556	Electrodes, (e.g., apnea monitor), per pair
A4557	Lead wires, (e.g., apnea monitor), per pair
A4558	Conductive gel or paste, for use with electrical device (e.g., tens, nmes), per oz.
A4559	Coupling gel or paste, for use with ultrasound device, per oz.
A4561	Pessary, rubber, any type
A4562	Pessary, non-rubber, any type
A4565	Slings

**03/13/2022: Notification for the denial of additional supply codes effective 06/11/2022.**

<b>HCPCS Code</b>	<b>Description</b>
A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment
A4570	Splint
A4575	Topical hyperbaric oxygen chamber, disposable
A4580	Cast supplies (e.g., plaster)
A4590	Special casting material (e.g., fiberglass)
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., tens, nmes)
A4600	Sleeve for intermittent limb compression device, replacement only, each
A4601	Lithium ion battery, rechargeable, for non-prosthetic use, replacement
A4602	Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each
A4604	Tubing with integrated heating element for use with positive airway pressure device
A4605	Tracheal suction catheter, closed system, each
A4606	Oxygen probe for use with oximeter device, replacement
A4608	Transtracheal oxygen catheter, each
A4611	Battery, heavy duty; replacement for patient owned ventilator
A4612	Battery cables; replacement for patient-owned ventilator
A4613	Battery charger; replacement for patient-owned ventilator
A4614	Peak expiratory flow rate meter, hand held
A4615	Cannula, nasal
A4616	Tubing (oxygen), per foot
A4617	Mouth piece
A4618	Breathing circuits
A4619	Face tent
A4620	Variable concentration mask
A4623	Tracheostomy, inner cannula
A4624	Tracheal suction catheter, any type other than closed system, each
A4625	Tracheostomy care kit for new tracheostomy
A4626	Tracheostomy cleaning brush, each
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler
A4628	Oropharyngeal suction catheter, each
A4629	Tracheostomy care kit for established tracheostomy
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each
A4634	Replacement bulb for therapeutic light box, tabletop model
A4635	Underarm pad, crutch, replacement, each
A4636	Replacement, handgrip, cane, crutch, or walker, each
A4637	Replacement, tip, cane, crutch, walker, each.
A4638	Replacement battery for patient-owned ear pulse generator, each
A4639	Replacement pad for infrared heating pad system, each
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient
A4641	Radiopharmaceutical, diagnostic, not otherwise classified
A4642	Indium in-111 satumomab pendetide, diagnostic, per study dose, up to 6 mill curies
A4649	Surgical supply; miscellaneous
A4651	Calibrated micro capillary tube, each
A4652	Micro capillary tube sealant
A4653	Peritoneal dialysis catheter anchoring device, belt, each
A4657	Syringe, with or without needle, each
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope
A4663	Blood pressure cuff only

**03/13/2022: Notification for the denial of additional supply codes effective 06/11/2022.**

<b>HCPCS Code</b>	<b>Description</b>
A4670	Automatic blood pressure monitor
A4671	Disposable cycler set used with cycler dialysis machine, each
A4672	Drainage extension line, sterile, for dialysis, each
A4673	Extension line with easy lock connectors, used with dialysis
A4674	Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz.
A4680	Activated carbon filter for hemodialysis, each
A4690	Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each
A4706	Bicarbonate concentrate, solution, for hemodialysis, per gallon
A4707	Bicarbonate concentrate, powder, for hemodialysis, per packet
A4708	Acetate concentrate solution, for hemodialysis, per gallon
A4709	Acid concentrate, solution, for hemodialysis, per gallon
A4714	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon
A4719	"y set" tubing for peritoneal dialysis
A4720	Dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but less than or equal to 999 cc, for peritoneal dialysis
A4721	Dialysate solution, any concentration of dextrose, fluid volume greater than 999 cc but less than or equal to 1999 cc, for peritoneal
A4722	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999 cc but less than or equal to 2999 cc, for peritoneal dialysis
A4723	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999 cc but less than or equal to 3999 cc, for peritoneal dialysis
A4724	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999 cc but less than or equal to 4999 cc, for peritoneal dialysis
A4725	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999 cc but less than or equal to 5999 cc, for peritoneal dialysis
A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis
A4728	Dialysate solution, non-dextrose containing, 500 ml
A4730	Fistula cannulation set for hemodialysis, each
A4736	Topical anesthetic, for dialysis, per gram
A4737	Injectable anesthetic, for dialysis, per 10 ml
A4740	Shunt accessory, for hemodialysis, any type, each
A4750	Blood tubing, arterial or venous, for hemodialysis, each
A4755	Blood tubing, arterial and venous combined, for hemodialysis, each
A4760	Dialysate solution test kit, for peritoneal dialysis, any type, each
A4765	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet
A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml
A4770	Blood collection tube, vacuum, for dialysis, per 50
A4771	Serum clotting time tube, for dialysis, per 50
A4772	Blood glucose test strips, for dialysis, per 50
A4773	Occult blood test strips, for dialysis, per 50
A4774	Ammonia test strips, for dialysis, per 50
A4802	Protamine sulfate, for hemodialysis, per 50 mg
A4860	Disposable catheter tips for peritoneal dialysis, per 10
A4870	Plumbing and/or electrical work for home hemodialysis equipment
A4890	Contracts, repair and maintenance, for hemodialysis equipment
A4911	Drain bag/bottle, for dialysis, each
A4913	Miscellaneous dialysis supplies, not otherwise specified
A4918	Venous pressure clamp, for hemodialysis, each
A4927	Gloves, non-sterile, per 100
A4928	Surgical mask, per 20
A4929	Tourniquet for dialysis, each

**03/13/2022: Notification for the denial of additional supply codes effective 06/11/2022.**

<b>HCPCS Code</b>	<b>Description</b>
A4930	Gloves, sterile, per pair
A4931	Oral thermometer, reusable, any type, each
A4932	Rectal thermometer, reusable, any type, each
A5051	Ostomy pouch, closed; with barrier attached (1 piece), each
A5052	Ostomy pouch, closed; without barrier attached (1 piece), each
A5053	Ostomy pouch, closed; for use on faceplate, each
A5054	Ostomy pouch, closed; for use on barrier with flange (2 piece), each
A5055	Stoma cap
A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each
A5057	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each
A5061	Ostomy pouch, drainable; with barrier attached, (1 piece), each
A5062	Ostomy pouch, drainable; without barrier attached (1 piece), each
A5063	Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each
A5071	Ostomy pouch, urinary; with barrier attached (1 piece), each
A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each
A5073	Ostomy pouch, urinary; for use on barrier with flange (2 piece), each
A5081	Stoma plug or seal, any type
A5082	Continent device; catheter for continent stoma
A5083	Continent device, stoma absorptive cover for continent stoma
A5093	Ostomy accessory; convex insert
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each
A5105	Urinary suspensory with leg bag, with or without tube, each
A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each
A5113	Leg strap; latex, replacement only, per set
A5114	Leg strap; foam or fabric, replacement only, per set
A5120	Skin barrier, wipes or swabs, each
A5121	Skin barrier; solid, 6 x 6 or equivalent, each
A5122	Skin barrier; solid, 8 x 8 or equivalent, each
A5126	Adhesive or nonadhesive; disk or foam pad
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card
A6010	Collagen based wound filler, dry form, sterile, per gram of collagen
A6011	Collagen based wound filler, gel/paste, per gram of collagen
A6021	Collagen dressing, sterile, size 16 sq. in. or less, each
A6022	Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each
A6023	Collagen dressing, sterile, size more than 48 sq. in., each
A6024	Collagen dressing wound filler, sterile, per 6 inches
A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each
A6154	Wound pouch, each
A6196	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing
A6197	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6198	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches
A6203	Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing

**03/13/2022: Notification for the denial of additional supply codes effective 06/11/2022.**

<b>HCPCS Code</b>	<b>Description</b>
A6204	Composite dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6205	Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6206	Contact layer, sterile, 16 sq. in. or less, each dressing
A6207	Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6208	Contact layer, sterile, more than 48 sq. in., each dressing
A6209	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6210	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6212	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6213	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6215	Foam dressing, wound filler, sterile, per gram
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
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
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6219	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6220	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6221	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6228	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6229	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6230	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing
A6232	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing
A6233	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing



**03/13/2022: Notification for the denial of additional supply codes effective 06/11/2022.**

<b>HCPCS Code</b>	<b>Description</b>
A6234	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6235	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6236	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6237	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6238	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6239	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6240	Hydrocolloid dressing, wound filler, paste, sterile, per ounce
A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per gram
A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6243	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6245	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6246	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6247	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size
A6251	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6252	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6253	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6254	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6255	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6256	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6257	Transparent film, sterile, 16 sq. in. or less, each dressing
A6258	Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6259	Transparent film, sterile, more than 48 sq. in., each dressing
A6260	Wound cleansers, any type, any size
A6261	Wound filler, gel/paste, per fluid ounce, not otherwise specified
A6262	Wound filler, dry form, per gram, not otherwise specified
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing



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<b>HCPCS Code</b>	<b>Description</b>
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
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6407	Packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard
A6410	Eye pad, sterile, each
A6411	Eye pad, non-sterile, each
A6412	Eye patch, occlusive, each
A6413	Adhesive bandage, first-aid type, any size, each
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard
A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard
A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard
A6456	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6457	Tubular dressing with or without elastic, any width, per linear yard
A6460	Synthetic resorbable wound dressing, sterile, pad size 16 sq in or less, without adhesive border, each dressing
A6461	Synthetic resorbable wound dressing, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories
A7000	Canister, disposable, used with suction pump, each
A7001	Canister, non-disposable, used with suction pump, each
A7002	Tubing, used with suction pump, each

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<b>HCPCS Code</b>	<b>Description</b>
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable
A7004	Small volume nonfiltered pneumatic nebulizer, disposable
A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable
A7006	Administration set, with small volume filtered pneumatic nebulizer
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor
A7008	Large volume nebulizer, disposable, prefilled, used with aerosol compressor
A7009	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet
A7012	Water collection device, used with large volume nebulizer
A7013	Filter, disposable, used with aerosol compressor or ultrasonic generator
A7014	Filter, nondisposable, used with aerosol compressor or ultrasonic generator
A7015	Aerosol mask, used with dme nebulizer
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen
A7018	Water, distilled, used with large volume nebulizer, 1000 ml
A7020	Interface for cough stimulating device, includes all components, replacement only
A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each
A7026	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each
A7028	Oral cushion for combination oral/nasal mask, replacement only, each
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair
A7030	Full face mask used with positive airway pressure device, each
A7031	Face mask interface, replacement for full face mask, each
A7032	Cushion for use on nasal mask interface, replacement only, each
A7033	Pillow for use on nasal cannula type interface, replacement only, pair
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
A7035	Headgear used with positive airway pressure device
A7036	Chinstrap used with positive airway pressure device
A7037	Tubing used with positive airway pressure device
A7038	Filter, disposable, used with positive airway pressure device
A7039	Filter, non-disposable, used with positive airway pressure device
A7040	One way chest drain valve
A7041	Water seal drainage container and tubing for use with implanted chest tube
A7044	Oral interface used with positive airway pressure device, each
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each
A7047	Oral interface used with respiratory suction pump, each
A7048	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each
A7501	Tracheostoma valve, including diaphragm, each
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each
A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each

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HCPCS Code	Description
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each
A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each
A7520	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (pvc), silicone or equal, each
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (pvc), silicone or equal, each
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each
A7523	Tracheostomy shower protector, each
A7524	Tracheostoma stent/stud/button, each
A7525	Tracheostomy mask, each
A7526	Tracheostomy tube collar/holder, each
A7527	Tracheostomy/laryngectomy tube plug/stop, each
A9150	Non-prescription drugs
A9152	Single vitamin/mineral/trace element, oral, per dose, not otherwise specified
A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified
A9155	Artificial saliva, 30 ml
A9180	Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker
A9270	Non-covered item or service
A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each
A9273	Hot water bottle, ice cap or collar, heat and/or cold wrap, any type
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories
A9275	Home glucose disposable monitor, includes test strips
A9280	Alert or alarm device, not otherwise classified
A9281	Reaching/grabbing device, any type, any length, each
A9282	Wig, any type, each
A9284	Spirometer, non-electronic, includes all accessories
A9285	Inversion/eversion correction device
A9286	Hygienic item or device, disposable or non-disposable, any type, each
A9500	Technetium tc-99m sestamibi, diagnostic, per study dose
A9501	Technetium tc-99m teboroxime, diagnostic, per study dose
A9502	Technetium tc-99m tetrofosmin, diagnostic, per study dose
A9503	Technetium tc-99m medronate, diagnostic, per study dose, up to 30 millicurie
A9504	Technetium tc-99m apcitide, diagnostic, per study dose, up to 20 mill curies
A9505	Thallium tl-201 thallos chloride, diagnostic, per mill curie
A9507	Indium in-111 capromab pendetide, diagnostic, per study dose, up to 10 millicurie
A9508	Iodine i-131 iobenguane sulfate, diagnostic, per 0.5 millicurie
A9509	Iodine i-123 sodium iodide, diagnostic, per millicurie
A9510	Technetium tc-99m disofenin, diagnostic, per study dose, up to 15 millicurie
A9512	Technetium tc-99m pertechnetate, diagnostic, per millicurie
A9515	Choline c-11, diagnostic, per study dose up to 20 millicurie
A9516	Iodine i-123 sodium iodide, diagnostic, per 100 microcuries, up to 999 micro curies
A9520	Technetium tc-99m tilmanocept, diagnostic, up to 0.5 millicurie
A9521	Technetium tc-99m exametazime, diagnostic, per study dose, up to 25 millicurie
A9524	Iodine i-131 iodinated serum albumin, diagnostic, per 5 microcuries

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<b>HCPCS Code</b>	<b>Description</b>
A9526	Nitrogen n-13 ammonia, diagnostic, per study dose, up to 40 millicuries
A9528	Iodine i-131 sodium iodide capsule(s), diagnostic, per millicurie
A9529	Iodine i-131 sodium iodide solution, diagnostic, per millicurie
A9531	Iodine i-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries)
A9532	Iodine i-125 serum albumin, diagnostic, per 5 microcuries
A9536	Technetium tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries
A9537	Technetium tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries
A9538	Technetium tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries
A9539	Technetium tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries
A9540	Technetium tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries
A9541	Technetium tc-99m sulfur colloid, diagnostic, per study dose, up to 20 millicuries
A9542	Indium in-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries
A9546	Cobalt co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie
A9547	Indium in-111 oxyquinoline, diagnostic, per 0.5 millicurie
A9548	Indium in-111 pentetate, diagnostic, per 0.5 millicurie
A9550	Technetium tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicurie
A9551	Technetium tc-99m succimer, diagnostic, per study dose, up to 10 millicuries
A9552	Fluorodeoxyglucose f-18 fdg, diagnostic, per study dose, up to 45 millicuries
A9553	Chromium cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries
A9554	Iodine i-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries
A9555	Rubidium rb-82, diagnostic, per study dose, up to 60 millicuries
A9556	Gallium ga-67 citrate, diagnostic, per millicurie
A9557	Technetium tc-99m biccisate, diagnostic, per study dose, up to 25 millicuries
A9558	Xenon xe-133 gas, diagnostic, per 10 millicuries
A9559	Cobalt co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie
A9560	Technetium tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 millicuries
A9561	Technetium tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries
A9562	Technetium tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries
A9566	Technetium tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries
A9567	Technetium tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries
A9568	Technetium tc-99m arcitumomab, diagnostic, per study dose, up to 45 millicuries
A9569	Technetium tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose
A9570	Indium in-111 labeled autologous white blood cells, diagnostic, per study dose
A9571	Indium in-111 labeled autologous platelets, diagnostic, per study dose
A9572	Indium in-111 pentetretotide, diagnostic, per study dose, up to 6 millicuries
A9575	Injection, gadoterate meglumine, 0.1 ml
A9576	Injection, gadoteridol, (prohance multipack), per ml
A9577	Injection, gadobenate dimeglumine (multihance), per ml
A9578	Injection, gadobenate dimeglumine (multihance multipack), per ml
A9579	Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified (nos), per ml
A9580	Sodium fluoride f-18, diagnostic, per study dose, up to 30 millicuries
A9581	Injection, gadoxetate disodium, 1 ml
A9582	Iodine i-123 iobenguane, diagnostic, per study dose, up to 15 millicuries
A9583	Injection, gadofosveset trisodium, 1 ml
A9584	Iodine 1-123 ioflupane, diagnostic, per study dose, up to 5 millicuries
A9585	Injection, gadobutrol, 0.1 ml
A9586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries
A9587	Gallium ga-68, dotatate, diagnostic, 0.1 millicurie
A9588	Fluciclovine f-18, diagnostic, 1 millicurie

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<b>HCPCS Code</b>	<b>Description</b>
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified
A9598	Positron emission tomography radiopharmaceutical, diagnostic, for nontumor identification, not otherwise classified
A9698	Nonradioactive contrast imaging material, not otherwise classified, per study
A9700	Supply of injectable contrast material for use in echocardiography, per study
B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
B4081	Nasogastric tubing with stylet
B4082	Nasogastric tubing without stylet
B4083	Stomach tube - levine type
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each
B4100	Food thickener, administered orally, per ounce
B9002	Enteral nutrition infusion pump, any type
B9004	Parenteral nutrition infusion pump, portable
B9006	Parenteral nutrition infusion pump, stationary
B9998	NOC for enteral supplies
B9999	NOC for parenteral supplies
C1052	Hemostatic agent, gastrointestinal, topical
C1714	Catheter, transluminal atherectomy, directional
C1715	Brachytherapy needle
C1724	Catheter, transluminal atherectomy, rotational
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)
C1726	Catheter, balloon dilatation, non-vascular
C1727	Catheter, balloon tissue dissector, non-vascular (insertable)
C1728	Catheter, brachytherapy seed administration
C1729	Catheter, drainage
C1730	Catheter, electrophysiology, diagnostic, other than 3d mapping (19 or fewer electrodes)
C1731	Catheter, electrophysiology, diagnostic, other than 3d mapping (20 or more electrodes)
C1732	Catheter, electrophysiology, diagnostic/ablation, 3d or vector mapping
C1733	Catheter, electrophysiology, diagnostic/ablation, other than 3d or vector mapping, other than cool-tip
C1751	Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)
C1753	Catheter, intravascular ultrasound
C1754	Catheter, intradiscal
C1755	Catheter, intraspinal
C1756	Catheter, pacing, transesophageal
C1757	Catheter, thrombectomy/embolectomy
C1758	Catheter, ureteral
C1759	Catheter, intracardiac echocardiography
C1765	Adhesion barrier
C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away
C1769	Guide wire
C1770	Imaging coil, magnetic resonance (insertable)
C1773	Retrieval device, insertable (used to retrieve fractured medical devices)



**03/13/2022: Notification for the denial of additional supply codes effective 06/11/2022.**

HCPCS Code	Description
C1830	Powered bone marrow biopsy needle
C1885	Catheter, transluminal angioplasty, laser
C1886	Catheter, extravascular tissue ablation, any modality (insertable)
C1887	Catheter, guiding (may include infusion/perfusion capability)
C1892	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away
C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away
C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, nonlaser
C2614	Probe, percutaneous lumbar discectomy
C2615	Sealant, pulmonary, liquid
C2618	Probe/needle, cryoablation
C2623	Catheter, transluminal angioplasty, drug-coated, non-laser
C2627	Catheter, suprapubic/cystoscopic
C2628	Catheter, occlusion
C2629	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, laser
C2630	Catheter, electrophysiology, diagnostic/ablation, other than 3d or vector mapping, cool-tip
C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
C5272	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
C5274	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
C5276	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)
C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
C5278	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc
C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml
Q9951	Low osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml
Q9953	Injection, iron-based magnetic resonance contrast agent, per ml
Q9954	Oral magnetic resonance contrast agent, per 100 ml
Q9955	Injection, perflerone lipid microspheres, per ml



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HCPCS Code	Description
Q9956	Injection, octafluoropropane microspheres, per ml
Q9957	Injection, perflutren lipid microspheres, per ml
Q9958	High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml
Q9959	High osmolar contrast material, 150-199 mg/ml iodine concentration, per ml
Q9960	High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml
Q9961	High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml
Q9962	High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml
Q9963	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml
Q9964	High osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml
Q9965	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml
Q9966	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml
Q9967	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml
Q9968	Injection, nonradioactive, noncontrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg
Q9969	Tc-99m from nonhighly enriched uranium source, full cost recovery add-on, per study dose
S8301	Infection control supplies, not otherwise specified
T5999	Supply, not otherwise specified

CPT®** Code	Description
99070	Supplies and Materials (Except Spectacles). Provided by the Physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (List Drug Trays, supplies, or Materials provided)

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10. Centers for Medicare and Medicaid Services (CMS) The Provider Reimbursement Manual – Part 1, Publication # 15-1 Chapters 22, 2203.3 2202.6 and 2202.7, Accessed at: <http://www.cms.gov/Manuals/PBM/list.asp>
11. Health Care Procedure Coding System, National Level II Medicare Codes [Los Angeles, CA: Practice Management Information Corporation (PMIC), ©2021].
12. Optum 360 Uniform Billing Editor, © 2021 Salt Lake City, UT.

**Policy History/Update**

<b>Date</b>	<b>Change/Update</b>
03/13/2022	Notification for denial of HCPCS codes C1052, C2615, C9359, C9362, T5999 for supplies included in the facility payment, effective 06/11/2022. Updated the policy template and References section.
03/13/2022	Effective date for denial of infection control supplies code S8301.
12/02/2021	CPT codes A5122, A4268, A6460, A6461, B9998, and B9999 added to Supplies Included or Incidental to Facility Charge. Update code descriptions to codes 95812, 95813, 95930, A5120, A5121, A5124, A5126, A9698, C1893, and C1894. Removal of Code C2624
09/12/2021	Effective date for the following: CPT® codes 36400, 36405, 36406, 36410, 36415, 36416, 36591, and 36592 (blood draw and venipuncture) are not separately reimbursed when billed with additional services on an UB04 claim form and all electronic equivalents.
06/21/2021	Notification: Effective 09/12/2021 codes 36400, 36405, 36406, 36410, 36415, 36416, 36591, and 36592 (blood draw and venipuncture) are not separately reimbursed when billed on an UB04 claim form and all electronic equivalents.
01/12/2021	Added CPT code 92558 referenced in the R24 policy. Removed CPT 92585, 92586 (codes deleted 12/31/2020).
11/16/2020	Policy Update with list of supplies Included or Incidental to facility charge
11/16/2020	Effective date for denial of 95999 as not separately reimbursed Intraoperative Neurophysiological Monitoring when billed with or without associated electrodiagnostic studies in any Place of Service other than 19, 21, 22 or 24.
09/15/2019	Effective date for the denial of Intraoperative Neurophysiological Monitoring (IONM) services and associated electrodiagnostic studies when billed with any place of service other than 19, 21, 22 or 24. Effective date for the denial of IONM and other associated electrodiagnostic studies when billed by a technician in the facility setting. Clarified inpatient reimbursement requirement for billing in time units and perfusionist services are not separately reimbursed as reimbursement is included in the facility payment.
07/15/2019	Effective date for the following: denial of routine supplies used in conjunction with outpatient services when billed on a UB04 claim form; denial of Intraoperative Neurophysiological Monitoring and associated electrodiagnostic studies when billed with a place of service of 11 or 15; denial of E&M codes billed on a UB04 claim form.
05/08/2019	Added place of service (POS) 11 to the notification for the denial of Intraoperative Neurophysiological Monitoring and associated electrodiagnostic studies when billed with this POS.
04/12/2019	Notifications effective 7/15/2019: the denial of routine supplies used in conjunction with outpatient services and billed on a UB04 claim form; Notification for the denial of

**03/13/2022: Notification for the denial of additional supply codes effective 06/11/2022.**

<b>Date</b>	<b>Change/Update</b>
	Intraoperative Neurophysiological Monitoring and associated electrodiagnostic studies when billed with a place of service 15; Notification for the denial of E&M codes billed on a UB04 claim form.
04/07/19	Effective date for the denial of perfusionist services.
01/17/2019	Notification for the denial of perfusionist services effective 04/07/2019. Clarified the perfusion statement. Added codes 99190, 99191, 99192 as not reimbursed separately
09/18/2018	Clarified the statement for the denial of the administration service code for injections and infusions to note administration services associated with an infusion or injection are separately reimbursed when the infusion/injection is the primary reason or service performed during the facility visit.
06/07/2018	Revised policy statement for the denial of intraoperative neurophysiological monitoring (IONM) and associated electrodiagnostic codes to only deny the technical component of the IONM codes.
05/19/2018	Effective date for the denial of administration services for injections and infusions when billed with a primary service or procedure.
02/15/2018	Effective date for the denial of intraoperative neurophysiological monitoring (IONM) and associated electrodiagnostic studies performed on the same day as IONM.
02/15/2018	Notification for the denial of administration services for injections and infusions when billed with a primary service or procedure effective 05/19/2018.
11/16/2017	Notification for denial of intraoperative neurophysiological monitoring (IONM) and associated electrodiagnostic studies performed on the same day as IONM effective 02/19/18.
10/01/2015	Policy updated and posted as notification to clarify examples of catheters which are not eligible for separate reimbursement: (e.g. urinary, cardiac and vascular catheters including guide wires used in percutaneous diagnostic studies as well as interventional procedures). This clarification will become effective 01/01/2016.
05/22/2014	Policy revisions include: Changed to include all facility settings, added PC/TC indicator 3 and 5 information, added status indicator X information, added documentation to support that DME should be billed by a facility when sent home with patient, added newborn hearing test, updated charts to include more frequently used services and supplies and removed less used services and supplies, added AMA direction regarding infusion services, added CPT® and HCPCs codes, put references in alphabetical order, updated references and dates, updated to 2014 template,
01/02/2013	Policy revisions include: title changed to clarify this policy also applies to outpatient claims, policy intent clarified for perfusion and transportation services. Policy template updated.
06/03/2011	Policy template updated
10/01/2010	Policy effective date
07/15/2010	Published date

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