

Ascension Personalized Care Prior Authorization List CY2022

When determining coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan vary by state.

Note: 1) All Inpatient stays require prior authorization regardless of procedure; **2) All Gene and Cell Therapy** require prior authorization; **3) DME In addition to this list**, PA is required for any DME item **w/cost > \$1000** [based on contracted rate, per HCPCs code, per fill]

All States.Ver6 - last update - 12/29/2021

Code	Code Description	COMMENTS
Revenue Codes	Revenue Codes for Medical & Behavioral Health Inpatient Level of Care	
INPATIENT	ALL INPATIENT ADMISSIONS REQUIRE AUTHORIZATION	
0100	All inclusive room and board plus ancillary	
0101	All inclusive room and board	
0110	Room and Board Private (one bed)	
0111	Room and Board Private (one bed) - Medical/baSurgical/GYN	
0112	Room and Board Private (one bed) - Obstetrics (OB)	
0113	Room and Board Private (one bed) - Pediatric	
0114	Room and Board - Private (one bed) - Psychiatric	
0115	Room and Board - Private (one bed) - Hospice	
0116	Room and Board - Private (one bed) - Detoxification	
0117	Room and Board Private (one bed) - Oncology	
0118	Room and Board Private (one bed) - Rehabilitation	
0119	Room and Board Private (one bed) - Other	
0120	Room and Board Semiprivate (two beds) - General	
0121	Room and Board Semiprivate (two beds) - Medical/Surgical/GYN	
0122	Room and Board Semiprivate (two beds) - Obstetrics (OB)	
0123	Room and Board Semiprivate (two beds) - Pediatric	
0124	Room and Board Semiprivate (two beds) - psychiatric	
0125	Room and Board Semiprivate (two beds) - Hospice	
0126	Room and Board Semiprivate (two beds) - Detoxification	
0127	Room and Board Semiprivate (two beds) - Oncology	
0128	Room and Board Semiprivate (two beds) Rehabilitation	
0129	Room and Board Semiprivate (two beds)	
0130	Room & Board - Three and Four Beds General Classification	
0131	Room & Board - Three and Four Beds Medical/Surgical/Gyn	
0132	Room & Board - Three and Four Beds Obstetrics (OB)	
0133	Room & Board - Three and Four Beds Pediatric	
0134	Room & Board - Three and Four Beds Psychiatric	
0135	Room & Board - Three and Four Beds Hospice	
0136	Room & Board - Three and Four Beds Detoxification	
0137	Room & Board - Three and Four Beds Oncology	
0138	Room & Board - Three and Four Beds Rehabilitation	
0139	Room & Board - Three and Four Beds Other	

0140	Room & Board - Deluxe Private General Classification	
0141	Room & Board - Deluxe Private Medical/Surgical/Gyn	
0141	Room & Board - Deluxe Private Obstetrics (OB)	
0143	Room & Board - Deluxe Private Pediatric	
0144	Room & Board - Deluxe Private Psychiatric	
0145	Room & Board - Deluxe Private Hospice	
0146	Room & Board - Deluxe Private Detoxification	
0147	Room & Board - Deluxe Private Oncology	
0148	Room & Board - Deluxe Private Rehabilitation	
0149	Room & Board - Deluxe Private Other	
0150	Room & Board - Ward General Classification	
0151	Room & Board - Ward Medical/Surgical/Gyn	
0152	Room & Board - Ward Obstetrics (OB)	
0153	Room & Board - Ward Pediatric	
0154	Room & Board - Ward Psychiatric	
0155	Room & Board - Ward Hospice	
0156	Room & Board - Ward Detoxification	
0157	Room & Board - Ward Oncology	
0158	Room & Board - Ward Rehabilitation	
0159	Room & Board - Ward Other	
0160	Room & Board - Other General Classification	
0164	Other Room & Board - Sterile Environment	
0167	Room & Board - Other Self Care	
0169	Room & Board - Other Other	
0190	General classification - SNF	
0191	Subacute Care - Level I - SNF	
0192	Subacute Care - Level II - SNF	
0193	Subacute Care - Level III - SNF	
0194	Subacute Care - Level IV - SNF	
0199	Other Subacute Care - SNF	
0658	Hospice Room and Board - Nursing Facility	
0870	CELL/GENE THERAPY - GENERAL CLASSIFICATION	
0871	Charges for proecdures performed by staff for the acquisition and infusion/injection of genetically modified cells (cell Collection)	
0872	Charges for proecdures performed by staff for the acquisition and infusion/injection of genetically modified cells (specialized Biological Processing and Storage- Prior to Transport)	
0873	Charges for proecdures performed by staff for the acquisition and infusion/injection of genetically modified cells (Storage and Procesing after Receipt of Cells from Manufacturer)	

0874	Charges for proecdures performed by staff for the acquisition and infusion/injection of genetically modified cells (Injection of Modified Cells)	
0875	CELL/GENE THERAPY - INJECTION OF MODIFIED CELLS	
0891	Specialized Processed Drugs - FDA approved Cell Therapy	
0905	Intensive outpatient services-psychiatric	
0906	Intensive outpatient services-chemical dependency	
0907	Community behavioral health program (day treatment)	
0912	Partial hospitalization-less intensive	
0913	Partial hospitalization- intensive	
0931	Medical Rehabilitation Half Day Program	
0932	Medical Rehabilitation Full Day Program	
1000	Behavioral Health Accommodations General (R&B)	
1001	Behavioral Health Accommodations Residential Psychiatric (R&B)	
1002	Behavioral Health Accommodations Residential Chemical Dependency (R&B)	
CPT Codes		
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	
11970	Replacement of tissue expander with permanent implant	
11971	Removal of tissue expander without insertion of implant	
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	

14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	
15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
15150	Tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or less	
15151	Tissue cultured epidermal autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	
15152	Tissue cultured epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
15155	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	
15156	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	
15157	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	

15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	
15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	
15271	Application of 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	
15272	Application of 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)	
15273	Application of 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	
15274	Application of 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)	
15275	Application of 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	
15276	Application of 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)	

15277	Application of 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	
15278	Application of 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)	
15570	Formation of direct or tubed pedicle, with or without transfer; trunk	
15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms or legs	
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	
15730	Midface flap (i.e., zygomaticofacial flap) with preservation of vascular pedicle(s)	
15731	Forehead flap with preservation of vascular pedicle (e.g., axial pattern flap, paramedian forehead flap)	
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (i.e., buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	
15740	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel	
15750	neurovascular pedicle	
15756	Free muscle or myocutaneous flap with microvascular anastomosis	
15757	Free skin flap with microvascular anastomosis	
15758	Free fascial flap with microvascular anastomosis	
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area	
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	
15770	dermal-fat-fascia	
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	

15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (eg, breast, trunk) (List separately in addition to code for primary procedure)	
15777	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (i.e., breast, trunk) (List separately in addition to code for primary procedure)	
15820	Blepharoplasty, lower eyelid	
15821	Blepharoplasty, lower eyelid with extensive herniated fat pad	
15822	Blepharoplasty, upper eyelid	
15823	Blepharoplasty, upper eyelid; with extensive skin weighting down lid	
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	
15832	Excision, excessive skin and subcutaneous tissue (including lipectomy); thigh	
15833	Excision, excessive skin and subcutaneous tissue (including lipectomy); leg	
15834	Excision, excessive skin and subcutaneous tissue (including lipectomy); hip	
15835	Excision, excessive skin and subcutaneous tissue (including lipectomy); buttock	
15836	Excision, excessive skin and subcutaneous tissue (including lipectomy); arm	
15837	Excision, excessive skin and subcutaneous tissue (including lipectomy); forearm or hand	
15838	Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad	
15839	Excision, excessive skin and subcutaneous tissue (including lipectomy); other area	
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication)(List separately in addition to code for primary procedure)	
15876	Suction assisted lipectomy, head and neck	
15877	Suction assisted lipectomy; trunk	
15878	Suction assisted lipectomy; upper extremity	
15879	Suction assisted lipectomy; lower extremity	
15999	Unlisted procedure, excision pressure ulcer	

17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)	
19296	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	
19297	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)	
19298	Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	
19300	Mastectomy for gynecomastia	
19301	Mastectomy, partial (e.g., lumpectomy, tylectomy, quadrantectomy, segmentectomy)	Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122,C50.129,C50.211,C50.212,C50.219,C50.221,C50.222,C50.229,C50.311,C50.312,C50.319,C50.321,C50.322,C50.329,C50.411,C50.412,C50.419,C50.421,C50.422,C50.429,C50.511,C50.512,C50.519,C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621,C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911,C50.912,C50.919,C50.921,C50.922,C50.929,C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12,D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62,I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13

19302	Mastectomy, partial (e.g., lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	<p>Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes:</p> <p>C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819 ,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13</p>
19303	Mastectomy, simple, complete	<p>Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes:</p> <p>C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819 ,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13</p>
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	<p>Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes:</p> <p>C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819 ,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13</p>

19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (urban type operation)	<p>Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes:</p> <p>C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819 ,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13</p>
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	<p>Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes:</p> <p>C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819 ,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13</p>
19316	Mastopexy	<p>Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes:</p> <p>C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819 ,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13</p>

19318	Reduction mammoplasty	<p>Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819 ,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13</p>
19325	Mammoplasty, augmentation; with prosthetic implant	<p>Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819 ,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13</p>
19328	Removal of intact mammary implant	<p>Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819 ,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13</p>

19330	Removal of mammary implant material	<p>Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819 ,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13</p>
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	<p>Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819 ,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13</p>
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	<p>Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819 ,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13</p>

19350	Nipple/areola reconstruction	<p>Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes:</p> <p>C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819 ,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13</p>
19355	Correction of inverted nipples	<p>Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes:</p> <p>C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819 ,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13</p>
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	<p>Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes:</p> <p>C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819 ,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13</p>

19361	Breast reconstruction with latissimus dorsi flap	<p>Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes:</p> <p>C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819 ,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13</p>
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	<p>Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes:</p> <p>C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819 ,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13</p>
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	<p>Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes:</p> <p>C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819 ,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13</p>

19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222,C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519,C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911,C50.912,C50.919,C50.921,C50.922,C50.929,C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12,D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62,I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222,C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519,C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911,C50.912,C50.919,C50.921,C50.922,C50.929,C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12,D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62,I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121,C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222,C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519,C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911,C50.912,C50.919,C50.921,C50.922,C50.929,C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12,D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62,I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13

19371	Periprosthetic capsulectomy, breast	Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121, C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.81 2,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819 ,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13
19380	Revision of reconstructed breast	Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121, C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.81 2,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819 ,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13
19396	Preparation of moulage for custom breast implant	Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121, C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.81 2,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819 ,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13
19499	Unlisted procedure, breast	
20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	
20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	

20910	Cartilage graft; costochondral	
20912	Cartilage graft; nasal septum	
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	
20975	Electrical stimulation to aid bone healing; invasive (operative)	
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	
20999	Unlisted procedure, musculoskeletal system, general	
21025	Excision of bone (e.g., for osteomyelitis or bone abscess) mandible	
21032	Excision of maxillary torus palatinus	
21050	Condylectomy, temporomandibular joint (TMJ)	
21060	Meniscectomy, partial or complete, temporomandibular joint (TMJ)	
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	
21076	Impression and custom preparation; surgical obturator prosthesis	
21077	Impression and custom preparation; orbital prosthesis	
21079	Impression and custom preparation; interim obturator prosthesis	
21080	Impression and custom preparation; definitive obturator prosthesis	
21081	Impression and custom preparation; mandibular resection prosthesis	
21082	Impression and custom preparation; palatal augmentation prosthesis	
21083	Impression and custom preparation; palatal lift prosthesis	
21084	Impression and custom preparation; speech aid prosthesis	
21085	Impression and custom preparation; oral surgical splint	
21086	Impression and custom preparation; auricular prosthesis	
21087	Impression and custom preparation; nasal prosthesis	
21088	Impression and custom preparation; facial prosthesis	
21089	Unlisted maxillofacial procedure	
21110	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	
21121	Genioplasty, sliding osteotomy, single piece	
21122	Genioplasty, sliding osteotomies, two or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)	
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	
21125	Augmentation, mandibular body or angle; prosthetic material	
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	
21137	Reduction forehead; contouring only	

21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft	
21142	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft	
21143	Reconstruction midface, LeFort I; three or more pieces, segment move in any direction, without bone	
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	
21146	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)	
21147	Reconstruction midface, LeFort I; three or more pieces, segment move in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)	
21150	Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome)	
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts) with LeFort I	
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc) requiring bone grafts (includes obtaining autografts); without LeFort I	
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc) requiring bone grafts (includes obtaining autografts); with LeFort I	
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	

21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g. fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm	
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	
21198	Osteotomy, mandible, segmental	
21199	Osteotomy, mandible, segmental; with genioglossus advancement	
21206	Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard)	
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	
21209	Osteoplasty, facial bones; reduction	
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	
21215	Graft, bone; mandible (includes obtaining graft)	
21230	RIB CARTILAGE GRAFT	
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	
21240	Arthroplasty, temporomandibular joint (TMJ), with or without autograft (includes obtaining graft)	
21242	Arthroplasty, temporomandibular joint (TMJ), with allograft	
21243	Arthroplasty, temporomandibular joint (TMJ), with prosthetic joint replacement	
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)	
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g. for hemifacial microsomia)	

21248	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial	
21249	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete	
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (e.g., micro-ophthalmia)	
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	
21275	Secondary revision of orbitocraniofacial reconstruction	
21280	Medial canthopexy (separate procedure)	
21282	Lateral canthopexy	
21295	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral approach	
21296	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); intraoral approach	
21299	Unlisted craniofacial and maxillofacial procedure	
21325	Open treatment of nasal fracture; uncomplicated	
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum	
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches	
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); bone grafting (includes obtaining graft)	
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation	
21433	Open treatment of craniofacial separation (LeFort III type); complicated (e.g., comminuted or involving cranial nerve foramina), multiple surgical approaches	
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation	
21436	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (e.g., head cap, halo device, and/or intermaxillary fixation)	
21497	Interdental wiring	
21499	Unlisted musculoskeletal procedure, head	
21685	Hyoid myotomy and suspension	

21740	Reconstructive repair of pectus excavatum or carinatum; open	
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure) without thoracoscopy	
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure) with thoracoscopy	
21899	Unlisted procedure, neck or thorax	
22100	Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	
22101	Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	
22102	Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	
22103	Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)	
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	
22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (e.g., pedicle/vertebral body subtraction); thoracic	
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (e.g., pedicle/vertebral body subtraction); lumbar	
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (e.g., pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	

22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; lumbar	
22505	Manipulation of spine requiring anesthesia, any region	
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)	
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	
22521	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar	
22523	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic	

22524	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar	
22525	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or more add'l levels (List separately in addition to code for primary procedure)	
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	

22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)	
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspa	
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	

22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	
22830	Exploration of spinal fusion	
22840	Posterior non-segmental instrumentation (e.g., Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	
22842	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	
22843	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	
22844	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	
22849	Reinsertion of spinal fixation device	
22850	Removal of posterior nonsegmental instrumentation (e.g., Harrington rod)	
22852	Removal of posterior segmental instrumentation	
22853	Insertion of interbody biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	
22854	Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	
22855	Removal of anterior instrumentation	

22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, single interspace	
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	
22859	Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	
22862	Revision including replacement of total disc arthroplasty (artificial disc) anterior approach, lumbar, single interspace	
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	
22899	Unlisted procedure, spine	
22999	Unlisted procedure, abdomen, musculoskeletal system	
23000	Removal of subdeltoid calcareous deposits, open	
23020	Capsular contracture release (eg, Sever type procedure)	
23030	Incision and drainage, shoulder area; deep abscess or hematoma	
23031	Incision and drainage, shoulder area;infected bursa	

23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	
23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	
23065	Biopsy, soft tissue of shoulder area; superficial	
23066	Biopsy, soft tissue of shoulder area;deep	
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous;3 cm or greater	
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular);5 cm or greater	
23075	Excision, soft tissue tumor, shoulder area; subcutaneous	
23076	Excision, soft tissue tumor, shoulder area;deep, subfascial, or intramuscular	
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	
23100	Arthrotomy, glenohumeral joint, including biopsy	
23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage	
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	
23106	Arthrotomy;sternoclavicular joint, with synovectomy, with or without biopsy	
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	
23120	Claviculectomy; partial	
23125	Claviculectomy;total	
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;	
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;with autograft (includes obtaining graft)	
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;with allograft	
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;	
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus;with autograft (includes obtaining graft)	
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus;with allograft	
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	

23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula	
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus	
23190	Ostectomy of scapula, partial (eg, superior medial angle)	
23195	Resection, humeral head	
23200	Radical resection for tumor; clavicle	
23210	Radical resection for tumor; scapula	
23220	Radical resection of bone tumor, proximal humerus;	
23330	Removal of foreign body, shoulder; subcutaneous	
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)	
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid component	
23395	Muscle transfer, any type, shoulder or upper arm; single	
23397	Muscle transfer, any type, shoulder or upper arm; multiple	
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)	
23405	Tenotomy, shoulder area; single tendon	
23406	Tenotomy, shoulder area; multiple tendons through same incision	
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	
23415	Coracoacromial ligament release, with or without acromioplasty	
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	
23430	Tenodesis of long tendon of biceps	
23440	Resection or transplantation of long tendon of biceps	
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	
23460	Capsulorrhaphy, anterior, any type; with bone block	
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	

23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	
23480	Osteotomy, clavicle, with or without internal fixation;	
23485	Osteotomy, clavicle, with or without internal fixation;with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	
23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle	
23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate;proximal humerus	
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	
23800	Arthrodesis, glenohumeral joint;	
23802	Arthrodesis, glenohumeral joint;with autogenous graft (includes obtaining graft)	
23921	Shoulder-secondary closure or scar revision	
23929	Unlisted procedure, shoulder	
24300	Manipulation, elbow, under anesthesia	
24360	Arthroplasty, elbow; with membrane (eg, fascial)	
24361	Arthroplasty, elbow; with distal humeral prosthetic replacement	
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	
24365	Arthroplasty, radial head	
24366	Arthroplasty, radial head; with implant	
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	
24587	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty	
24925	Arm through humerus-secondary closure or scar revision	
24999	Unlisted procedure, humerus or elbow	
25259	Manipulation, wrist, under anesthesia	
25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation	
25441	Arthroplasty with prosthetic replacement; distal radius	
25442	Arthroplasty with prosthetic replacement; distal ulna	
25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	
25444	Arthroplasty with prosthetic replacement; lunate	

25445	Arthroplasty with prosthetic replacement; trapezium	
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	
25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints	
25449	Revision of arthroplasty, including removal of implant, wrist joint	
25675	Closed treatment of distal radioulnar dislocation with manipulation	
25907	Forearm, through radius and ulna - secondary closure or scar revision	
25922	Wrist- secondary closure or scar revision	
25999	Unlisted procedure, forearm and wrist	
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	
26530	Arthroplasty, metacarpophalangeal joint; each joint	
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	
26535	Arthroplasty, interphalangeal joint; each joint	
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	
26989	Unlisted procedure, hands or fingers	
26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	
26991	Incision and drainage, pelvis or hip joint area;infected bursa	
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)	
27001	Tenotomy, adductor of hip, open	
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy	
27005	Tenotomy, hip flexor(s), open (separate procedure)	
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	
27025	Fasciotomy, hip or thigh, any type	
27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral	
27030	Arthrotomy, hip, with drainage (eg, infection)	
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body	
27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)	
27040	Biopsy, soft tissue of pelvis and hip area; superficial	
27041	Biopsy, soft tissue of pelvis and hip area;deep, subfascial or intramuscular	

27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous;3 cm or greater	
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular);5 cm or greater	
27047	Excision, tumor, pelvis and hip area; subcutaneous tissue	
27048	Excision, tumor, pelvis and hip area;deep, subfascial, intramuscular	
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	
27050	Arthrotomy, with biopsy; sacroiliac joint	
27052	Arthrotomy, with biopsy;hip joint	
27054	Arthrotomy with synovectomy, hip joint	
27057	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral	
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	
27060	Excision; ischial bursa	
27062	Excision;trochanteric bursa or calcification	
27065	Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanter of femur) with or without autograft	
27066	Excision of bone cyst or benign tumor;deep, with or without autograft	
27067	Excision of bone cyst or benign tumor;with autograft requiring separate incision	
27070	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial (eg, wing of ilium, symphysis pubis, or greater trochanter of femur)	
27071	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess);deep (subfascial or intramuscular)	
27075	Radical resection of tumor or infection; wing of ilium, one pubic or ischial ramus or symphysis pubis	
27076	Radical resection of tumor or infection;ilium, including acetabulum, both pubic rami, or ischium and acetabulum	
27077	Radical resection of tumor or infection;innominate bone, total	
27078	Radical resection of tumor or infection;ischial tuberosity and greater trochanter of femur	
27080	Coccygectomy, primary	
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue	
27087	Removal of foreign body, pelvis or hip;deep (subfascial or intramuscular)	
27090	Removal of hip prosthesis; (separate procedure)	
27091	Removal of hip prosthesis;complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	
27096	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	

27097	Release or recession, hamstring, proximal	
27098	Transfer, adductor to ischium	
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)	
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	
27110	Transfer iliopsoas; to greater trochanter of femur	
27111	Transfer iliopsoas;to femoral neck	
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	
27122	Acetabuloplasty;resection, femoral head (eg, Girdlestone procedure)	
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	
27137	Revision of total hip arthroplasty;acetabular component only, with or without autograft or allograft	
27138	Revision of total hip arthroplasty;femoral component only, with or without allograft	
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	
27146	Osteotomy, iliac, acetabular or innominate bone;	
27147	Osteotomy, iliac, acetabular or innominate bone;with open reduction of hip	
27151	Osteotomy, iliac, acetabular or innominate bone;with femoral osteotomy	
27156	Osteotomy, iliac, acetabular or innominate bone;with femoral osteotomy and with open reduction of hip	
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)	
27161	Osteotomy, femoral neck (separate procedure)	
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	
27175	Treatment of slipped femoral epiphysis; by traction, without reduction	
27176	Treatment of slipped femoral epiphysis;by single or multiple pinning, in situ	
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	
27178	Open treatment of slipped femoral epiphysis;closed manipulation with single or multiple pinning	

27179	Open treatment of slipped femoral epiphysis;osteoplasty of femoral neck (Heyman type procedure)	
27181	Open treatment of slipped femoral epiphysis;osteotomy and internal fixation	
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	
27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation	
27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)	
27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia	
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	
27275	Manipulation, hip joint, requiring general anesthesia	
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	
27280	Arthrodesis, sacroiliac joint (including obtaining graft)	
27282	Arthrodesis, symphysis pubis (including obtaining graft)	
27284	Arthrodesis, hip joint (including obtaining graft);	
27286	Arthrodesis, hip joint (including obtaining graft);with subtrochanteric osteotomy	
27299	Unlisted procedure, pelvis or hip joint	
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	
27305	Fasciotomy, iliotibial (tenotomy), open	
27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)	
27307	Tenotomy, percutaneous, adductor or hamstring;multiple tendons	
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	
27323	Biopsy, soft tissue of thigh or knee area; superficial	
27324	Biopsy, soft tissue of thigh or knee area;deep (subfascial or intramuscular)	

27325	Neurectomy, hamstring muscle	
27326	Neurectomy, popliteal (gastrocnemius)	
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	
27328	Excision, tumor, thigh or knee area;deep, subfascial, or intramuscular; less than 5 cm	
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	
27330	Arthrotomy, knee; with synovial biopsy only	
27331	Arthrotomy, knee;including joint exploration, biopsy, or removal of loose or foreign bodies	
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee;medial AND lateral	
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	
27335	Arthrotomy, with synovectomy, knee;anterior AND posterior including popliteal area	
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	
27340	Excision, prepatellar bursa	
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	
27350	Patellectomy or hemipatellectomy	
27355	Excision or curettage of bone cyst or benign tumor of femur;	
27356	Excision or curettage of bone cyst or benign tumor of femur;with allograft	
27357	Excision or curettage of bone cyst or benign tumor of femur;with autograft (includes obtaining graft)	
27358	Excision or curettage of bone cyst or benign tumor of femur;with internal fixation (List in addition to code for primary procedure)	
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	
27365	Radical resection of tumor, bone, femur or knee	
27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	
27372	Removal of foreign body, deep, thigh region or knee area	
27380	Suture of infrapatellar tendon; primary	
27381	Suture of infrapatellar tendon;secondary reconstruction, including fascial or tendon graft	
27385	Suture of quadriceps or hamstring muscle rupture; primary	

27386	Suture of quadriceps or hamstring muscle rupture;secondary reconstruction, including fascial or tendon graft	
27390	Tenotomy, open, hamstring, knee to hip; single tendon	
27391	Tenotomy, open, hamstring, knee to hip;multiple tendons, one leg	
27392	Tenotomy, open, hamstring, knee to hip;multiple tendons, bilateral	
27393	Lengthening of hamstring tendon; single tendon	
27394	Lengthening of hamstring tendon;multiple tendons, one leg	
27395	Lengthening of hamstring tendon;multiple tendons, bilateral	
27396	Transplant, hamstring tendon to patella; single tendon	
27397	Transplant, hamstring tendon to patella;multiple tendons	
27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)	
27403	Arthrotomy with meniscus repair, knee	
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	
27407	Repair, primary, torn ligament and/or capsule, knee;cruciate	
27409	Repair, primary, torn ligament and/or capsule, knee;collateral and cruciate ligaments	
27412	Autologous chondrocyte implantation, knee	
27415	Osteochondral allograft, knee, open	
27416	Osteochondral autograft(s) , knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))	
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	
27422	Reconstruction of dislocating patella;with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	
27424	Reconstruction of dislocating patella;with patellectomy	
27425	Lateral retinacular release, open	
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	
27428	Ligamentous reconstruction (augmentation), knee;intra-articular (open)	
27429	Ligamentous reconstruction (augmentation), knee;intra-articular (open) and extra-articular	
27430	Quadricepsplasty (eg, Bennett or Thompson type)	
27435	Capsulotomy, posterior capsular release, knee	
27437	Arthroplasty, patella; without prosthesis	
27438	Arthroplasty, patella; with prosthesis	
27440	Arthroplasty, knee, tibial plateau	
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee	
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	

27445	Arthroplasty, knee, hinge prosthesis (e.g., Walldius type)	
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	
27448	Osteotomy, femur, shaft or supracondylar; without fixation	
27450	Osteotomy, femur, shaft or supracondylar;with fixation	
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); before epiphyseal closure	
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee));after epiphyseal closure	
27465	Osteoplasty, femur; shortening (excluding 64876)	
27466	Osteoplasty, femur;lengthening	
27468	Osteoplasty, femur;combined, lengthening and shortening with femoral segment transfer	
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	
27472	Repair, nonunion or malunion, femur, distal to head and neck;with iliac or other autogenous bone graft (includes obtaining graft)	
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis);tibia and fibula, proximal	
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis);combined distal femur, proximal tibia and fibula	
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	
27486	Revision of total knee arthroplasty, with or without allograft; one component	
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	
27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	
27496	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor);	
27497	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor);with debridement of nonviable muscle and/or nerve	
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;	

27499	Decompression fasciotomy, thigh and/or knee, multiple compartments;with debridement of nonviable muscle and/or nerve	
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	
27580	Arthrodesis, knee, any technique	
27599	Unlisted procedure, femur or knee	
27700	Arthroplasty, ankle	
27702	Arthroplasty, ankle; with implant (total ankle)	
27703	Arthroplasty, ankle; revision, total ankle	
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	
27899	Unlisted procedure, leg or ankle	
28344	Reconstruction, toe(s); polydactyly	
28446	Open osteochondral autograft, talus (includes obtaining graft(s))	
28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	
28899	Unlisted procedure, foot or toes	
29799	Unlisted procedure, casting or strapping	
29800	Arthroscopy, temporomandibular joint (TMJ), diagnostic, with or without synovial biopsy (separate procedure)	
29804	Arthroscopy , temporomandibular joint (TMJ), surgical	
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	
29822	Arthroscopy, shoulder, surgical; debridement, limited	
29823	Arthroscopy, shoulder, surgical; debridement, extensive	
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	
29828	Arthroscopy, shoulder, surgical;biceps tenodesis	
29848	?	
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)	

29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)	
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy)	
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal or external fixation (includes arthroscopy)	
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	
29862	Arthroscopy, hip, surgical;with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	
29863	Arthroscopy, hip, surgical;with synovectomy	
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft)	
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	
29873	Arthroscopy, knee, surgical;with lateral release	
29874	Arthroscopy, knee, surgical;for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	
29875	Arthroscopy, knee, surgical;synovectomy, limited (eg, plica or shelf resection) (separate procedure)	
29876	Arthroscopy, knee, surgical;synovectomy, major, two or more compartments (eg, medial or lateral)	
29877	Arthroscopy, knee, surgical;debridement/shaving of articular cartilage (chondroplasty)	
29879	Arthroscopy, knee, surgical;abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	
29880	Arthroscopy, knee, surgical;with meniscectomy (medial AND lateral, including any meniscal shaving)	
29881	Arthroscopy, knee, surgical;with meniscectomy (medial OR lateral, including any meniscal shaving)	
29882	Arthroscopy, knee, surgical;with meniscus repair (medial OR lateral)	
29883	Arthroscopy, knee, surgical;with meniscus repair (medial AND lateral)	
29884	Arthroscopy, knee, surgical;with lysis of adhesions, with or without manipulation (separate procedure)	
29885	Arthroscopy, knee, surgical;drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	

29886	Arthroscopy, knee, surgical;drilling for intact osteochondritis dissecans lesion	
29887	Arthroscopy, knee, surgical;drilling for intact osteochondritis dissecans lesion with internal fixation	
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	
29914	Arthroscopy, hip, surgical;with femoroplasty (ie, treatment of cam lesion)	
29915	Arthroscopy, hip, surgical;with acetabuloplasty (ie, treatment of pincer lesion)	
29916	Arthroscopy, hip, surgical;with labral repair	
29999	Unlisted procedure, arthroscopy	
30120	Excision or surgical planning of skin for rhinophyma	
30150	Rhinectomy; partial	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	
30420	Rhinoplasty, primary; including major septal repair	
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip an palate, including columellar lengthening; tip, septum, osteotomies	
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	
30540	Repair choanal atresia; intranasal	
30545	Repair choanal atresia; transpalatine	
30560	Lysis intranasal synechia	
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	
30999	Unlisted procedure, nose	
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	

31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	
31299	Unlisted procedure, accessory sinuses	
31599	Unlisted procedure, larynx	
31643	Bronchoscopy (rigid or flexible), with placement of catheter for intracavitary radioelement application	
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	
31899	Unlisted procedure, trachea, bronchi	
32491	Removal of lung, other than total pneumonectomy; excision-plectomy of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, with or without any pleural procedure	
32553	Placement of interstitial device for radiation therapy guidance, percutaneous, intra-thoracic, single or multiple	
32664	Thoracoscopy, surgical; with thoracic sympathectomy	
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	
32850	Donor Pneumonectomy(s), from cadaver donor	
32851	Lung transplant, single; without cardiopulmonary bypass	
32852	Lung transplant, single; with cardiopulmonary bypass	
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	

32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	
32999	Unlisted procedure, lungs and pleura	
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	
33230	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing dual leads	
33231	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads	
33240	Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator	
33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber	
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	
33271	Insertion of subcutaneous implantable defibrillator electrode	

33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular	
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	
33366	Transcatheter transapical replacement aortic valve	
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	

33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, DOR procedures)	
33741	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)	
33745	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt	
33746	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)	
33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection	
33859	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm)	
33871	Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel reimplantation)	
33880	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thora	
33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending t	
33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension	

33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately)	
33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta	
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	
33928	Removal and replacement of total replacement heart system (artificial heart)	
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	
33945	Heart transplant, with or without recipient cardiectomy	
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	
33976	Insertion VAD Extracorporeal, biventricular	
33979	Insertion VAD Implantable intracorporeal, single vent	
33981	Replace extracorporeal VAD, single or bivent pump	
33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only	
33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transeptal puncture	
33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion	
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion	
33999	Unlisted procedure, cardiac surgery	
34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all non selective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)	

34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)	
34718	aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral	
34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data	
34841	Endovasc viscer aorta repair fenest 1 endograft	
34842	Endovasc viscer aorta repair fenest 2 endograft	
34843	Endovasc viscer aorta repair fenest 3 endograft	
34844	Endovasc viscer aorta repair fenest 4+ endograft	
34845	Viscer and infrarenal abdom aorta 1 prosthesis	
34846	Viscer and infrarenal abdom aorta 2 prosthesis	
34847	Viscer and infrarenal abdom aorta 3 prosthesis	
34848	Viscer and infrarenal abdom aorta 4+ prosthesis	
35702	Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)	
35703	Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)	
35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	
36299	Unlisted procedure, vascular injection	

36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk	
36469	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face	
36470	Injection of sclerosing solution; single vein	
36471	Injection of sclerosing solution; multiple veins, same leg	
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	

36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	
36514	Therapeutic apheresis; for plasmapheresis	
36516	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion	
36522	Photopheresis, extracorporeal	
37241	Vascular embolization or occlusion venous rs&i	
37243	Vascular embolize/occlude organ tumor infarct	
37244	Vascular embolization or occlusion hemorrhage	
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	
37501	Unlisted vascular endoscopy procedure	
37700	Ligation and division long saphenous vein at saphenofemoral junction, or distal interruptions	
37718	Ligation, division, and stripping, short saphenous vein	
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg with excision of deep fascia	
37760	Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open	
37761	Ligate leg veins open	
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	
37780	Ligation and division of short saphenous vein at saphenopopliteal junction	
37785	Ligation, division, and/or excision of varicose vein cluster(s), one leg	
37790	Penile venous occlusive procedure	
37799	Unlisted procedure, vascular surgery	
38129	Unlisted laparoscopy procedure, spleen	
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic	
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	

38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing	
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing	
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	
38230	Bone marrow harvesting for transplantation	
38232	Bone marrow harvesting for transplantation; autologous	
38240	Bone marrow or blood derived peripheral stem cell transplantation, allogenic	
38241	Bone marrow or blood derived peripheral stem cell, transplantation autologous	
38242	Bone marrow or blood-derived peripheral stem cell transplantation; allogenic donor lymphocyte infusion	
38243	Hematopoietic progenitor cell (HPC); HPC boost	
38589	Unlisted laparoscopy procedure, lymphatic system	
38999	Unlisted procedure, hemic or lymphatic system	
39499	Unlisted procedure, mediastinum	
39599	Unlisted procedure, diaphragm	
40799	Unlisted procedure, lips	
40899	Unlisted procedure, vestibule of mouth	
41019	Placement of needles, catheters, and other devices into the head and/or neck region	
41512	TONGUE SUSPENSION	
41530	TONGUE BASE VOL REDUCTION	
41599	Unlisted procedure, tongue, floor of mouth	
41820	Gingivectomy, excision gingiva, each quadrant	
41874	Alveoloplasty, each quadrant (specify)	
41899	Unlisted procedure, dentoalveolar structures	
42140	EXCISION OF UVULA	
42145	Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)	

42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)	
42299	Unlisted procedure, palate, uvula	
42699	Unlisted procedure, salivary glands or ducts	
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)	
42999	Unlisted procedure, pharynx, adenoids, or tonsils	
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	
43257	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	
43285	Removal of esophageal sphincter augmentation device	
43289	Unlisted laparoscopy procedure, esophagus	
43499	Unlisted procedure, esophagus	
43631	Gastrectomy, partial, distal; with gastroduodenostomy	
43632	Gastrectomy, partial, distal; with gastrojejunostomy	
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	
43634	Gastrectomy, partial, distal; with formation of intestinal pouch	
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	
43659	Unlisted laparoscopy procedure, stomach	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	
43775	Lap sleeve gastrectomy	

43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (less than 100 cm) Roux-en-Y gastroenterostomy	
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy	
43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy	
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	
43882	Rev or Removal of gastric neurostimulator electrodes, antrum, open	
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	
43999	Unlisted procedure, stomach	
44132	Donor enterectomy, open; from cadaver donor	
44133	Donor enterectomy, open; partial, from living donor	
44135	Intestinal allotransplantation; from cadaver donor	
44136	Intestinal allotransplantation; from living donor	
44238	Unlisted laparoscopy procedure, intestine (except rectum)	
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	
44720	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, venous anastomosis, each	

44721	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, arterial anastomosis each	
44799	Unlisted procedure, intestine	
44899	Unlisted procedure, Meckel's diverticulum and the mesentery	
44979	Unlisted laparoscopy procedure, appendix	
45399	Unlisted procedure, colon	
45999	Unlisted procedure, rectum	
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	
46707	Repair anorectal fist w/plug	
46999	Unlisted procedure, anus	
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	
47140	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; left lateral segment only (segments II and III)	
47141	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; total left lobectomy (segments II, III and IV)	
47142	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; total right lobectomy (segments V, VI, VII and VIII)	
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without tri segment or lobe split	
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with tri segment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right tri segment [segments I and IV through VIII])	
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])	
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	

47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	
47379	Unlisted laparoscopic procedure, live	
47399	Unlisted procedure, liver	
47579	Unlisted laparoscopy procedure, biliary tract	
47999	Unlisted procedure, biliary tract	
48160	PANCREAS REMOVAL/TRANSPLANT	
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	
48554	Transplantation of pancreatic allograft	
48556	Removal of transplanted pancreatic allograft	
48999	Unlisted procedure, pancreas	
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	
49411	Placement of interstitial device(s) for radiation therapy guidance, Open, Intra-abdominal, Intra-pelvic and/or retroperitoneum, including image guidance, single or multiple	
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	
49999	Unlisted procedure, abdomen, peritoneum and omentum	
50320	Donor nephrectomy, open from living donor (excluding preparation and maintenance of allograft)	
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	
50340	Recipient nephrectomy (separate procedure)	

50360	Renal allotransplantation, implantation of graft; excluding donor and recipient nephrectomy	
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	
50370	Removal of transplanted renal allograft	
50380	Renal autotransplantation, reimplantation of kidney	
50547	Laparoscopy, surgical; donor nephrectomy from living donor (excluding preparation and maintenance of allograft)	
50549	Unlisted laparoscopy procedure, renal	
50949	Unlisted laparoscopy procedure, ureter	
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	
53899	Unlisted procedure, urinary system	
54125	Amputation of penis; complete	
54161	Circumcision, surgical excision other than clamp, device or dorsal slit; older than 28 days	
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	
54401	Insertion of penile prosthesis; inflatable (self-contained)	
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	
54410	Removal and replacement of all components of a multi-component, inflatable penile prosthesis at the same operative session	
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	
54660	Insertion of testicular prosthesis (separate procedure)	
54699	Unlisted laparoscopy procedure, testis	
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or out cystoscopy	

55876	Fiducial marker placement in the prostate	
55899	Unlisted procedure, male genital system	
55920	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	
55970	Intersex surgery; male to female	
55980	Intersex surgery; female to male	
56620	Vulvectomy simple; partial	
56805	Clitoroplasty for intersex state	
57110	Vaginectomy, complete removal of vaginal wall	
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	
57291	Construction of artificial vagina; without graft	
57292	Construction of artificial vagina; with graft	
57335	Vaginoplasty for intersex state	
57700	Cerclage of uterine cervix, nonobstetrical	
58346	Insertion of Heyman capsules for clinical brachytherapy	
58578	Unlisted laparoscopy procedure, uterus	
58579	Unlisted hysteroscopy procedure, uterus	
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	
58679	Unlisted laparoscopy procedure, oviduct, ovary	
58999	Unlisted procedure, female genital system (nonobstetrical)	
59897	Unlisted fetal invasive procedure, including ultrasound guidance	
59898	Unlisted laparoscopy procedure, maternity care and delivery	
59899	Unlisted procedure, maternity care and delivery	
60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)	
60699	Unlisted procedure, endocrine system	
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	

61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	
61880	Revision or removal of intracranial neurostimulator electrodes	
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays	
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	
62287	Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar (e.g., manual or automated percutaneous discectomy, percutaneous laser discectomy)	
62290	Injection procedure for discography, each level; lumbar	
62291	Injection procedure for discography, each level; cervical or thoracic	
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	

62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump;with laminectomy	
62355	Removal of previously implanted intrathecal or epidural catheter	

62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; non programmable pump	
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc. 1 interspace. lumbar	
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis). 1 or 2 vertebral segments: cervical	
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis). 1 or 2 vertebral segments: thoracic	
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (e.g., spinal stenosis), one or two vertebral segments; lumbar, except for spondylolisthesis	
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis). 1 or 2 vertebral segments: sacral	
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; cervical	
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; thoracic	
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (e.g., spinal stenosis), more than 2 vertebral segments; lumbar	
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc: 1 interspace. cervical	
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar (including open or endoscopically-assisted approach)	

63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; cervical	
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; thoracic	
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (e.g., spinal or lateral recess stenosis)), single vertebral segment; lumbar	
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (e.g., spinal or lateral recess stenosis)), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments	
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [e.g., wire, suture, mini-plates], when performed)	
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disc), single segment; thoracic	

63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disk), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (e.g., far lateral herniated intervertebral disk)	
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disk), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	
63064	Costovertebral approach with decompression of spinal cord or nerve root(s), (e.g., herniated intervertebral disk), thoracic; single segment	
63066	Costovertebral approach with decompression of spinal cord or nerve root(s), (e.g., herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)	
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace	
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	

63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retropulsed bone fragments); thoracic, single segment	
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retropulsed bone fragments); lumbar, single segment	
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	
63170	Laminectomy with myelotomy (e.g., Bischof or DREZ type), cervical, thoracic, or thoracolumbar	
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space	
63173	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space	
63185	Laminectomy with rhizotomy; 1 or 2 segments	
63190	Laminectomy with rhizotomy; more than 2 segments	
63191	Laminectomy with section of spinal accessory nerve	
63194	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical	
63195	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic	
63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical	
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic	
63198	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical	
63199	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic	
63200	Laminectomy, with release of tethered spinal cord, lumbar	
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	

63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral	
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral	
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic	
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, sacral	
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic	
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)	

63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)	
63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)	
63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery	
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	

63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	
64479	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level	
64480	Injection, anesthetic agent and/or steroid, transforaminal epidural;cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	
64483	Injection, anesthetic agent and/or steroid, transforaminal epidural;lumbar or sacral, single level	
64484	Injection, anesthetic agent and/or steroid, transforaminal epidural;lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (1r nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	
64510	Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	

64520	Injection, anesthetic agent;lumbar or thoracic (paravertebral sympathetic)	
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	
64565	Percutaneous implantation of neurostimulator electrodes; neuromuscular	
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	
64595	Rev or Removal of peripheral or gastric neurostimulator pulse generator or receiver	
64611	Chemodeneration of parotid and submandibular salivary glands, bilateral	
64612	Chemodeneration of muscle(s); muscle(s) innervated by facial nerve (e.g., for blepharospasm, hemifacial spasm)	
64615	Chemodeneration of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	
64620	Destruction by neurolytic agent, intercostal nerve	
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	

64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	
64721	Neuroplasty and/or transposition of the median nerve at the carpal tunnel	
64804	Sympathectomy, cervicothoracic	
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	
64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	
64999	Unlisted procedure, nervous system	
65710	Keratoplasty (corneal transplant); lamellar	
65760	Keratomileusis	
65765	Keratophakia	
65772	Corneal relaxing incision for correction of surgically induced astigmatism	
65781	Limbal stem cell allograft (eg. Cadaveric or living donor)	
65785	Implantation of intrastromal corneal ring segments	
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft	
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	
66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	
66999	Unlisted procedure, anterior segment of eye	
67299	Unlisted procedure, posterior segment	
67399	Unlisted procedure, ocular muscle	
67599	Unlisted procedure, orbit	
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material	
67902	Repair of blepharoptosis; frontalis muscle technique with fascial sling (includes obtaining fascia)	
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	
67904	Repair of blepharoptosis; (tarso) Levator resection or advancement, external approach	

67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servat type)	
67909	Reduction of overcorrection of ptosis	
67911	Correction of lid retraction	
67914	Repair of ectropion	
67915	Repair of ectropion; thermocauterization	
67916	Repair of ectropion; excision tarsal wedge	
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	
67921	Repair of entropion, suture	
67922	Repair of entropion; thermocauterization	
67923	Repair of entropion; excision tarsal wedge	
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	
67950	Canthoplasty	
67999	Unlisted procedure, eyelids	
68899	Unlisted procedure, lacrimal system	
69399	Unlisted procedure, external ear	
69710	Implantation or replacement of an electromagnetic bone conduction hearing device in the temporal bone.	
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	
69799	Unlisted procedure, middle ear	
69930	Cochlear device implantation, with or without mastoidectomy	
69949	Unlisted procedure, inner ear	
69979	Unlisted procedure, temporal bone, middle fossa approach	
70336	MRI (e.g., proton) imaging, temporomandibular joint(s)	
70450	Computed tomography (CT), head or brain; without contrast material	
70460	Computed tomography (CT), head or brain; with contrast material(s)	
70470	Computed tomography (CT), head or brain; without contrast material, followed by contrast material(s) and further sections	
70480	Computed tomography (CT), orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	

70481	Computed tomography (CT), orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	
70482	Computed tomography (CT), orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	
70486	Computed tomography (CT), maxillofacial area; without contrast material	
70487	Computed tomography (CT), maxillofacial area; with contrast material(s)	
70488	Computed tomography (CT), maxillofacial area; without contrast material, followed by contrast material(s) and further sections	
70490	Computed tomography (CT), soft tissue neck; without contrast material	
70491	Computed tomography (CT), soft tissue neck; with contrast material(s)	
70492	Computed tomography (CT), soft tissue neck; without contrast material followed by contrast material(s) and further sections	
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image post processing	
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image post processing	
70540	MRI orbit, face, neck, without contrast materials	
70542	MRI, orbit, face and neck, with contrast materials	
70543	MRI, orbit, face and neck, without contrast material(s), followed by contrast material(s) and further sequences	
70544	MRA, head; without contrast materials	
70545	MRA, head; with contrast material(s)	
70546	MRA, head; without contrast material(s), followed by contrast material(s) and further sequences	
70547	MRA, neck; without contrast material(s)	
70548	MRA, neck; with contrast material(s)	
70549	MRA, neck; without contrast material(s), followed by contrast material(s) and further sequences	
70551	MRI, brain, including brainstem; without contrast material(s)	
70552	MRI brain, including brainstem; with contrast material(s)	
70553	MRI, brain, including brainstem; without contrast material(s), followed by contrast material(s) and further sequences	
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and / or visual stimulation, not requiring physician or psychologist administration	
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	
71250	Computed tomography (CT), thorax; without contrast material	

71260	Computed tomography (CT), thorax; with contrast material(s)	
71270	Computed tomography (CT), thorax; without contrast material, followed by contrast material(s) and further sections	
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image post processing	
71550	MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	
71551	MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	
71552	MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	
71555	MRA, chest (excluding myocardium), with or without contrast materials	
72125	Computed tomography (CT), cervical spine; without contrast material	
72126	Computed tomography (CT), cervical spine; with contrast material	
72127	Computed tomography (CT), cervical spine; without contrast material, followed by contrast material(s) and further sections	
72128	Computed tomography (CT), thoracic spine; without contrast material	
72129	Computed tomography (CT), thoracic spine; with contrast material	
72130	Computed tomography (CT), thoracic spine; without contrast material, followed by contrast material(s) and further sections	
72131	Computed tomography (CT), lumbar spine; without contrast material	
72132	Computed tomography (CT), lumbar spine; with contrast material	
72133	Computed tomography (CT), lumbar spine; without contrast material, followed by contrast material(s) and further sections	
72141	MRI, spinal canal and contents, cervical; without contrast material	
72142	MRI, spinal canal and contents, cervical; with contrast material(s)	
72146	MRI, spinal canal and contents, thoracic; without contrast material	
72147	MRI spinal canal and contents, thoracic; with contrast material(s)	
72148	MRI spinal canal and contents, lumbar; without contrast material	
72149	MRI, spinal canal and contents, lumbar; with contrast material(s)	
72156	MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	
72157	MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	
72158	MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	
72159	MRA, spinal canal and contents, with or without contrast material(s)	
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image post processing	
72192	Computed tomography (CT), pelvis; without contrast material	

72193	Computed tomography (CT), pelvis; with contrast material(s)	
72194	Computed tomography (CT), pelvis; without contrast material, followed by contrast material(s) and further sections	
72195	MRI, pelvis; without contrast material(s)	
72196	MRI, pelvis; with contrast material(s)	
72197	MRI, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	
72198	MRA, pelvis, with or without contrast material(s)	
72285	Discography, cervical or thoracic, radiological supervision and interpretation	
73200	Computed tomography (CT), upper extremity; without contrast material	
73201	Computed tomography (CT), upper extremity; with contrast material(s)	
73202	Computed tomography (CT), upper extremity; without contrast material, followed by contrast material(s) and further sections	
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image post processing	
73218	MRI, upper extremity, other than joint; without contrast material(s)	
73219	MRI, upper extremity, other than joint; with contrast material(s)	
73220	MRI, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	
73221	MRI, any joint of upper extremity; without contrast material(s)	
73222	MRI, any joint of upper extremity; with contrast material(s)	
73223	MRI, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	
73225	MRA, upper extremity, with or without contrast material(s)	
73700	Computed tomography (CT), lower extremity; without contrast material	
73701	Computed tomography (CT), lower extremity; with contrast material(s)	
73702	Computed tomography (CT), lower extremity; without contrast material, followed by contrast material(s) and further sections	
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image post processing	
73718	MRI, lower extremity other than joint; without contrast material(s)	
73719	MRI, lower extremity other than joint; with contrast material(s)	
73720	MRI, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	
73721	MRI, any joint of lower extremity; without contrast material	
73722	MRI, any joint of lower extremity; with contrast material(s)	
73723	MRI, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	
73725	MRA, lower extremity, with or without contrast material(s)	
74150	Computed tomography (CT), abdomen; without contrast material	
74160	Computed tomography (CT), abdomen; with contrast material(s)	

74170	Computed tomography (CT), abdomen; without contrast material, followed by contrast material(s) and further sections	
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image post processing	
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image post processing	
74176	Computed tomography, abdomen and pelvis; without contrast material	
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	
74181	MRI, abdomen; without contrast material(s)	
74182	MRI, abdomen; with contrast material(s)	
74183	MRI, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	
74185	MRA, abdomen, with or without contrast material(s)	
74261	Ct colonography, w/o dye	
74262	Ct colonography, w/dye	
74263	Ct colonography, screen	
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material	
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s) and further sequences	
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s) and further sequences; with stress imaging	
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)	

75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image post processing	
76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report	
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image post processing on an independent workstation	
76380	Computed tomography (CT), limited or localized follow-up study	
76390	Magnetic resonance spectroscopy (MRS)	
76391	Magnetic resonance (eg, vibration) elastography	
76497	Unlisted computed tomography procedure (e.g., diagnostic, interventional)	
76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)	
76499	Unlisted diagnostic radiographic procedure	
76873	US transrectal prostate volume study for brachytherapy	
76965	Ultrasound guidance for interstitial radioelement application	
77011	Computed Tomography Guidance for Stereotactic Localization	
77014	CT guidance for placement of radiation therapy fields	
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	

77261	Therapeutic Radiology treatment planning; simple	
77262	Therapeutic Radiology treatment planning; intermediate	
77263	Therapeutic Radiology treatment planning; complex	
77280	Therapeutic Radiology Simulation; simple	
77285	Therapeutic Radiology Simulation; intermediate	
77290	Therapeutic Radiology Simulation; complex	
77293	Respiratory motion management simulation	
77295	Therapeutic Radiology Simulation 3-Dimensional	
77299	Unlisted procedure; Therapeutic Radiology treatment planning	
77300	Basic Radiation Dosimetry	
77301	IMRT Planning	
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	
77321	Special Teletherapy port plan, particles, hemibody, total body	
77326	Brachytherapy isodose plan; simple (calculation made from single plane, one to four sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)	
77327	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)	
77328	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)	
77331	Special radiation dosimetry	
77332	Treatment Devices; simple	
77333	Treatment Devices; intermediate	
77334	Treatment Devices; complex	
77336	Continuing medical physics consultation	
77338	Multi-leaf collimator (MLC) device(s) for IMRT, design and construction per IMRT plan	
77370	Special medical physics consultation	

77371	Stereotactic radiosurgery treatment delivery, complete course of treatment of cerebral lesion(s) 1 session, multi-source Cobalt 60 based	
77372	Stereotactic radiosurgery treatment delivery, complete course of treatment of cerebral lesion(s) 1 session, linac based	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	
77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed	
77399	Unlisted procedure, medical radiation physics	
77401	Radiation treatment delivery; superficial and/or ortho voltage	
77402	Radiation treatment delivery; single treatment area, single port or parallel opposed ports, simple blocks or no blocks up to 5 MeV	
77404	Radiation treatment delivery; single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV	
77407	Radiation treatment delivery; two separate treatment areas, three or more ports on a single treatment area use of multiple blocks; up to 5 MeV	
77412	Radiation treatment delivery; three or more separate treatment areas; custom blocking, tangential ports wedges, rotational beam, compensators, electron beam; up to 5 MeV	
77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking	
77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	
77427	Radiation treatment management, five treatments	
77431	Radiation treatment management, with complete course of therapy consisting of 1 -2 fractions	
77432	Stereotactic radiation treatment management cerebral lesion(s) complete course of treatment consisting of 1 session	
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions	
77469	Intraoperative radiation treatment management	

77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation) Updated description (January 2012)	
77499	Unlisted procedure, therapeutic radiology treatment management	
77520	Proton treatment delivery; simple, without compensation	
77522	Proton treatment delivery; simple, with compensation	
77523	Proton treatment delivery; intermediate	
77525	Proton treatment delivery; complex	
77600	Hyperthermia treatment; externally generated, deep	
77605	Hyperthermia treatment; externally generated, superficial	
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer applicators	
77615	Hyperthermia generated by interstitial probe(s); 5 or more applicators	
77620	Hyperthermia generated by intracavitary probe(s)	
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	
77761	Intracavitary radiation source application; simple	
77762	Intracavitary radiation source application; intermediate	
77763	Intracavitary radiation source application; complex	
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	
77778	Interstitial radiation source application; complex	
77789	Apply surface radiation	
77790	Radio Isotope Supervision, Handling, Loading	
77799	Unlisted procedure, clinical brachytherapy	
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	

78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability)	
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	
78456	Acute venous thrombosis imaging, peptide	
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	

78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	
78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	
78813	Positron emission tomography (PET) imaging; whole body	
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	

78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging	
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	
78835	Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)	
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	
81162	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	

81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia). gene analysis: full gene sequence	
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	

81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	
81210	BRAF (v-raf murine sarcoma viral oncogene homolog B1) (eg, colon cancer), gene analysis, V600E variant	
81211	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)	
81212	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	
81213	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants	
81214	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)	
81215	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, Bacterial Artificial Chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	

81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	
81241	F5 (coagulation Factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	
81243	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	
81252	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	
81253	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	

81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative	
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	
81287	Mgmt methylation analysis	
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	

81301	Microsatellite instability analysis (eg, hereditary nonpolyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	
81317	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81318	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81319	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	

81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	
81327	SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis	
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	
81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	

81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)	
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain ac	
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using non sequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABL (c-abl oncogene 1, receptor tyrosine	
81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon	
81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ABL1 (c-abl on	
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) BT	

81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons) CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase iso	
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia) CAPN3 (Calpain 3) (eg, limb-girdle muscular dystroph	
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) SCN1A (sodium channel, voltage-gated, type	
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence RYR1 (ryano	
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	

81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 14 genes, including ATM, BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11, and TP53	
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	
81435	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatous polyposis); genomic sequence analysis panel, must include analysis of at least 7 genes, including APC, CHEK2, MLH1, MSH2, MSH6, MUTYH, and PMS2	
81436	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatous polyposis); duplication/deletion gene analysis panel, must include analysis of at least 8 genes, including APC, MLH1, MSH2, MSH6, PMS2, EPCAM, CHEK2, and MUTYH	
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL	

81439	Inherited cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must include sequencing of at least 5 genes, including DSG2, MYBPC3, MYH7, PKP2, and TTN	
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, RFP1, SPAST, SPG11, SPTLC1)	
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed	
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	

81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	
81479	Unlisted molecular pathology procedure	
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	
81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis	
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	

81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	
81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	
81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsies	
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])	
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	
81599	Unlisted multianalyte assay with algorithmic analysis	
83006	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)	
84999	Unlisted chemistry procedure	
85999	Unlisted hematology or coag procedure	
86486	Skin test; unlisted antigen, each	
86849	Unlisted immunology procedure	

87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	
88299	Unlisted cytogenetic study	
88375	Optical endoscopic image(s), interpretation and report, real-time or referred, each endoscopic session	
88749	Unlisted in vivo (eg, transcutaneous) laboratory service	
89240	Unlisted miscellaneous pathology test	
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	
89329	Sperm evaluation; hamster penetration test	
89335	Cryopreservation, reproductive tissue, testicular	
89337	Cryopreservation, mature oocyte(s)	
89344	Storage, (per year); reproductive tissue, testicular/ovarian	
89346	Storage, (per year); oocyte	
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	
89356	Thawing of cryopreserved; oocytes, each aliquot	
89398	Unlisted reprod med lab proc	
90281	Immune globulin, IM use	
90283	Immune globulin (IgIV), human, for intravenous use	
90284	Immune globulin, subcut infusions; 100 mg each	
90378	Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each	
90399	Unlisted immune globulin	
90749	Unlisted vaccine/toxoid	
90867	Therapeutic repetitive transcranial magnetic stimulation treatment; planning	
90868	Therapeutic repetitive transcranial magnetic stimulation treatment; delivery and management, per session	
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	
90899	Unlisted psychiatric service or procedure	
90912	Bioreedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	limited to treatment of urinary incontinence in adults 18 years old and older.
90913	Bioreedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)	limited to treatment of urinary incontinence in adults 18 years old and older.
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report	

91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	
91299	Unlisted diagnostic gastroenterology procedure	
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	
92499	Unlisted ophthalmological service or procedure	
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
92700	Unlisted otorhinolaryngological service or procedure	
92971	Cardioassist-method of circulatory assist; external	
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified healthcare professional	
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified healthcare professional	
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified healthcare professional	
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	

93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified healthcare professional	
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography	
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	

93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	
93530	Right heart catheterization, for congenital cardiac anomalies	
93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	
93532	Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies	
93533	Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies	
93580	Percutaneous transcatheter closure of congenital interatrial communication (i.e., Fontan fenestration, atrial septal defect) with implant	
93582	Percutaneous transcatheter closure pat duct arteriosus	
93583	Percutaneous transcatheter septal reduction therapy	
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	
93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	
93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	
93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)	

93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)	
93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	
93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	
93654	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when	
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)	
93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	
93799	Unlisted cardiovascular service or procedure	
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	
93998	Unlisted noninvasive vascular diagnostic study	
94799	Unlisted pulmonary service or procedure	
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	

95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	
95803	ACTIGRAPHY TESTING	
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	
95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)	
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)	
95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)	
95999	Unlisted neurological or neuromuscular diagnostic procedure	
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified healthcare professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	Prior Authorization when testing exceeds 6 hours per plan year. (combination of codes: 96116, 96121, 96125, 96132, 96133)
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified healthcare professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	Prior Authorization when testing exceeds 6 hours per plan year. (combination of codes: 96116, 96121, 96125, 96132, 96133)

96125	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified healthcare professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	Prior Authorization when testing exceeds 6 hours per plan year. (combination of codes: 96116, 96121, 96125, 96132, 96133)
96132	Neuropsychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Prior Authorization when testing exceeds 6 hours per plan year. (combination of codes: 96116, 96121, 96125, 96132, 96133)
96133	Neuropsychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	Prior Authorization when testing exceeds 6 hours per plan year. (combination of codes: 96116, 96121, 96125, 96132, 96133)
96365	Intravenous infusion for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour -when used to describe administration of CAR-T Therapy	
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	
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	
96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	
96999	Unlisted special dermatological service or procedure	
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
97112	Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities (15 minutes)	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
97113	Aquatic therapy with therapeutic exercises (15 minutes)	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
97116	Gait training (includes stair climbing) (15 minutes)	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment

97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
97139	Unlisted therapeutic procedure (specify)	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
97150	Group therapeutic procedure(s) (two or more individuals)	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
97161	Physical therapy evaluation: low complexity	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
97162	Physical therapy evaluation: moderate complexity	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
97163	Physical therapy re-evaluation	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
97164	Physical therapy evaluation: high complexity	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
97165	Occupational therapy evaluation: low complexity	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment

97166	Occupational therapy evaluation: moderate complexity	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
97167	Occupational therapy evaluation: high complexity	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
97168	Occupational therapy re-evaluation	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
97530	Dynamic activities to improve functional performance, direct (one-on-one) with the patient (15 minutes)	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
97535	Self-care/home management training (e.g., activities of daily living [ADL] and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment), direct one-on-one contact (15 minutes)	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
97610	Low frequency non-thermal ultrasound per day	
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment

98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session	
99199	Unlisted special service, procedure or report	
99512	Home visit for hemodialysis	
99600	Unlisted home visit service or procedure	
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported	
0002U	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps	
0003U	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score	
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index	
0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and/or urine, algorithms to predict high-grade prostate cancer risk	
0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy	
0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents	
0020U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, with specimen verification including DNA authentication in comparison to buccal DNA, per date of service	
0021U	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score	
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider	

0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin	
0024U	Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative	
0025U	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative	
0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy")	
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	
0028U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, copy number variants, common variants with reflex to targeted sequence analysis	
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLC01B1, VKORC1 and rs12777823)	
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)	
0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)	
0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant	
0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G])	
0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism) gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)	
0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	
0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score	
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	
0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score	

0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s)	
0049U	U NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	
0051T	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	
0051U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, urine, 31 drug panel, reported as quantitative results, detected or not detected, per date of service	
0052T	Replacement or repair of thoracic unit of a total replacement heart system (artificial heart)	
0052U	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation	
0053T	Replacement or repair of implantable or components of total replacement heart system (artificial heart), excluding thoracic unit	
0053U	Oncology (prostate cancer), FISH analysis of 4 genes (ASAP1, HDAC9, CHD1 and PTEN), needle biopsy specimen, algorithm reported as probability of higher tumor grade	
0054U	Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service	
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	
0056U	Hematology (acute myelogenous leukemia), DNA, whole genome next generation sequencing to detect gene rearrangement(s), blood or bone marrow, report of specific gene rearrangement(s)	
0057U	Oncology (solid organ neoplasia), mRNA, gene expression profiling by massively parallel sequencing for analysis of 51 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as a normalized percentile rank	
0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative	
0059U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative	

0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood	
0061U	Transcutaneous measurement of five biomarkers (tissue oxygenation [StO2], oxyhemoglobin [ctHbO2], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis	
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score	
0063U	Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder	
0064U	Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative	
0065U	Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR)	
0066U	Placental alpha-micro globulin-1 (PAMG-1), immunoassay with direct optical observation, cervico-vaginal fluid, each specimen	
0067U	Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score	
0068U	Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. kruseii, C. tropicalis, and C. auris), amplified probe technique with qualitative report of the presence or absence of each species	
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score	
0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)	
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)	
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	
0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)	

0073T	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session	
0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)	
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)	
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)	
0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/ multiplication) (List separately in addition to code for primary procedure)	
0077U	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype	
0078U	Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype	
0079U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder	
0080U	Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smoking status, nodule diameter, nodule-spiculation status and nodule location), utilizing plasma, algorithm reported as a categorical probability of malignancy	
0082U	Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of service	
0083U	Oncology, response to chemotherapy drugs using motility contrast tomography, fresh or frozen tissue, reported as likelihood of sensitivity or resistance to drugs or drug combinations	

0092T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy	
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	
0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement	
0154U	FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3)	
0155U	PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y)	
0156U	Copy number (eg, intellectual disability, dysmorphism), sequence analysis	
0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatous polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)	
0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	
0159T	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)	
0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	
0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	

0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	
0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, each additional interspace	
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	
0165T	Revision of total disc arthroplasty, anterior approach, lumbar, each additional interspace	
0174T	Computer aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation	
0175T	Computer aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation	
0181T	Corneal hysteresis determination, by air impulse stimulation, bilateral, with interpretation and report	
0190T	Placement intraocular radiation source	
0191T	Insertion aqueous drainage device internal approach	
0195T	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L5-S1 interspace	
0196T	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L4-L5 interspace (List separately in addition to code for primary procedure)	
0197T	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	
0199T	Physiologic recording of tremor using accelerometer(s) and gyroscope(s), (inc frequency and amplitude) inc interpretation and report	

0200T	Percutaneous sacral augmentation (sacroplasty) unilateral injection(s), inc the use of a balloon or mechanical device (if utilized), one or more needles	
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	
0201T	Percutaneous sacral augmentation (sacroplasty) unilateral injection(s), inc the use of a balloon or mechanical device (if utilized), two or more needles	
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	
0202T	Posterior vertebral joint(s) arthroplasty (e.g. facet joint(s) replacement) inc facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, inc fluoroscopy, single level, lumbar spine	
0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed including fluoroscopy, single level lumbar spine	
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	
0208T	Pure tone audiometry (threshold), automated; air only	
0209T	Pure tone audiometry (threshold), automated; air and bone	
0210T	Speech audiometry threshold, automated	
0211T	Speech audiometry threshold, automated; with speech recognition	
0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated	
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)	
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	

0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	
0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	
0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	
0226T	Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); diagnostic, including collection of specimen(s) by brushing or washing when performed	
0227T	Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); with biopsy(ies)	
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	
0239T	Bioimpedance spectroscopy (BIS), measuring 100 frequencies or greater, direct measurement of extracellular fluid differences between the limbs	
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space	

0255T	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral; radiological supervision and interpretation	
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest. Complete procedure excluding bone marrow harvest	
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest. Unilateral or bilateral bone marrow harvest only for <u>intramuscular autologous bone marrow cell therapy</u>	
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	
0267T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed) Lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	
0268T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed) Pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	
0270T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed) lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	

0271T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed) pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day):	
0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day);with programming	
0274T	Percutaneous laminotomy/laminectomy (intradiscal approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic	
0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method, under indirect image guidance (e.g., fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic	
0275T	Percutaneous laminotomy/laminectomy (intradiscal approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar	
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method, under indirect image guidance (e.g., fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	
0284T	Revision or removal of pulse generator or electrodes, including imaging guidance, when performed, including addition of new electrodes, when performed	
0290T	Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure)	

0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens	
0310T	Motor function mapping using non-invasive navigated transcranial magnetic stimulation (nTMS) for therapeutic treatment planning, upper and lower extremity	
0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming	
0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator	
0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	
0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator	
0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	
0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed	
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment	
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	
0333T	Visual evoked potential, screening of visual acuity, automated	
0335T	Extra-osseous subtalar joint implant for talotarsal stabilization	
0337T	Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (eg, brachial artery ultrasound, peripheral artery tonometry), unilateral or bilateral	
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed: unilateral	
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed: bilateral	

0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed)	
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed)	
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed)	
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative	
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred	
0353T	Optical coherence tomography of breast, surgical cavity; real time intraoperative	
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred	
0355T	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	
0356T	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each	
0358T	Bioelectrical impedance analysis whole body composition assessment, supine position, with interpretation and report	
0376T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)	
0387T	Transcatheter insertion or replacement of permanent leadless pacemaker, ventricular	
0388T	Transcatheter removal of permanent leadless pacemaker, ventricular	
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	
0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)	
0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)	
0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	

0406T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant;	
0407T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant; with biopsy, polypectomy or debridement	
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	
0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	
0423T	Secretory type II phospholipase A2 (sPLA2-IIA)	
0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)	
0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	
0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	
0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	

0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	
0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	
0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	
0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	
0443T	Real time spectral analysis of prostate tissue by fluorescence spectroscopy	
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	
0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	
0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure)	
0451T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; complete system (counterpulsation device, vascular graft, implantable vascular hemostatic seal, mechano-electrical skin interface and subcutaneous electrodes)	

0452T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; aortic counterpulsation device and vascular hemostatic seal	
0453T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; mechano-electrical skin interface	
0454T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; subcutaneous electrode	
0455T	Removal of permanently implantable aortic counterpulsation ventricular assist system; complete system (aortic counterpulsation device, vascular hemostatic seal, mechano-electrical skin interface and electrodes)	
0456T	Removal of permanently implantable aortic counterpulsation ventricular assist system; aortic counterpulsation device and vascular hemostatic seal	
0457T	Removal of permanently implantable aortic counterpulsation ventricular assist system; mechano-electrical skin interface	
0458T	Removal of permanently implantable aortic counterpulsation ventricular assist system; subcutaneous electrode	
0459T	Relocation of skin pocket with replacement of implanted aortic counterpulsation ventricular assist device, mechano- electrical skin interface and electrodes	
0460T	Repositioning of previously implanted aortic counterpulsation ventricular assist device; subcutaneous electrode	
0461T	Repositioning of previously implanted aortic counterpulsation ventricular assist device, subcutaneous electrode; aortic counterpulsation device	
0464T	Visual evoked potential, testing for glaucoma, with interpretation and report	
0465T	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)	
0466T	Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)	
0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator	
0468T	Removal of chest wall respiratory sensor electrode or electrode array	
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	
0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm2 or part thereof, or 1% of body surface area of infants and children	

0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm ² , or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	
0487T	Biomechanical mapping, transvaginal, with report	
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells	
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	
0491T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; first 20 sq cm or less	
0492T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	
0493T	Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)	
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed	
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified healthcare professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field	

0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified healthcare professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for	
0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant	
0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission	
0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	
0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal	

0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal	
0507T	Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report	
0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia	
0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)	
0511T	Removal and reinsertion of sinus tarsi implant	
0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	
0513T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)	
0514T	Intraoperative visual axis identification using patient fixation (List separately in addition to code for primary procedure)	
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only	
0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	
0520T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode	
0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing	

0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing	
0523T	Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (List separately in addition to code for primary procedure)(Use 0523T in conjunction with 93454, 93455, 93456, 93457,93458, 93459, 93460, 93461)	
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring	
0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)	
0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation: electrode only	
0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation: implantable monitor only	
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	
0533T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; includes set-up, patient training, configuration of monitor, data upload, analysis and initial report configuration, download review, interpretation and report	
0534T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor	
0535T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; data upload, analysis and initial report configuration	
0536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report	

0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	
0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	
0541T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study	
0542T	Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; interpretation and report	
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	
0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	
0572T	Insertion of substernal implantable defibrillator electrode	
0573T	Removal of substernal implantable defibrillator electrode	
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	
0585T	including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	
0586T	including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	
0587T	neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when	

0588T	including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior	
HCPs CODES	IN ADDITION TO THIS LIST, PRIOR AUTHORIZATION IS REQUIRED FOR ANY DME ITEM WITH COST OVER \$1,000. [based on contracted rate, per HCPs code, per fill]	
A0140	Non Emergency transport air	
A0430	Fixed wing air transport	
A0435	Fixed wing air mileage	
A0999	Unlisted ambulance service	
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week	
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	
A4641	Radiopharmaceutical, diagnostic, not otherwise classified	
A7047	Oral interface used with respiratory suction pump, each	
A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	
A9590	Iodine i-131, iobenguane, 1 millicurie	
A9606	Radium ra-223 dichloride, therapeutic, per microcurie	
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	
B4104	Additive for enteral formula (e.g., fiber)	
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	

B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	
B4187	Omegaven, 10 grams lipids	
B9002	Enteral nutrition infusion pump, any type	
C1300	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	
C1716	Brachytherapy source, non-stranded, gold-198, per ...	
C1717	Brachytherapy source, non-stranded, gold-198 per...	
C1719	Brachytherapy source, non-stranded, non-high dose ...	
C1728	Catheter, brachytherapy seed administration	
C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	
C1762	Connective tissue, human (includes fascia lata)	

C1767	Generator, neurostimulator (implantable), non rechargeable	
C1778	Lead, neurostimulator (implantable)	
C1787	Patient programmer, neurostimulator	
C1816	Receiver and/or transmitter, neurostimulator (implantable)	
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	
C1821	Interspinous process distraction device (implantable)	
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	
C1824	Generator, cardiac contractility modulation (implantable)	
C1839	Iris prosthesis	
C1840	LENS, INTRAOCULAR (TELESCOPIC	
C1841	Retinal prosthesis, includes all internal and external components	
C1842	Retinal prosthesis, includes all internal and external components; add-on to C1841	
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	
C1889	Implantable/insertable device for device intensive procedure, not otherwise classified	
C1897	Lead, neurostimulator test kit (implantable)	
C1982	Catheter, pressure-generating, one-way valve, intermittently occlusive	
C2596	Probe, image-guided, robotic, waterjet ablation	
C2614	Probe, percutaneous lumbar discectomy	
C2616	Brachytherapy source, non-stranded, yttrium -90, per source	
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	
C2634	Brachytherapy source, non-stranded, high activity,...	
C2635	Brachytherapy source, non-stranded, high activity,...	
C2636	Brachytherapy linear source, non-stranded, paladiu...	
C2637	Brachytherapy source, non-stranded, ytterbium-169,...	
C2638	Brachytherapy source, stranded, iodine-125, per so...	
C2639	Brachytherapy source, non-stranded, iodine-125, pe...	
C2644	Brachytherapy source, cesium-131 chloride solution, per millicurie	
C2645	Brachytherapy planar source, palladium-103, per square millimeter	
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 q 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)	
C8900	Magnetic resonance angiography with contrast, abdomen	
C8901	Magnetic resonance angiography without contrast abdomen	
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	
C8903	Magnetic resonance imaging with contrast breast; unilateral	
C8904	Magnetic resonance imaging without contrast breast; unilateral	
C8905	Magnetic resonance imaging without contrast followed by with contrast breast; unilateral	
C8906	Magnetic resonance imaging with contrast breast; bilateral	
C8907	Magnetic resonance imaging without contrast breast; bilateral	
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	
C8909	Magnetic resonance angiography with contrast chest (excluding myocardium)	
C8910	Magnetic resonance angiography without contrast chest (excluding myocardium)	
C8911	Magnetic resonance angiography without contrast followed by with contrast,	
C8912	Magnetic resonance angiography with contrast lower extremity	

C8913	Magnetic resonance angiography without contrast lower extremity	
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	
C8918	Magnetic resonance angiography with contrast, pelvis	
C8919	Magnetic resonance angiography without contrast, pelvis	
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	
C8934	Magnetic resonance angiography with contrast, upper extremity	
C8935	Magnetic resonance angiography without contrast, upper extremity	
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	
C8937	Computer-aided detection, including computer algorithm analysis of breast mri image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)	
C9014	Injection, cerliponase alfa, 1 mg	
C9015	Injection, c-1 esterase inhibitor (human), haegarda, 10 units	
C9016	Injection, triptorelin extended release, 3.75 mg	
C9024	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	
C9028	Injection, inotuzumab ozogamicin, 0.1 mg	
C9029	Injection, guselkumab, 1 mg	
C9030	Injection, copanlisib, 1 mg	
C9031	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	
C9033	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	
C9036	Injection, patisiran, 0.1 mg	
C9038	Injection, mogamulizumab-kpkc, 1 mg	
C9054	Injection, lefamulin (xenleta), 1 mg	
C9055	Injection, brexanolone, 1mg	
C9140	Injection, factor viii (antihemophilic factor, recombinant) (afstyla), 1 i.u.	
C9293	Injection glucarpidase	
C9358	Dermal substitute, native, non denatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 square cm	
C9360	Dermal substitute, native, non denatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square cm	
C9364	Porcine implant, Permacol, per square centimeter	
C9367	Endoform Dermal Template	

C9463	Injection, aprepitant, 1 mg	
C9464	Injection, rolapitant, 0.5 mg	
C9465	Hyaluronan or derivative, Durolane, for intra-articular injection, per dose	
C9466	Injection, benralizumab, 1 mg	
C9467	Injection, rituximab and hyaluronidase, 10 mg	
C9468	Injection, factor ix (antihemophilic factor, recombinant), glycopegylated, Rebinyn, 1 i.u.	
C9469	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	
C9471	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg	
C9472	Injection, talimogene laherparepvec, 1 million plaque forming units (PFU)	
C9473	Injection, mepolizumab, 1 mg	
C9474	Injection, irinotecan liposome, 1 mg	
C9475	Injection, necitumumab, 1 mg	
C9476	Injection, daratumumab, 10 mg	
C9477	Injection, elotuzumab, 1 mg	
C9478	Injection, sebelipase alfa, 1 mg	
C9480	Injection, trabectedin, 0.1 mg	
C9481	Injection, reslizumab, 1 mg	
C9483	Injection, atezolizumab, 10 mg	
C9483	Injection, atezolizumab, 10 mg	
C9484	Injection, eteplirsen, 10 mg	
C9485	Injection, olaratumab, 10 mg	
C9486	Injection, granisetron extended release, 0.1 mg	
C9487	Ustekinumab, for intravenous injection, 1 mg	
C9489	Injection, nusinersen, 0.1 mg	
C9491	Injection, avelumab, 10 mg	
C9492	Injection, durvalumab, 10 mg	
C9493	Injection, edaravone, 1 mg	
C9494	Injection, ocrelizumab, 1 mg	
C9726	Placement and removal (if performed) of applicator into breast for radiation therapy	
C9727	Insertion of implants into the soft palate; minimum of three implants	
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance	
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants	
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants	
C9745	Nasal endoscopy, surgical; balloon dilation of eustachian tube	

C9745	Nasal endoscopy, surgical; balloon dilation of eustachian tube	
C9746	Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed	
C9748	Transurethral destruction of prostate tissue; by radiofrequency water vapor (steam) thermal therapy	
C9749	Repair of nasal vestibular lateral wall stenosis with implant(s)	
C9750	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation and peri-operative interrogation and programming; complete system (includes device and electrode)	
C9752	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum	
C9753	Destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)	
C9754	Creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision and interpretation, when performed and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization, when performed)	
C9755	Creation of arteriovenous fistula, percutaneous using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed	
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	
C9758	implantation of interatrial shunt or placebo control, including right heart catheterization, trans-esophageal echocardiography (tee)/intracardiac echocardiography (ice), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (ide) study	
D5934	Mandibular resection prosthesis with guide flange	
D5935	Mandibular resection prosthesis without guide flange	
D5952	Speech aid prosthesis; pediatric	
D5953	Speech aid prosthesis; adult	
D5955	Palatal lift prosthesis, definitive	
D5958	Palatal lift prosthesis; interim	

D5959	Palatal lift prosthesis; modification	
D5960	Speech aid prosthesis; modification	
D5999	Unspecified maxillofacial prosthesis, by report	
D7865	Arthroplasty, TMJ reshaping components	
D7899	Unspecified temporomandibular joint dysfunctions (TMD) therapy, by report	
D8999	Unspecified orthodontic procedure, by report	
D9999	Unspecified adjunctive procedure, by report	
E0118	Crutch substitute, lower leg platform, with or without wheels, each	
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	
E0470	Bipap- Respiratory assist device, bi-level pressure capability	
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature	
E0500	Ippb machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	
E0601	Continuous positive airway pressure (cpap) device	
E0481	Intrapulmonary percussive ventilation system and related accessories	
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	
E0627	Seat lift mechanism incorporated into a combination lift-chair mechanism	
E0629	Separate seat lift mechanism for use with patient owned furniture - non-electric	
E0635	Patient lift, electric, with seat or sling	
E0637	Combination sit to stand system, any size, with seat lift feature, with or without wheels	
E0638	Standing frame sys	
E0639	Patient lift, moveable from room to room with disassembly and reassembly	

E0640	Patient lift, fixed system, includes all components/accessories	
E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	
E0652	Pneumatic compressor, segmental home model	
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq.ft. or less	
E0692	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; 4 ft. panel	
E0693	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; 6 ft. panel	
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	
E0749	Osteogenesis stimulator, electrical, surgically implanted	
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	
E0764	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	
E0770	Functional electric stim NOS	
E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	
E0784	External ambulatory infusion pump, insulin	
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	
E0986	Manual wheelchair accessory, push-rim activated power assist system	
E1002	Wheelchair accessory, power seating system, tilt only	
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	

E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	
E1220	Wheelchair; specially sized or constructed (indicate brand name, model number, if any, and justification)	
E1229	Wheelchair, pediatric size, not otherwise specified	
E1230	Power operated vehicle (3 or 4 wheel non-highway), specify brand name and model number	
E1239	Power wheelchair, pediatric size, not otherwise specified	
E1399	Durable medical equipment , miscellaneous	
E1902	Communication board, non-electronic augmentative or alternative communication device	
E2300	Power wheelchair accessory, power seat elevation system	
E2301	Power wheelchair accessory, power standing system	
E2398	Wheelchair accessory, dynamic positioning hardware for back	
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	
E2511	Speech generating software program, for personal computer or personal digital assistant	
E2512	Accessory for speech generating device, mounting system	
E2599	Accessory for speech generating device, not otherwise classified	
E2609	Custom fabricated wheelchair seat cushion	

G0153	Services of speech and language pathologist in home health setting, each 15 minutes	
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	
G0166	External counterpulsation, per treatment session	
G0219	PET imaging whole body; melanoma for non covered indications	
G0235	PET imaging, any site, not otherwise specified	
G0252	PET imaging, full and partial-ring pet scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography (when performed in ASC)	
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	
G0297	Low dose ct scan (ldct) for lung cancer screening	
G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	
G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	
G0343	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation	
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation	
G0400	Home sleep test/type IV Porta	
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session	
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session	
G0428	Collagen Meniscus Implant	
G0429	Dermal filler inject for LDS	

G0448	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing	
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen	
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	
G0460	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment	
G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes	
G6001	Ultrasonic guidance for placement of radiation therapy fields	
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev	
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev	
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev	
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater dec3	
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev	
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev	
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev	
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev	
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev	
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev	
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater	

G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment	
G9012	Other specified case management service not elsewhere classified	
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	
G9147	Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration	
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	
H0031	Mental health assessment, by non-physician - Assessment and treatment planning by a BCBA	
H0032	Mental health service plan development by non-physician - Direct supervision of a paraprofessional by a BCBA	
H0035	Mental health partial hospitalization, treatment, less than 24 hours	
H0046	Mental health services, not otherwise specified	
H2012	Behavioral health day treatment, per hour - Direct service by a BCBA	
H2016	Comprehensive community support services, per diem	
H2019	Therapeutic behavioral services, per 15 minutes - Paraprofessional direct service supervised by a BCBA	
J0172	Aduhelm	
J0567	Brineura	
J1300	Soliris	
J1426	Amondys 45, (casimersen)	
J1427	Viltepso (viltolarsen)	
J1428	Exondys 51 (eteplirsen)	
J1429	Vyondys 53 (golodirsen)	
J2326	Spinraza (nusinersen)	
J3398	Luxturna (voretigene neparvovec-rzyl)	
J3399	Zolgensma (onasemnogene abeparvovec-xioi)	
J3490	Drugs Administered Other Than Oral Method	

J3590	Drugs Administered Other Than Oral Method	
J7330	Cultured chondrocytes Implant (i.e. MACI)	
J9039	Blincyto	
J9307	Folotyn	
J9325	Imlygic (talimogene laherparepvec)	
J9348	Danyelza	
J9399	Unclassified Drugs or Biologicals	
K0005	Ultra-lightweight wheelchair	
K0009	Other manual wheelchair/base	
K0010	Standard-weight frame motorized/power wheelchair	
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	
K0012	Lightweight portable motorized/power wheelchair	
K0014	Other motorized/power wheelchair base	
K0108	Wheelchair component or accessory, not otherwise specified	
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	
K0812	Power operated vehicle, not otherwise classified	
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	

K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0825	Power wheelchair, group 2 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0827	Power wheelchair, group 2 very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds	
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0829	Power wheelchair, group 2 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more	
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0838	Power wheelchair, group 2 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0851	Power wheelchair, group 3 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	

K0853	Power wheelchair, group 3 very heavy duty, captain's chair, patient weight capacity, 451 to 600 pounds	
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0855	Power wheelchair, group 3 extra heavy duty, captain's chair, patient weight 601 pounds or more	
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0859	Power wheelchair, group 3 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	
K0884	Power wheelchair, group 4 standard multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, weight capacity up to and including 300 pounds	

K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	
K0898	Power wheelchair, not otherwise classified	
K0899	Power mobility device, not coded by SADMERC or does not meet criteria	
K0900	Customized Durable Medical Equipment, Other Than Wheelchair	
L2005	Knee-ankle-foot orthotic (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	
L2006	Knee ankle foot device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	
L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	
L5848	Addition to endoskeletal knee-shin system, fluidstance extension, dampening feature, with or without adjustability	
L5856	Elec knee-shin swing/stance	
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	
L5858	Stance phase only	
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	
L5930	High activity knee frame	
L5969	Addition, endoskeletal ankle-foot or ankle system power assist, includes any type motor(s)	
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	
L5981	Flex-walk sys low ext prosth	
L5999	Lower extremity prosthes NOS	

L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	
L6638	Upper extremity addition to prosthesis, elec locking feature	
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	
L6647	Upper extremity addition, shoulder lock mech; body powered actuator	
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and 1 charger, switch control of terminal device	
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectric control of terminal device	
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectric control of terminal device	
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectric control of terminal device	
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectric control of terminal device	

L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectric control of terminal device	
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, 2 batteries and one charger, switch control of terminal device	
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectric control of terminal device	
L7007	Electric hand, switch or myoelectric controlled, adult	
L7008	Electric hand, switch or myoelectric, controlled, pediatric	
L7009	Electric hook, switch or myoelectric controlled, adult	
L7040	Prehensile actuator, switch controlled	
L7045	Electric hook, switch or myoelectric controlled, pediatric	
L7170	Electronic elbow, Hosmer or equal, switch controlled	
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal	
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectrically controlled	
L7191	Electronic elbow, child, Variety Village or equal, myoelectrically controlled	
L7259	Electronic wrist rotator, any type	
L7499	Upper Extremity Prosthesis NOS	
L8045	Auricular prosthesis	
L8048	Unspecified maxillofacial prosthesis, by report, provided by a non-physician	
L8499	Unlisted misc prosthetic ser	
L8510	Voice amplifier	

L8600	Implantable breast prosthesis, silicone or equal	Prior Authorization not required for Mastectomy/Breast Reconstruction for the following Diagnosis codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121, C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.81 2,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01,D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91,D05.92,D48.61,D48.62, I97.2,N65.0,N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811,Z45.819 ,Z85.3,Z90.10,Z90.11,Z90.12,Z90.13
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, analcanal, 1 ml, includes shipping and necessary supplies	
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies	
L8608	Miscellaneous external component, supply or accessory for use with the argus ii retinal prosthesis system	
L8614	Cochlear device/system	
L8619	Cochlear implant external speech processor, replacement	
L8641	Metatarsal joint implant	
L8642	Hallux implant	
L8679	Implantable neurostimulator, pulse generator, any type	
L8680	Implantable neurostimulator electrode, each	
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	
L8682	Implantable neurostimulator radiofrequency receiver	
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	
L8688	Implantable neurostimulator pulse generator, dual array, non rechargeable, includes extension	
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only	
L8698	Miscellaneous component, supply or accessory for use with total artificial heart system	

L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories. custom fabricated	
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories. custom fabricated	
M1143	Initiated episode of rehabilitation therapy, medical, or chiropractic care for neck impairment	In office/outpatient setting (POS 11, 22) Prior auth > 8 visits In home or other place of service (POS 12,99) PA required prior to initiation of treatment
Q1004	New technology intraocular lens category 4 as defined in Federal Register notice	
Q1005	New technology intraocular lens category 5 as defined in Federal Register notice	
Q2017	Injection, teniposide, 50 mg	
Q2026	Injection, Radiesse, 0.1 ml	
Q2028	Injection, sculptra, 0.5 mg	
Q2040	Tisagenlecleucel, up to 250 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion	
Q2041	Axicabtagene Ciloleucel (Yescarta), up to 200 Million Autologous Anti-CD19 CAR T Cells, Including Leukapheresis And Dose Preparation Procedures, Per Infusion	
Q2042	Tisagenlecleucel (Kymriah), up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	
Q2043	Sipuleucel-T, minimum of 50 million autologous cd54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	
Q2053	Tecartus (Brexucabtagene autoleucel)	
Q2054	Breyanzi – (lisocabtagene maraleuce)	
Q2055	Abecma - (Idecabtagene vicleucel)	
Q3027	Injection, Interferon Beta-1A, 1 MCG for intramuscular use	
Q3028	Injection, Interferon Beta-1A, 1 MCG for subcutaneous use	
Q4074	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 mcg	
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	
Q4082	Drug or biological, not otherwise classified, Part B drug competitive	
Q4100	Skin substitute, NOS	
Q4102	Oasis wound matrix skin sub	
Q4103	Oasis burn matrix skin sub	
Q4106	Dermagraft, per sq cm	
Q4107	Graftjacket skin sub	

Q4110	Primatrix skin sub	
Q4111	Gammagraft skin sub	
Q4112	Cymetra allograft	
Q4113	Graftjacket express allograft	
Q4114	Integra flowable wound matrix	
Q4115	Skin substitute, Alloskin, per square centimeter	
Q4117	HYALOMATRIX, per sq cm	
Q4118	MatriStem micromatrix, 1 mg	
Q4121	TheraSkin, per sq cm	
Q4122	DermACELL, per sq cm	
Q4123	AlloSkin RT, per sq cm	
Q4124	OASIS ultra tri-layer wound matrix, per sq cm	
Q4125	Arthroflex, per sq cm	
Q4126	MemoDerm, DermaSpan, Tranzgraft or InteguPly, per sq cm	
Q4127	Talymed, per sq cm	
Q4128	FlexHD, Allopatch HD, or Matrix HD, per sq cm	
Q4130	Strattice TM, per sq cm	
Q4132	Grafix core, per square centimeter	
Q4133	Grafix prime, per square centimeter	
Q4134	Hmatrix, per square centimeter	
Q4135	Mediskin, per square centimeter	
Q4136	Ez-derm, per square centimeter	
Q4137	Amnioexcel or Biodexcel, per square centimeter	
Q4138	Biodfence dryflex, per square centimeter	
Q4139	Amniomatrix or Biodmatrix, inectable, 1 CC	
Q4140	Biodfence, per square centimeter	
Q4141	Alloskin AC, per square centimeter	
Q4142	XCM biologic tissue matrix, per square centimeter	
Q4143	Repriza, per square centimeter	
Q4145	Epifix, injectable, 1 MG	
Q4146	Tensix, per square centimeter	
Q4147	Architect extracellular matrix, per square centimeter	
Q4148	Neox 1K, per square centimeter	
Q4149	Excellagen, 0.1 CC	
Q4150	Allowrap ds or dry, per square centimeter	
Q4151	Amnioband or guardian, per square centimeter	
Q4152	Dermapure, per square centimeter	
Q4153	Dermavest, per square centimeter	
Q4154	Biovance, per square centimeter	
Q4155	Neoxflo or clarixflo, 1 mg	

Q4156	Neox 100, per square centimeter	
Q4157	Revitalon, per square centimeter	
Q4158	Marigen, per square centimeter	
Q4159	Affinity, per square centimeter	
Q4160	Nushield, per square centimeter	
Q4161	Bio-connekt wound matrix, per square centimeter	
Q4162	Amniopro flow, bioskin flow, biorenew flow, woundex flow, amniogen-a, amniogen-c, 0.5 cc	
Q4163	Amniopro, bioskin, biorenew, woundex, amniogen-45, amniogen-200, per square centimeter	
Q4164	Helicoll, per square centimeter	
Q4165	Keramatrix, per square centimeter	
Q4166	Cytal, per square centimeter	
Q4167	Truskin, per square centimeter	
Q4168	Amnioband, 1 mg	
Q4169	Artacent wound, per square centimeter	
Q4170	Cygnus, per square centimeter	
Q4171	Interfyl, 1 mg	
Q4172	Puraply or puraply am, per square centimeter	
Q4173	Palingen or palingen xplus, per square centimeter	
Q4174	Palingen or promatrx, 0.36 mg per 0.25 cc	
Q4175	Miroderm, per square centimeter	
Q4176	Neopatch, per square centimeter	
Q4177	Floweramnioflo, 0.1 cc	
Q4178	Flower Amniopatch, per square centimeter	
Q4179	Flowerderm, per square centimeter	
Q4180	Revita, per square centimeter	
Q4181	Amnio wound, per square centimeter	
Q4182	Transcyte, per square centimeter	
Q4183	Surgigraft, per square centimeter	
Q4184	Cellesta, per square centimeter	
Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc	
Q4186	Epifix, per square centimeter	
Q4187	Epicord, per square centimeter	
Q4188	Amnio Armor, per square centimeter	
Q4189	Artacent ac, 1 mg	
Q4190	Artacent ac, per square centimeter	
Q4191	Restorigin, per square centimeter	
Q4192	Restorigin, 1 cc	
Q4193	Coll-e-derm, per square centimeter	
Q4194	Novachor, per square centimeter	

Q4195	Puraply, per square centimeter	
Q4196	Puraply am, per square centimeter	
Q4197	Puraply xt, per square centimeter	
Q4198	Genesis amniotic membrane, per square centimeter	
Q4200	Skin te, per square centimeter	
Q4201	Matrion, per square centimeter	
Q4202	Keroxx (2.5g/cc), 1cc	
Q4203	Derma-gide, per square centimeter	
Q4204	Xwrap, per square centimeter	
Q5001	Hospice or home healthcare provided in patient's home/residence	
Q5002	Hospice or home healthcare provided in assisted living facility	
Q5003	Hospice care provided in nursing long-term care facility (LTC) or non skilled nursing facility (NF)	
Q5004	Hospice care provided in skilled nursing facility (SNF)	
Q5005	Hospice care provided in inpatient hospital	
Q5006	Hospice care provided in inpatient hospice facility	
Q5007	Hospice care provided in long-term care facility	
Q5008	Hospice care provided in inpatient psychiatric facility	
Q5009	Hospice or home healthcare provided in place not otherwise specified (NOS)	
Q5010	Hospice home care provided in a hospice facility	
Q5102	Injection, Infliximab, Biosimilar, 10 mg	
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	
Q5109	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	
Q5110	Injection, filgrastim-aafi, biosimilar, (nivistym), 1 microgram	
Q5111	Injection, Pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg.	
Q9972	Injection, Epoetin Beta, 1 microgram, (For ESRD On Dialysis)	
Q9973	Injection, Epoetin Beta, 1 microgram, (Non-ESRD use)	
Q9982	Flutemetamol F18, diagnostic, per study dose, up to 5 millicuries	
Q9983	Florbetaben f18, diagnostic, per study dose, up to 8.1 millicuries	
Q9986	Injection, hydroxyprogesterone caproate (Makena), 10 mg	
Q9989	Ustekinumab, for Intravenous Injection, 1 mg	
S0090	Sildenafil citrate, 25 mg (Revatio)	
S0122	Menotropins, 75 IU	
S0126	Follitropin alfa, 75 IU	
S0128	Follitropin beta, 75 IU	
S0132	Ganirelix acetate, 250 mcg	
S0145	Peginterferon alpha-2a	

S0148	PEG INTERFERON ALFA-2B/10	
S0189	Testosterone pellet, 75 mg	
S0201	Partial hospitalization services, less than 24 hours, per diem	
S0810	Photorefractive Keratectomy	
S1030	Continuous noninvasive glucose monitoring device, purchase	
S1034	Artificial Pancreas Device System (eg, Low Glucose Suspend [LGS] Feature) Including Continuous Glucose Monitor, Blood Glucose Device, Insulin Pump And Computer Algorithm That Communicates With All Of The Devices	
S1040	Cranial remolding orthosis, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	
S1090	MOMETASONE FUROATE SINUS IMPLANT, 370 MICROGRAMS	
S2053	Transplantation of small intestine and liver allografts	
S2054	Transplantation of multivisceral organs	
S2060	Lobar lung transplantation	
S2061	Donor lobectomy (lung) for transplantation, living donor	
S2065	Simultaneous pancreas kidney transplantation	
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	
S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral	
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	
S2080	Laser-assisted uvulopalatoplasty (LAUP)	
S2095	(Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres) is an older code, but is being added to the program along with our yttrium-90 policy. This code will be billed once per treatment session when the patient is treated with yttrium-90 microspheres	
S2102	Islet cell tissue transplant from pancreas; allogenic	
S2103	Adrenal tissue transplant to brain	
S2107	Adoptive immunotherapy i.e., development of specific anti-tumor reactivity (e.g. tumor-infiltrating lymphocyte therapy) per course of treatment	
S2117	ARTHROEREISIS, SUBTALAR	
S2140	Cord blood harvesting for transplantation, allogeneic	
S2142	Cord blood-derived stem-cell transplantation, allogeneic	

S2150	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including pheresis, high-dose chemotherapy, and the number of days of post-transplant care in the global definition (including drugs; hospitalization; medical, surgical, diagnostic and emergency services)	
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and post-transplant care in the global definition	
S2202	Echosclerotherapy	
S2235	Implantation of auditory brainstem implant	
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy	
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	
S2350	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, single interspace	
S2351	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, each additional interspace (list separately in addition to code for primary procedure)	
S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero	
S2404	Repair, myelomeningocele in the fetus, procedure performed in uter	
S3833	Complete APC gene sequence analysis for susceptibility to familial adenomatous polyposis (FAP) and attenuated fap	
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	
S3841	Genetic testing for retinoblastoma	
S3842	Gene test Hippel-Lindau	
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (scn5a) and variants for suspected Brugada syndrome	
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family	
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	
S8035	Magnetic source imaging	
S8037	Magnetic resonance cholangiopancreatography (MRCP)	

S8042	Magnetic resonance imaging (MRI), low-field	
S8080	Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical	
S8085	Fluorine-18 fluorodeoxyglucose(F-18 FDG) imaging using dual-head coincidence detection system	
S8092	Electron beam computed tomography (also known as Ultrafast CT, Cine CT)	
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	
S9055	Procurein or other growth factor preparation to promote wound healing	
S9056	Coma stimulation, per diem	
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	
S9124	Nursing care, in the home; by licensed practical nurse, per hour	
S9126	Hospice care, in the home, per diem	
S9128	Speech therapy, in the home, per diem	
S9129	Occupational therapy, in the home, per diem	
S9131	Physical therapy; in the home, per diem	
S9152	Speech therapy, re-evaluation	
S9325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327, or S9328)	
S9326	Home infusion therapy, continuous (24 hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9327	Home infusion therapy, intermittent (less than 24 hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9328	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9330	Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	

S9331	Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9338	Home infusion therapy, immunotherapy (e.g., intravenous immunoglobulin, interferon); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9340	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	
S9341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	
S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	
S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	
S9345	Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., Factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	

S9351	Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9359	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9363	Home infusion therapy, anti-spasmodic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula, and nursing visits coded separately), per diem (Do not code with home infusion codes S9365-S9368 using daily volume scales)	
S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula, and nursing visits coded separately), per diem (drugs and nursing visits coded separately), per diem	
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula, and nursing visits coded separately), per diem (drugs and nursing visits coded separately), per diem	

S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula, and nursing visits coded separately), per diem (drugs and nursing visits coded separately), per diem	
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula, and nursing visits coded separately), per diem (drugs and nursing visits coded separately), per diem	
S9370	Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9372	Home therapy, intermittent anticoagulant injection therapy (e.g., Heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (Do not use this code for flushing of infusion devices with Heparin to maintain patency)	
S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (Do not use with hydration therapy codes S9374-S9377 using daily volume scales)	
S9374	Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9375	Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9376	Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9377	Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	

S9379	Home infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake	
S9434	Modified solid food supplements for inborn errors of metabolism	
S9435	Medical foods for inborn errors of metabolism	
S9480	Intensive outpatient psychiatric services, per diem	
S9960	Ambulance service, conventional air services, Non Emergency transport, one way (fixed wing)	
S9961	Ambulance service, conventional air service, Non Emergency transport, one way (rotary wing)	
T1030	Nursing care, in the home, by registered nurse, per diem	
T1031	Nursing care, in the home, by licensed practical nurse, per diem	
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	