



Prior Authorization Requirements - Effective July 1,2016

Overview

Prior authorizations are required for:

- (1) All services rendered by out-of-network providers
- (2) Services provided at selected place of service (POS)
- (3) Arizona Medicaid AHCCCS members under the age of 21 with select CRS diagnosis criteria
- (4) Selected procedures and services
- (5) Detailed Code list

Please refer to the rest of the document for more details on each section.

Prior authorizations are required for the following categories:

(1) All services rendered by out-of-network providers, irrespective of place of service (POS) or procedures

(2) All services provided at the following POS:

| POS ID | Place of Service                                 | PA is not required for the following procedure codes |
|--------|--|--|
| 12     | Patient Home                                     | DME - See code list for specific codes               |
| 13     | Assisted Living Facility                         | -  |
| 14     | Group Home                                       | -  |
| 16     | Temporary Lodging                                | -  |
| 21     | Inpatient Hospital                               | -  |
| 24     | Ambulatory Surgical Center                       | Colonoscopy (45378-45392), EGD (43235 - 43259)       |
| 25     | Birth Center                                     | -  |
| 26     | Military Treatment Facility                      | -  |
| 31     | Skilled Nursing Facility                         | -  |
| 32     | Nursing Facility                                 | -  |
| 33     | Custodial Care Facility                          | -  |
| 34     | Hospice  | -  |
| 51     | Inpatient Psychiatric Facility                   | -  |
| 52     | Psychiatric Facility-Partial Hospitalization     | -  |
| 54     | Intermediate Care Facility/Mentally Retarded     | -  |
| 55     | Residential Substance Abuse Treatment Facility   | -  |
| 56     | Psychiatric Residential Treatment Center         | -  |
| 61     | Comprehensive Inpatient Rehabilitation Facility  | -  |
| 62     | Comprehensive Outpatient Rehabilitation Facility | -  |

(3) FOR ARIZONA ONLY: Notification or prior authorization is required for Arizona AHCCCS Medicaid members under the age of 21 with any of the following diagnosis codes, irrespective of POS and procedures:

| Category                | Associated ICD10 codes  | POS PA Requirement | Age PA Requirement |
|-------------------------|---|--------------------|--------------------|
| Cardiovascular system   | A18.8, I02.0, I05, I06, I07, I08, I09, I13, I15.0, I15.1, I23.1, I23.2, I25.3, I25.41, I27.0, I28.1, I28.8, I28.9, I34, I35, I36, I37, I38, I39, I42, I43, I44, I45, I46.2, I46.8, I46.9, I47.0, I47.1, I47.2, I47.9, I48, I49, I51.0, I51.7, I77.0, I97.0, I97.1, M32, N26.2, R00.1  | All                | Less than 21       |
| Dermatologic system     | D18, D22.3, D22.4, D22.5, D22.6, D23.3, D23.4, D23.5, D23.6, I78.1  | All                | Less than 21       |
| Endocrine system        | E05.0, E05.1, E05.2, E05.3, E05.4, E05.8, E05.9, E20.0, E20.8, E20.9, E21, E22.0, E22.2, E23, E24.1, E25.0, E25.8, E25.9, E27.1, E27.2, E27.3, E27.4, E34.2, E34.4, E84, E89.2, E89.3, E89.6, N25.1, N25.81   | All                | Less than 21       |
| ENT system              | D17.0, H61.311, H61.312, H61.313, H61.319, H70.10, H70.11, H70.12, H70.13, H74.0, H74.1, H74.3, H74.2, H71.9, H71.0, H71.1, H74.4, H71.2, H71.3, H74.8, H74.9, H93.3X1, H93.3X2, H93.3X3, H93.3X9, H94.00, H94.01, H94.02, H94.03, H90.2, H90.0, H90.1, H90.5, H90.3, H90.4, H90.8, H90.7, H90.6, H91.3, H91.0, H91.8, H91.9, K06.0, M26.0, M26.1, M26.2, M26.4, M26.5, M26.8, M89.3, M89.8 | All                | Less than 21       |
| Gastrointestinal system | J86.0, K22.2, K31.6, K44.0, K44.1, K44.9, K62.4, K63.2, N82.4   | All                | Less than 21       |
| Genitourinary system    | N10, N11, N12, N13, N15.1, N15.9, N16, N28.84, N28.85, N28.86, N31.0, N31.1, N31.9, N32.0, N32.1, N32.3   | All                | Less than 21       |
| Hemoglobinopathy        | D56, D57.0, D57.1, D57.2, D57.4, D57.8, D58.2   | All                | Less than 21       |
| Integumentary system    | L90.5, L91.0  | All                | Less than 21       |

| Category               | Associated ICD10 codes   | POS PA Requirement | Age PA Requirement |
|------------------------|--|--------------------|--------------------|
| Metabolic system       | D81.3, D81.5, D81.810, D82.1, E70.0, E70.1, E70.2, E70.3, E70.4, E70.5, E70.8, E70.9, E71.0, E71.1, E71.2, E71.3, E71.4, E71.5, E72, E74.0, E74.2, E74.4, E74.8, E74.9, E75.2, E75.3, E76, E77, E79.1, E79.2, E79.8, E79.9, E80.3, E88.4, E88.8, E88.9, H49.811, H49.812, H49.813, H49.819   | All                | Less than 21       |
| Musculoskeletal system | A18.0, E09.2, E55.0 , E55.9, E64.3, G63, L40.54, L90.0, L94.0, L94.3, M00.0, M00.1, M00.2, M00.8, M00.9, M01.X, M02.1, M02.3, M02.8, M05.0, M05.1, M05.2, M05.3, M05.4, M05.5, M05.6, M05.7, M05.8, M05.9, M06.0, M06.1, M06.2, M06.3, M06.4, M06.8, M06.9, M08.0, M08.1, M08.2, M08.3, M08.4, M08.8, M08.9, M12.0, M12.2, M12.3, M12.4, M21.7, M21.8, M21.9, M24.5, M24.6, M24.7, M25.0, M31.0, M32, M33, M34, M35.0, M35.1, M35.2, M35.5, M35.8, M35.9, M36.0, M36.2, M36.3, M36.8, M40, M41, M42.00, M43.0, M43.1, M43.2, M43.6, M43.8, M43.9, M45, M46.2, M46.3, M46.5, M46.8, M48.0, M48.8, M49, M53.8, M53.9, M54.81, M62.3, M62.8, M67.00, M67.01, M67.02, M83.2, M83.3, M84.8, M84.8, M84.8, M84.9, M85.0, M85.8, M86.3, M86.4, M86.5, M86.6, M86.8, M86.9, M87.0, M87.1, M87.2, M87.2, M87.3, M87.3, M87.8, M87.8, M87.9, M89.2, M89.3, M89.5, M89.8, M90.5, M90.5, M91.1, M91.2, M91.3, M91.4, M91.8, M91.9, M92.50, M92.51, M92.52, M92.9, M93.0, M93.8, M93.9, M94.1, M96.2, M96.3, M96.4, M96.5, M99.2, M99.3, M99.4, M99.5, M99.6, M99.7, N05.9, N06.9, N07.9, N08, N15.9, N16 | All                | Less than 21       |
| Nervous system         | A52.15, B91, D16.6, D32.0, D32.1, D32.9, D33, D44.3, D44.4, E08.4, E09.4, E10.4, E11.4, E13.4, E34.8, E75.0, E75.1, E75.2, E75.4, F84.2, G04.0, G04.1, G04.3, G04.8, G10, G11, G12, G13.0, G13.1, G13.2, G13.8, G14, G23, G24, G25.3, G25.4, G25.5, G25.8, G25.9, G31.2, G31.8, G31.9, G32.0, G32.81, G35, G36.0, G36.1, G36.8, G36.9, G37, G4.0A11, G4.0A19, G40, G52.7, G52.9, G53, G54.0, G54.1, G54.2, G54.3, G54.4, G56.8, G56.9, G57.8, G57.9, G58.7, G58.8, G58.9, G59, G60, G61, G62, G63, G64, G65.0, G65.1, G65.2, G70, G71, G72, G73.1, G73.3, G73.7, G80, G81, G82, G83.0, G83.1, G83.2, G83.3, G83.4, G90.1, G90.3, G91, G93, G94, G95, G99.2, I02.9, I62.9, I63.5, I63.8, I63.9, I66, I67.5, I67.83, I67.89, I69.0, I69.1, I69.2, I69.3, I69.8, I69.9, M05.4, M23.50, M23.8X9, M24.8, M24.9, M25.2, M25.3, M25.9, M33, M34, M35.0, M53.2, M61.1, M62.4, M62.8, Q01, Q02, Q03.0, Q03.1, Q03.8, Q03.9, Q04, Q05, Q06, Q07, Q85   | All                | Less than 21       |
| Ophthalmology system   | A18.5, B60.13, E08.3, E09.3, E10.3, E11.3, E13.3, E50.6, G45.3, H02.0, H02.1, H05.30, H05.89, H11.241, H11.242, H11.243, H11.249, H16.0, H16.1, H16.2, H16.3, H16.4, H16.8, H16.9, H17.0, H17.1, H17.8, H17.9, H18.0, H18.1, H18.2, H18.3, H18.4, H18.5, H18.6, H18.7, H18.8, H18.9, H20.0, H20.1, H20.2, H20.8, H20.9, H21.0, H21.1, H21.2, H21.3, H21.4, H21.5, H21.8, H21.9, H22, H26.0, H26.1, H26.8, H26.9, H27.0, H27.1, H27.8, H27.9, H30, H31.0, H31.1, H31.2, H31.3, H31.4, H31.8, H31.9, H33, H34.0, H34.1, H34.2, H34.8, H34.9, H35.0, H35.1, H35.2, H35.3, H35.4, H35.5, H35.6, H35.7, H35.8, H35.9, H36, H40, H42, H46, H47.0, H47.1, H47.2, H47.3, H47.4, H47.5, H47.6, H47.9, Q11, Q12, Q15.0   | All                | Less than 21       |
| Respiratory system     | D14, J38.0, J38.6, J38.7, J39.8, J98.09  | All                | Less than 21       |

(4) Notification or prior authorization is required for the following procedures and services (please see Code List for detailed codes):

| Service                                       | POS PA Requirement | Instructions   |
|---|--------------------|--|
| Accidental Dental                             | All                | See code list for specific conditions/diagnosis considerations |
| Air Ambulance                                 | All                |  |
| Allergy Testing                               | All                |  |
|   | All                |  |
| Ambulance-ALS/BLS& Non-emergent               | All                |  |
| Autism Spectrum Disorders                     | All                |  |
| Bariatric Surgery                             | All                |  |
| Blephroplasty                                 | All                |  |
| Bone Growth Stimulator                        | All                |  |
| Breast Reconstruction/Reduction               | All                |  |
| Capsule Endoscopy                             | All                |  |
| Cardiac Spiral CT                             | All                |  |
| Carpal Tunnel                                 | All                |  |
| Cataract Surgery                              | All                |  |
| Chemotherapy                                  | 22                 | See codelist for Q codes requiring PA at ALL POS               |
| Chiropractice Care                            | All                |  |
| Clinical Trials                               | All                |  |
| Cochlear/Other Auditory Implants              | All                |  |
| Congenital Heart Disease / Cardiac Procedures | All                |  |
| Cosmetic /Reconstructive                      | All                |  |
| CT/CTA Scan                                   | All                |  |
| Dietary/Nutritional Counseling                | All                |  |
| DME >\$500                                    | All                |  |
| End Stage Renal Disease/Dialysis              | All                |  |
| Excision of Turbinate                         | All                | See code list for specific codes                               |
| Genetic Testing                               | All                |  |
| Hemophilia                                    | All                |  |
| Hernia Repair                                 | All                |  |
| Home Health                                   | All                |  |
| Hyperbaric Oxygen Treatment                   | All                |  |
| Hysterectomy-Inpt&Outpatient                  | All                |  |

| Service                                | POS PA Requirement | Instructions   |
|--|--------------------|--|
| Infertility Services                   | All                | See code list for specific codes<br>See code list for specific codes   |
| Infusion Therapy                       | All                |  |
| J-Codes                                | All                |  |
| LEAP(Lifestyle Eating&Performance)     | All                |  |
| Liver Biopsy                           | All                |  |
| Mental Health Substance                | All                | Services provided on an emergent basis in the office, which disrupts other scheduled office services, in addition to basic service |
| Misc Services                          | All                |  |
| MRI/MRA                                | All                |  |
| Neuropsychological Testing             | All                |  |
| Non-Emergent Air Transport             | All                |  |
| Obstetric Ultrasound                   | All                | See code list for specific codes   |
| Obstructive Sleep Apnea, Surgical      | All                |  |
| Outpatient Diagnostics                 | All                |  |
| Oral Surgical Procedures               | All                |  |
| Orthognathic Surgery                   | All                |  |
| Orthopedic Surgeries                   | All                | See code list for specific codes   |
| Orthotripsy/Lithotripsy                | All                |  |
| Pain Management/Including Pain Pump    | All                |  |
| PET CT                                 | All                |  |
| Potentially Unproven Services          | All                |  |
| Prosthetics/Orthotics                  | All                | See code list for specific codes<br>See code list for specific codes<br>See code list for specific codes                           |
| Radiology                              | All                |  |
| Rhizotomy                              | All                |  |
| Sleep Apnea Procedures/Surgeries       | All                |  |
| Sterilization Procedures               | All                |  |
| Stimulators (Bladder, Bone, Peripheral | All                |  |
| Supplemental Feeds                     | All                |  |
| Therapy Services (PT/OT/ST)            | All                |  |
| TMJ Disorders                          | All                |  |
| Tonsillectomy/Adenoidectomy            | All                |  |
| Transplant/Transplant-Evaluation       | All                |  |
| Transplant Travel & Lodging            | All                |  |
| Urologic Procedures                    | All                |  |
| Uvulopalatopharynoplasy (UPPP)         | All                |  |
| Vagus Nerve Stimulation                | All                |  |
| Varicose Vein Procedures               | All                |  |
| Wound Care                             | All                |  |

(5) Notification or prior authorization is required for the following procedures and services:

| Services          | Procedure code | Description   | POS PA Requirement | Max units allowed without PA | Max dollar amount allowed without PA | PA is not required for the following diagnosis codes |
|-------------------|----------------|---|--------------------|------------------------------|--------------------------------------|--|
| Accidental dental | 21141          | RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT  | All                | 0                            | 0                                    | -  |
| Accidental dental | 21142          | RECONSTRUCTION MIDFACE, LEFORT I; 2 PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT   | All                | 0                            | 0                                    | -  |
| Accidental dental | 21143          | RECONSTRUCTION MIDFACE, LEFORT I; 3 OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT   | All                | 0                            | 0                                    | -  |
| Accidental dental | 21145          | RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)  | All                | 0                            | 0                                    | -  |
| Accidental dental | 21146          | RECONSTRUCTION MIDFACE, LEFORT I; 2 PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED UNILATERAL ALVEOLAR CLEFT)                                | All                | 0                            | 0                                    | -  |
| Accidental dental | 21147          | RECONSTRUCTION MIDFACE, LEFORT I; 3 OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OSTEOTOMIES) | All                | 0                            | 0                                    | -  |
| Accidental dental | 21150          | RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS SYNDROME)   | All                | 0                            | 0                                    | -  |
| Accidental dental | 21151          | RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)   | All                | 0                            | 0                                    | -  |
| Accidental dental | 21154          | RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITHOUT LEFORT I  | All                | 0                            | 0                                    | -  |
| Accidental dental | 21155          | RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITH LEFORT I   | All                | 0                            | 0                                    | -  |
| Accidental dental | 21244          | RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)   | All                | 0                            | 0                                    | -  |
| Accidental dental | 21245          | RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL   | All                | 0                            | 0                                    | -  |
| Accidental dental | 21246          | RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE  | All                | 0                            | 0                                    | -  |
| Accidental dental | 21247          | RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS) (EG, FOR HEMIFACIAL MICROSOMIA)   | All                | 0                            | 0                                    | -  |
| Accidental dental | 21248          | RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL   | All                | 0                            | 0                                    | -  |
| Accidental dental | 21249          | RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); COMPLETE  | All                | 0                            | 0                                    | -  |

|                 |       |   |     |   |   |   |
|-----------------|-------|---|-----|---|---|---|
| Air Ambulance   | A0430 | AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)   | All | 0 | 0 | - |
| Air Ambulance   | A0431 | AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)  | All | 0 | 0 | - |
| Air Ambulance   | A0435 | FIXED WING AIR MILEAGE, PER STATUTE MILE  | All | 0 | 0 | - |
| Air Ambulance   | A0436 | ROTARY WING AIR MILEAGE, PER STATUTE MILE   | All | 0 | 0 | - |
| Air Ambulance   | A0225 | AMBULANCE SERVICE, NEONATAL TRANSPORT, BASE RATE, EMERGENCY TRANSPORT, ONE WAY  | All | 0 | 0 | - |
| Air Ambulance   | A0888 | NONCOVERED AMBULANCE MILEAGE, PER MILE (E.G., FOR MILES TRAVELED BEYOND CLOSEST APPROPRIATE FACILITY)   | All | 0 | 0 | - |
| Allergy Testing | 95004 | PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, INCLUDING TEST INTERPRETATION AND REPORT, SPECIFY NUMBER OF TESTS  | All | 0 | 0 | - |
| Allergy Testing | 95012 | NITRIC OXIDE EXPIRED GAS DETERMINATION  | All | 0 | 0 | - |
| Allergy Testing | 95017 | ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS (SCRATCH, PUNCTURE, PRICK) AND INTRACUTANEOUS (INTRADERMAL), SEQUENTIAL AND INCREMENTAL, WITH VENOMS, IMMEDIATE TYPE REACTION, INCLUDING TEST INTERPRETATION AND REPORT, SPECIFY NUMBER OF TESTS               | All | 0 | 0 | - |
| Allergy Testing | 95018 | ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS (SCRATCH, PUNCTURE, PRICK) AND INTRACUTANEOUS (INTRADERMAL), SEQUENTIAL AND INCREMENTAL, WITH DRUGS OR BIOLOGICALS, IMMEDIATE TYPE REACTION, INCLUDING TEST INTERPRETATION AND REPORT, SPECIFY NUMBER OF TESTS | All | 0 | 0 | - |
| Allergy Testing | 95024 | INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, INCLUDING TEST INTERPRETATION AND REPORT, SPECIFY NUMBER OF TESTS   | All | 0 | 0 | - |
| Allergy Testing | 95027 | INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH ALLERGENIC EXTRACTS FOR AIRBORNE ALLERGENS, IMMEDIATE TYPE REACTION, INCLUDING TEST INTERPRETATION AND REPORT, SPECIFY NUMBER OF TESTS   | All | 0 | 0 | - |
| Allergy Testing | 95028 | INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED TYPE REACTION, INCLUDING READING, SPECIFY NUMBER OF TESTS  | All | 0 | 0 | - |
| Allergy Testing | 95044 | PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)  | All | 0 | 0 | - |
| Allergy Testing | 95052 | PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)   | All | 0 | 0 | - |
| Allergy Testing | 95056 | PHOTO TESTS   | All | 0 | 0 | - |
| Allergy Testing | 95060 | OPHTHALMIC MUCOUS MEMBRANE TESTS  | All | 0 | 0 | - |
| Allergy Testing | 95065 | DIRECT NASAL MUCOUS MEMBRANE TEST   | All | 0 | 0 | - |
| Allergy Testing | 95070 | INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY FUNCTION TESTS); WITH HISTAMINE, METHACHOLINE, OR SIMILAR COMPOUNDS   | All | 0 | 0 | - |
| Allergy Testing | 95071 | INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY FUNCTION TESTS); WITH ANTIGENS OR GASES, SPECIFY  | All | 0 | 0 | - |
| Allergy Testing | 95076 | INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST ITEMS, EG, FOOD, DRUG OR OTHER SUBSTANCE); INITIAL 120 MINUTES OF TESTING  | All | 0 | 0 | - |
| Allergy Testing | 95079 | INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST ITEMS, EG, FOOD, DRUG OR OTHER SUBSTANCE); EACH ADDITIONAL 60 MINUTES OF TESTING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | All | 0 | 0 | - |
| Allergy Testing | 95115 | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS; SINGLE INJECTION   | All | 0 | 0 | - |
| Allergy Testing | 95117 | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS; 2 OR MORE INJECTIONS   | All | 0 | 0 | - |
| Allergy Testing | 95120 | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF THE PRESCRIBING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING PROVISION OF ALLERGENIC EXTRACT; SINGLE INJECTION   | All | 0 | 0 | - |
| Allergy Testing | 95125 | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF THE PRESCRIBING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING PROVISION OF ALLERGENIC EXTRACT; 2 OR MORE INJECTIONS   | All | 0 | 0 | - |
| Allergy Testing | 95130 | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF THE PRESCRIBING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING PROVISION OF ALLERGENIC EXTRACT; SINGLE STINGING INSECT VENOM                                 | All | 0 | 0 | - |
| Allergy Testing | 95131 | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF THE PRESCRIBING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING PROVISION OF ALLERGENIC EXTRACT; 2 STINGING INSECT VENOMS                                     | All | 0 | 0 | - |
| Allergy Testing | 95132 | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF THE PRESCRIBING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING PROVISION OF ALLERGENIC EXTRACT; 3 STINGING INSECT VENOMS                                     | All | 0 | 0 | - |
| Allergy Testing | 95133 | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF THE PRESCRIBING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING PROVISION OF ALLERGENIC EXTRACT; 4 STINGING INSECT VENOMS                                     | All | 0 | 0 | - |
| Allergy Testing | 95134 | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF THE PRESCRIBING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING PROVISION OF ALLERGENIC EXTRACT; 5 STINGING INSECT VENOMS                                     | All | 0 | 0 | - |

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|------------------------------------|-------|---|-----|---|---|---|
| Allergy Testing                    | 95144 | PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY, SINGLE DOSE VIAL(S) (SPECIFY NUMBER OF VIALS)                                    | All | 0 | 0 | - |
| Allergy Testing                    | 95145 | PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); SINGLE STINGING INSECT VENOM                           | All | 0 | 0 | - |
| Allergy Testing                    | 95146 | PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); 2 SINGLE STINGING INSECT VENOMS                        | All | 0 | 0 | - |
| Allergy Testing                    | 95147 | PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); 3 SINGLE STINGING INSECT VENOMS                        | All | 0 | 0 | - |
| Allergy Testing                    | 95148 | PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); 4 SINGLE STINGING INSECT VENOMS                        | All | 0 | 0 | - |
| Allergy Testing                    | 95149 | PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); 5 SINGLE STINGING INSECT VENOMS                        | All | 0 | 0 | - |
| Allergy Testing                    | 95165 | PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY; SINGLE OR MULTIPLE ANTIGENS (SPECIFY NUMBER OF DOSES)                            | All | 0 | 0 | - |
| Allergy Testing                    | 95170 | PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY; WHOLE BODY EXTRACT OF BITING INSECT OR OTHER ARTHROPOD (SPECIFY NUMBER OF DOSES) | All | 0 | 0 | - |
| Allergy Testing                    | 95180 | RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN, PENICILLIN, EQUINE SERUM)  | All | 0 | 0 | - |
| Allergy Testing                    | 95199 | UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE  | All | 0 | 0 | - |
| Ambulance - ALS/BLS & Non Emergent | A0080 | NON-EMERGENCY TRANSPORTATION, PER MILE - VEHICLE PROVIDED BY VOLUNTEER (INDIVIDUAL OR ORGANIZATION), WITH NO VESTED INTEREST  | All | 0 | 0 | - |
| Ambulance - ALS/BLS & Non Emergent | A0090 | NON-EMERGENCY TRANSPORTATION, PER MILE - VEHICLE PROVIDED BY INDIVIDUAL (FAMILY MEMBER, SELF, NEIGHBOR) WITH VESTED INTEREST  | All | 0 | 0 | - |
| Ambulance - ALS/BLS & Non Emergent | A0100 | NON-EMERGENCY TRANSPORTATION; TAXI  | All | 0 | 0 | - |
| Ambulance - ALS/BLS & Non Emergent | A0110 | NON-EMERGENCY TRANSPORTATION AND BUS, INTRA OR INTER STATE CARRIER  | All | 0 | 0 | - |
| Ambulance - ALS/BLS & Non Emergent | A0120 | NON-EMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSPORTS, OR OTHER TRANSPORTATION SYSTEMS   | All | 0 | 0 | - |
| Ambulance - ALS/BLS & Non Emergent | A0130 | NON-EMERGENCY TRANSPORTATION: WHEEL-CHAIR VAN   | All | 0 | 0 | - |
| Ambulance - ALS/BLS & Non Emergent | A0140 | NON-EMERGENCY TRANSPORTATION AND AIR TRAVEL (PRIVATE OR COMMERCIAL) INTRA OR INTER STATE  | All | 0 | 0 | - |
| Ambulance - ALS/BLS & Non Emergent | A0160 | NON-EMERGENCY TRANSPORTATION: PER MILE - CASE WORKER OR SOCIAL WORKER   | All | 0 | 0 | - |
| Ambulance - ALS/BLS & Non Emergent | A0425 | GROUND MILEAGE, PER STATUTE MILE  | All | 0 | 0 | - |
| Ambulance - ALS/BLS & Non Emergent | A0426 | AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)  | All | 0 | 0 | - |
| Ambulance - ALS/BLS & Non Emergent | A0428 | AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)   | All | 0 | 0 | - |
| Ambulance - ALS/BLS & Non Emergent | S0209 | WHEELCHAIR VAN, MILEAGE, PER MILE   | All | 0 | 0 | - |
| Ambulance - ALS/BLS & Non Emergent | S0215 | NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE   | All | 0 | 0 | - |
| Ambulance - ALS/BLS & Non Emergent | T2001 | NON-EMERGENCY TRANSPORTATION; PATIENT ATTENDANT/ESCORT  | All | 0 | 0 | - |
| Ambulance - ALS/BLS & Non Emergent | T2002 | NON-EMERGENCY TRANSPORTATION; PER DIEM  | All | 0 | 0 | - |
| Ambulance - ALS/BLS & Non Emergent | T2003 | NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP  | All | 0 | 0 | - |
| Ambulance - ALS/BLS & Non Emergent | T2004 | NON-EMERGENCY TRANSPORT; COMMERCIAL CARRIER, MULTI-PASS   | All | 0 | 0 | - |
| Ambulance - ALS/BLS & Non Emergent | T2005 | NON-EMERGENCY TRANSPORTATION; STRETCHER VAN   | All | 0 | 0 | - |
| Ambulance - ALS/BLS & Non Emergent | T2007 | TRANSPORTATION WAITING TIME, AIR AMBULANCE AND NON-EMERGENCY VEHICLE, ONE-HALF (1/2) HOUR INCREMENTS  | All | 0 | 0 | - |
| Ambulance - ALS/BLS & Non Emergent | T2049 | NON-EMERGENCY TRANSPORTATION; STRETCHER VAN, MILEAGE; PER MILE  | All | 0 | 0 | - |

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|---------------------------|-------|---|-----|---|---|---|
| Autism Spectrum Disorders | 88245 | CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE SISTER CHROMATID EXCHANGE (SCE), 20-25 CELLS   | All | 0 | 0 | - |
| Autism Spectrum Disorders | 88248 | CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE BREAKAGE, SCORE 50-100 CELLS, COUNT 20 CELLS, 2 KARYOTYPES (EG, FOR ATAXIA TELANGIECTASIA, FANCONI ANEMIA, FRAGILE X)  | All | 0 | 0 | - |
| Autism Spectrum Disorders | 88249 | CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, CLASTOGEN STRESS (EG, DIEPOXYBUTANE, MITOMYCIN C, IONIZING RADIATION, UV RADIATION)  | All | 0 | 0 | - |
| Autism Spectrum Disorders | 88261 | CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING   | All | 0 | 0 | - |
| Autism Spectrum Disorders | 88262 | CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, WITH BANDING  | All | 0 | 0 | - |
| Autism Spectrum Disorders | 88263 | CHROMOSOME ANALYSIS; COUNT 45 CELLS FOR MOSAICISM, 2 KARYOTYPES, WITH BANDING   | All | 0 | 0 | - |
| Autism Spectrum Disorders | 88264 | CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS  | All | 0 | 0 | - |
| Autism Spectrum Disorders | 92605 | EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH THE PATIENT; FIRST HOUR   | All | 1 | 0 | - |
| Autism Spectrum Disorders | 92606 | THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION  | All | 6 | 0 | - |
| Autism Spectrum Disorders | 92607 | EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH THE PATIENT; FIRST HOUR  | All | 1 | 0 | - |
| Autism Spectrum Disorders | 92608 | EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH THE PATIENT; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)    | All | 2 | 0 | - |
| Autism Spectrum Disorders | 92609 | THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION  | All | 6 | 0 | - |
| Autism Spectrum Disorders | 92618 | EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH THE PATIENT; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | All | 1 | 0 | - |
| Autism Spectrum Disorders | S3870 | COMPARATIVE GENOMIC HYBRIDIZATION (CGH) MICROARRAY TESTING FOR DEVELOPMENTAL DELAY, AUTISM SPECTRUM DISORDER AND/OR INTELLECTUAL DISABILITY   | All | 0 | 0 | - |
| Bariatric Surgery         | 43644 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)  | All | 0 | 0 | - |
| Bariatric Surgery         | 43645 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION  | All | 0 | 0 | - |
| Bariatric Surgery         | 43659 | UNLISTED LAPAROSCOPY PROCEDURE, STOMACH   | All | 0 | 0 | - |
| Bariatric Surgery         | 43770 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (EG, GASTRIC BAND AND SUBCUTANEOUS PORT COMPONENTS)  | All | 0 | 0 | - |
| Bariatric Surgery         | 43771 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY  | All | 0 | 0 | - |
| Bariatric Surgery         | 43772 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY   | All | 0 | 0 | - |
| Bariatric Surgery         | 43773 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY   | All | 0 | 0 | - |
| Bariatric Surgery         | 43774 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS   | All | 0 | 0 | - |
| Bariatric Surgery         | 43775 | LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)   | All | 0 | 0 | - |
| Bariatric Surgery         | 43842 | GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; VERTICAL-BANDED GASTROPLASTY   | All | 0 | 0 | - |
| Bariatric Surgery         | 43843 | GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; OTHER THAN VERTICAL-BANDED GASTROPLASTY  | All | 0 | 0 | - |
| Bariatric Surgery         | 43845 | GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESERVING DUODENOILEOSTOMY AND ILEOILEOSTOMY (50 TO 100 CM COMMON CHANNEL) TO LIMIT ABSORPTION (BILOPANCREATIC DIVERSION WITH DUODENAL SWITCH)               | All | 0 | 0 | - |
| Bariatric Surgery         | 43846 | GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SHORT LIMB (150 CM OR LESS) ROUX-EN-Y GASTROENTEROSTOMY   | All | 0 | 0 | - |
| Bariatric Surgery         | 43847 | GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION  | All | 0 | 0 | - |
| Bariatric Surgery         | 43848 | REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER THAN ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (SEPARATE PROCEDURE)  | All | 0 | 0 | - |
| Bariatric Surgery         | 43886 | GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONLY   | All | 0 | 0 | - |

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|---|-------|---|-----|----|---|---|
| Bariatric Surgery                       | 43887 | GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY  | All | 0  | 0 | - |
| Bariatric Surgery                       | 43888 | GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS PORT COMPONENT ONLY  | All | 0  | 0 | - |
| Bariatric Surgery                       | 43999 | UNLISTED PROCEDURE, STOMACH   | All | 0  | 0 | - |
| Bariatric Surgery                       | G0447 | FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, 15 MINUTES  | All | 16 | 0 | - |
| Bariatric surgery                       | 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 | All | 0  | 0 | - |
| Bariatric surgery                       | 0313T | VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC REVISION OR REPLACEMENT OF VAGAL TRUNK NEUROSTIMULATOR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR  | All | 0  | 0 | - |
| Bariatric surgery                       | 0314T | VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC REMOVAL OF VAGAL TRUNK NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR  | All | 0  | 0 | - |
| Bariatric surgery                       | 0315T | VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); REMOVAL OF PULSE GENERATOR   | All | 0  | 0 | - |
| Bariatric surgery                       | 0316T | VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); REPLACEMENT OF PULSE GENERATOR   | All | 0  | 0 | - |
| Bariatric surgery                       | 0317T | VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); NEUROSTIMULATOR PULSE GENERATOR ELECTRONIC ANALYSIS, INCLUDES REPROGRAMMING WHEN PERFORMED   | All | 0  | 0 | - |
| Bariatric surgery                       | 43648 | LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM  | All | 0  | 0 | - |
| Bariatric surgery                       | 43860 | REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, WITH OR WITHOUT PARTIAL GASTRECTOMY OR INTESTINE RESECTION; WITHOUT VAGOTOMY   | All | 0  | 0 | - |
| Bariatric surgery                       | 43865 | REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, WITH OR WITHOUT PARTIAL GASTRECTOMY OR INTESTINE RESECTION; WITH VAGOTOMY  | All | 0  | 0 | - |
| Bariatric surgery                       | 43881 | IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN   | All | 0  | 0 | - |
| Bariatric surgery                       | 43882 | REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN   | All | 0  | 0 | - |
| Blephroplasty                           | 15820 | BLEPHAROPLASTY, LOWER EYELID;   | All | 0  | 0 | - |
| Blephroplasty                           | 15821 | BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD  | All | 0  | 0 | - |
| Blephroplasty                           | 15822 | BLEPHAROPLASTY, UPPER EYELID;   | All | 0  | 0 | - |
| Blephroplasty                           | 15823 | BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID  | All | 0  | 0 | - |
| Blephroplasty                           | 67916 | REPAIR OF ECTROPION; EXCISION TARSAL WEDGE  | All | 0  | 0 | - |
| Blephroplasty                           | 67917 | REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS)  | All | 0  | 0 | - |
| Blephroplasty                           | 67923 | REPAIR OF ENTROPION; EXCISION TARSAL WEDGE  | All | 0  | 0 | - |
| Blephroplasty                           | 67924 | REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR CAPSULOPALPEBRAL FASCIA REPAIRS OPERATION)  | All | 0  | 0 | - |
| Blephroplasty                           | 00140 | ANESTHESIA FOR PROCEDURES ON EYE; NOT OTHERWISE SPECIFIED   | All | 0  | 0 | - |
| Bone Growth Stimulator                  | 20974 | ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)  | All | 0  | 0 | - |
| Bone Growth Stimulator                  | 20975 | ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)  | All | 0  | 0 | - |
| Bone Growth Stimulator                  | 20979 | LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE (NONOPERATIVE)  | All | 0  | 0 | - |
| Bone Growth Stimulator                  | E0747 | OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS   | All | 0  | 0 | - |
| Bone Growth Stimulator                  | E0748 | OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS  | All | 0  | 0 | - |
| Bone Growth Stimulator                  | E0749 | OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IMPLANTED   | All | 0  | 0 | - |
| Bone Growth Stimulator                  | E0760 | OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE   | All | 0  | 0 | - |
| Bone Growth Stimulator                  | 20999 | UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL   | All | 0  | 0 | - |
| Breast Reconstructive/Reduction Surgery | 11920 | TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6.0 SQ CM OR LESS   | All | 0  | 0 | - |
| Breast Reconstructive/Reduction Surgery | 11971 | REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS   | All | 0  | 0 | - |
| Breast Reconstructive/Reduction Surgery | 19316 | MASTOPEXY   | All | 0  | 0 | - |
| Breast Reconstructive/Reduction Surgery | 19318 | REDUCTION MAMMAPLASTY   | All | 0  | 0 | - |
| Breast Reconstructive/Reduction Surgery | 19324 | MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTHETIC IMPLANT   | All | 0  | 0 | - |
| Breast Reconstructive/Reduction Surgery | 19325 | MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT  | All | 0  | 0 | - |



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|---|-------|--|-----|---|---|--|
| Breast Reconstructive/Reduction Surgery | 19328 | REMOVAL OF INTACT MAMMARY IMPLANT  | All | 0 | 0 | -  |
| Breast Reconstructive/Reduction Surgery | 19340 | IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION  | All | 0 | 0 | -  |
| Breast Reconstructive/Reduction Surgery | 19342 | DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION  | All | 0 | 0 | -  |
| Breast Reconstructive/Reduction Surgery | 19350 | NIPPLE/AREOLA RECONSTRUCTION   | All | 0 | 0 | -  |
| Breast Reconstructive/Reduction Surgery | 19357 | BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION  | All | 0 | 0 | -  |
| Breast Reconstructive/Reduction Surgery | 19361 | BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITHOUT PROSTHETIC IMPLANT   | All | 0 | 0 | -  |
| Breast Reconstructive/Reduction Surgery | 19364 | BREAST RECONSTRUCTION WITH FREE FLAP   | All | 0 | 0 | -  |
| Breast Reconstructive/Reduction Surgery | 19366 | BREAST RECONSTRUCTION WITH OTHER TECHNIQUE   | All | 0 | 0 | -  |
| Breast Reconstructive/Reduction Surgery | 19367 | BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM), SINGLE PEDICLE, INCLUDING CLOSURE OF DONOR SITE;  | All | 0 | 0 | -  |
| Breast Reconstructive/Reduction Surgery | 19368 | BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM), SINGLE PEDICLE, INCLUDING CLOSURE OF DONOR SITE; WITH MICROVASCULAR ANASTOMOSIS (SUPERCHARGING)                     | All | 0 | 0 | -  |
| Breast Reconstructive/Reduction Surgery | 19369 | BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM), DOUBLE PEDICLE, INCLUDING CLOSURE OF DONOR SITE   | All | 0 | 0 | -  |
| Breast Reconstructive/Reduction Surgery | 19370 | OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST  | All | 0 | 0 | -  |
| Breast Reconstructive/Reduction Surgery | 19371 | PERIPROSTHETIC CAPSULECTOMY, BREAST  | All | 0 | 0 | -  |
| Breast Reconstructive/Reduction Surgery | 19380 | REVISION OF RECONSTRUCTED BREAST   | All | 0 | 0 | -  |
| Breast Reconstructive/Reduction Surgery | 19396 | PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT   | All | 0 | 0 | -  |
| Breast Reconstructive/Reduction Surgery | 00402 | ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES, ANTERIOR TRUNK AND PERINEUM; RECONSTRUCTIVE PROCEDURES ON BREAST (EG, REDUCTION OR AUGMENTATION MAMMOPLASTY, MUSCLE FLAPS) | All | 0 | 0 | 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, Z42.1, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13 |
| Breast Reconstructive/Reduction Surgery | 11970 | REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS   | All | 0 | 0 | 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, Z42.1, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13 |
| Breast Reconstructive/Reduction Surgery | 14000 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS  | All | 0 | 0 | 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, Z42.1, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13 |



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| Breast<br>Reconstructive/Reduction Surgery | 14001 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK;<br>DEFECT 10.1 SQ CM TO 30.0 SQ CM  | All | 0 | 0 | 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, Z42.1, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13 |
| Breast<br>Reconstructive/Reduction Surgery | 14301 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA;<br>DEFECT 30.1 SQ CM TO 60.0 SQ CM   | All | 0 | 0 | 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, Z42.1, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13 |
| Breast<br>Reconstructive/Reduction Surgery | 14302 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA;<br>EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)                                 | All | 0 | 0 | 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, Z42.1, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13 |
| Breast<br>Reconstructive/Reduction Surgery | 15734 | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK  | All | 0 | 0 | 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, Z42.1, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13 |
| Breast<br>Reconstructive/Reduction Surgery | 15740 | FLAP; ISLAND PEDICLE REQUIRING IDENTIFICATION AND DISSECTION OF AN ANATOMICALLY NAMED AXIAL VESSEL  | All | 0 | 0 | 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, Z42.1, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13 |
| Breast<br>Reconstructive/Reduction Surgery | 19355 | CORRECTION OF INVERTED NIPPLES  | All | 0 | 0 | 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, Z42.1, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13 |
| Breast<br>Reconstructive/Reduction Surgery | 19499 | UNLISTED PROCEDURE, BREAST  | All | 0 | 0 | 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, Z42.1, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13 |
| Breast<br>Reconstructive/Reduction Surgery | 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 | All | 0 | 0 | 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, Z42.1, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13 |

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| Breast<br>Reconstructive/Reduction Surgery | 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  | All | 0 | 0 | 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, Z42.1, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13 |
| Breast<br>Reconstructive/Reduction Surgery | 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   | All | 0 | 0 | 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, Z42.1, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13 |
| Capsule<br>Endoscopy                       | 91110 | GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS THROUGH ILEUM, WITH INTERPRETATION AND REPORT  | All | 0 | 0 | -  |
| Capsule<br>Endoscopy                       | 91111 | GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS WITH INTERPRETATION AND REPORT   | All | 0 | 0 | -  |
| Capsule<br>Endoscopy                       | 0355T | GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), COLON, WITH INTERPRETATION AND REPORT  | All | 0 | 0 | -  |
| Cardiac Spiral CT                          | 75571 | COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM  | All | 0 | 0 | -  |
| Cardiac Spiral CT                          | 75572 | COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)  | All | 0 | 0 | -  |
| Cardiac Spiral CT                          | 75573 | COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY IN THE SETTING OF CONGENITAL HEART DISEASE (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF LV CARDIAC FUNCTION, RV STRUCTURE AND FUNCTION AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)  | All | 0 | 0 | -  |
| Cardiac Spiral CT                          | 75574 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)   | All | 0 | 0 | -  |
| Cardiac Spiral CT                          | S8092 | ELECTRON BEAM COMPUTED TOMOGRAPHY (ALSO KNOWN AS ULTRAFAST CT, CINE CT)  | All | 0 | 0 | -  |
| Carpal Tunnel<br>Surgery                   | 64721 | NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL  | All | 0 | 0 | -  |
| Cataract Surgery                           | 66821 | DISCUSSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (EG, YAG LASER) (1 OR MORE STAGES)   | All | 0 | 0 | -  |
| Cataract Surgery                           | 66982 | EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTINE CATARACT SURGERY (EG, IRIS EXPANSION DEVICE, SUTURE SUPPORT FOR INTRAOCULAR LENS, OR PRIMARY POSTERIOR CAPSULORRHESIS) OR PERFORMED ON PATIENTS IN THE AMBLYOGENIC DEVELOPMENTAL STAGE | All | 0 | 0 | -  |
| Cataract Surgery                           | 66984 | EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION)  | All | 0 | 0 | -  |
| Chemotherapy                               | 96401 | CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC   | 22  | 0 | 0 | -  |
| Chemotherapy                               | 96402 | CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLASTIC   | 22  | 0 | 0 | -  |
| Chemotherapy                               | 96405 | CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, UP TO AND INCLUDING 7 LESIONS  | 22  | 0 | 0 | -  |
| Chemotherapy                               | 96409 | CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBSTANCE/DRUG   | 22  | 0 | 0 | -  |
| Chemotherapy                               | 96411 | CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL SUBSTANCE/DRUG (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | 22  | 0 | 0 | -  |
| Chemotherapy                               | 96413 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG  | 22  | 0 | 0 | -  |
| Chemotherapy                               | 96415 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | 22  | 0 | 0 | -  |
| Chemotherapy                               | 96416 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP  | 22  | 0 | 0 | -  |

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|--------------------------------------|-------|---|-----|---|---|---|
| Chemotherapy                         | 96417 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | 22  | 0 | 0 | - |
| Chemotherapy                         | 96420 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE   | 22  | 0 | 0 | - |
| Chemotherapy                         | 96422 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO 1 HOUR   | 22  | 0 | 0 | - |
| Chemotherapy                         | 96423 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | 22  | 0 | 0 | - |
| Chemotherapy                         | 96440 | CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING THORACENTESIS  | 22  | 0 | 0 | - |
| Chemotherapy                         | 96446 | CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA INDWELLING PORT OR CATHETER  | 22  | 0 | 0 | - |
| Chemotherapy                         | 96450 | CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCLUDING SPINAL PUNCTURE  | 22  | 0 | 0 | - |
| Chemotherapy                         | 96523 | IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS  | 22  | 0 | 0 | - |
| Chemotherapy                         | 96542 | CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANEOUS RESERVOIR, SINGLE OR MULTIPLE AGENTS  | 22  | 0 | 0 | - |
| Chemotherapy                         | 96549 | UNLISTED CHEMOTHERAPY PROCEDURE   | 22  | 0 | 0 | - |
| Chemotherapy                         | 96520 | REFILLING AND MAINTENANCE OF PORTABLE PUMP  | 22  | 0 | 0 | - |
| Chemotherapy                         | Q2017 | INJECTION, TENIPOSIDE, 50 MG  | All | 0 | 0 | - |
| Chemotherapy                         | Q2043 | SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION                                      | All | 0 | 0 | - |
| Chemotherapy                         | Q2049 | INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG  | All | 0 | 0 | - |
| Chemotherapy                         | Q2050 | INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10MG  | All | 0 | 0 | - |
| Chiropractic Care                    | 22505 | MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION  | All | 0 | 0 | - |
| Chiropractic Care                    | 98925 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 1-2 BODY REGIONS INVOLVED   | All | 4 | 0 | - |
| Chiropractic Care                    | 98926 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 3-4 BODY REGIONS INVOLVED   | All | 4 | 0 | - |
| Chiropractic Care                    | 98927 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 5-6 BODY REGIONS INVOLVED   | All | 0 | 0 | - |
| Chiropractic Care                    | 98928 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 7-8 BODY REGIONS INVOLVED   | All | 0 | 0 | - |
| Chiropractic Care                    | 98929 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 9-10 BODY REGIONS INVOLVED  | All | 0 | 0 | - |
| Chiropractic Care                    | 98940 | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 1-2 REGIONS  | All | 6 | 0 | - |
| Chiropractic Care                    | 98941 | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3-4 REGIONS  | All | 6 | 0 | - |
| Chiropractic Care                    | 98942 | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 5 REGIONS  | All | 6 | 0 | - |
| Chiropractic Care                    | 98943 | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, 1 OR MORE REGIONS   | All | 4 | 0 | - |
| Clinical Trials                      | S9988 | SERVICES PROVIDED AS PART OF A PHASE I CLINICAL TRIAL   | All | 0 | 0 | - |
| Clinical Trials                      | S9990 | SERVICES PROVIDED AS PART OF A PHASE II CLINICAL TRIAL  | All | 0 | 0 | - |
| Clinical Trials                      | S9991 | SERVICES PROVIDED AS PART OF A PHASE III CLINICAL TRIAL   | All | 0 | 0 | - |
| Clinical Trials                      | S9989 | SERVICES PROVIDED OUTSIDE OF THE UNITED STATES OF AMERICA (LIST IN ADDITION TO CODE(S) FOR SERVICES(S))   | All | 0 | 0 | - |
| Clinical Trials                      | S9992 | TRANSPORTATION COSTS TO AND FROM TRIAL LOCATION AND LOCAL TRANSPORTATION COSTS (E.G., FARES FOR TAXICAB OR BUS) FOR CLINICAL TRIAL PARTICIPANT AND ONE CAREGIVER/COMPANION                            | All | 0 | 0 | - |
| Clinical Trials                      | S9994 | LODGING COSTS (E.G., HOTEL CHARGES) FOR CLINICAL TRIAL PARTICIPANT AND ONE CAREGIVER/COMPANION  | All | 0 | 0 | - |
| Clinical Trials                      | S9996 | MEALS FOR CLINICAL TRIAL PARTICIPANT AND ONE CAREGIVER/COMPANION  | All | 0 | 0 | - |
| Cochlear and Other Auditory Implants | 69710 | IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE  | All | 0 | 0 | - |
| Cochlear and Other Auditory Implants | 69711 | REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE  | All | 0 | 0 | - |
| Cochlear and Other Auditory Implants | 69714 | IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITHOUT MASTOIDECTOMY  | All | 0 | 0 | - |
| Cochlear and Other Auditory Implants | 69715 | IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITH MASTOIDECTOMY   | All | 0 | 0 | - |
| Cochlear and Other Auditory Implants | 69717 | REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITHOUT MASTOIDECTOMY      | All | 0 | 0 | - |
| Cochlear and Other Auditory Implants | 69718 | REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITH MASTOIDECTOMY         | All | 0 | 0 | - |
| Cochlear and Other Auditory Implants | 69930 | COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY   | All | 0 | 0 | - |

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|--------------------------|-------|--|-----|---|---|---|
| Congenital Heart Disease | 33251 | OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, WOLFF-PARKINSON-WHITE, ATRIOVENTRICULAR NODE RE-ENTRY), TRACT(S) AND/OR FOCUS (FOCI); WITH CARDIOPULMONARY BYPASS  | All | 0 | 0 | - |
| Congenital Heart Disease | 33254 | OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIED MAZE PROCEDURE)   | All | 0 | 0 | - |
| Congenital Heart Disease | 33255 | OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE); WITHOUT CARDIOPULMONARY BYPASS  | All | 0 | 0 | - |
| Congenital Heart Disease | 33256 | OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE); WITH CARDIOPULMONARY BYPASS   | All | 0 | 0 | - |
| Congenital Heart Disease | 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)                          | All | 0 | 0 | - |
| Congenital Heart Disease | 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) | All | 0 | 0 | - |
| Congenital Heart Disease | 33259 | OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), EXTENSIVE (EG, MAZE PROCEDURE), WITH CARDIOPULMONARY BYPASS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)    | All | 0 | 0 | - |
| Congenital Heart Disease | 33261 | OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULMONARY BYPASS   | All | 0 | 0 | - |
| Congenital Heart Disease | 33404 | CONSTRUCTION OF APICAL-AORTIC CONDUIT  | All | 0 | 0 | - |
| Congenital Heart Disease | 33414 | REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT OF THE OUTFLOW TRACT   | All | 0 | 0 | - |
| Congenital Heart Disease | 33415 | RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR AORTIC STENOSIS   | All | 0 | 0 | - |
| Congenital Heart Disease | 33416 | VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSIS (EG, ASYMMETRIC SEPTAL HYPERTROPHY)   | All | 0 | 0 | - |
| Congenital Heart Disease | 33417 | AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS  | All | 0 | 0 | - |
| Congenital Heart Disease | 33476 | RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT COMMISSUROTOMY  | All | 0 | 0 | - |
| Congenital Heart Disease | 33478 | OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR INFUNDIBULAR RESECTION  | All | 0 | 0 | - |
| Congenital Heart Disease | 33500 | REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITH CARDIOPULMONARY BYPASS  | All | 0 | 0 | - |
| Congenital Heart Disease | 33501 | REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITHOUT CARDIOPULMONARY BYPASS   | All | 0 | 0 | - |
| Congenital Heart Disease | 33502 | REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY LIGATION  | All | 0 | 0 | - |
| Congenital Heart Disease | 33503 | REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY GRAFT, WITHOUT CARDIOPULMONARY BYPASS   | All | 0 | 0 | - |
| Congenital Heart Disease | 33504 | REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY GRAFT, WITH CARDIOPULMONARY BYPASS  | All | 0 | 0 | - |
| Congenital Heart Disease | 33505 | REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)   | All | 0 | 0 | - |
| Congenital Heart Disease | 33506 | REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY TRANSLOCATION FROM PULMONARY ARTERY TO AORTA  | All | 0 | 0 | - |
| Congenital Heart Disease | 33507 | REPAIR OF ANOMALOUS (EG, INTRAMURAL) AORTIC ORIGIN OF CORONARY ARTERY BY UNROOFING OR TRANSLOCATION  | All | 0 | 0 | - |
| Congenital Heart Disease | 33600 | CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTURE OR PATCH   | All | 0 | 0 | - |
| Congenital Heart Disease | 33602 | CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH  | All | 0 | 0 | - |
| Congenital Heart Disease | 33606 | ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE)  | All | 0 | 0 | - |
| Congenital Heart Disease | 33608 | REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT BY CONSTRUCTION OR REPLACEMENT OF CONDUIT FROM RIGHT OR LEFT VENTRICLE TO PULMONARY ARTERY   | All | 0 | 0 | - |
| Congenital Heart Disease | 33610 | REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE WITH SUBAORTIC OBSTRUCTION) BY SURGICAL ENLARGEMENT OF VENTRICULAR SEPTAL DEFECT   | All | 0 | 0 | - |
| Congenital Heart Disease | 33611 | REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR;   | All | 0 | 0 | - |
| Congenital Heart Disease | 33612 | REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR; WITH REPAIR OF RIGHT VENTRICULAR OUTFLOW TRACT OBSTRUCTION  | All | 0 | 0 | - |
| Congenital Heart Disease | 33615 | REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA) BY CLOSURE OF ATRIAL SEPTAL DEFECT AND ANASTOMOSIS OF ATRIA OR VENA CAVA TO PULMONARY ARTERY (SIMPLE FONTAN PROCEDURE)   | All | 0 | 0 | - |
| Congenital Heart Disease | 33617 | REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE) BY MODIFIED FONTAN PROCEDURE  | All | 0 | 0 | - |
| Congenital Heart Disease | 33619 | REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH HYPOPLASIA (HYPOPLASTIC LEFT HEART SYNDROME) (EG, NORWOOD PROCEDURE)  | All | 0 | 0 | - |

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|--------------------------|-------|--|-----|---|---|---|
| Congenital Heart Disease | 33641 | REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT PATCH  | All | 0 | 0 | - |
| Congenital Heart Disease | 33645 | DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULMONARY VENOUS DRAINAGE  | All | 0 | 0 | - |
| Congenital Heart Disease | 33647 | REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT OR PATCH CLOSURE   | All | 0 | 0 | - |
| Congenital Heart Disease | 33660 | REPAIR OF INCOMPLETE OR PARTIAL ATRIOVENTRICULAR CANAL (OSTIUM PRIMUM ATRIAL SEPTAL DEFECT), WITH OR WITHOUT ATRIOVENTRICULAR VALVE REPAIR                                     | All | 0 | 0 | - |
| Congenital Heart Disease | 33665 | REPAIR OF INTERMEDIATE OR TRANSITIONAL ATRIOVENTRICULAR CANAL, WITH OR WITHOUT ATRIOVENTRICULAR VALVE REPAIR   | All | 0 | 0 | - |
| Congenital Heart Disease | 33670 | REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE  | All | 0 | 0 | - |
| Congenital Heart Disease | 33675 | CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS;  | All | 0 | 0 | - |
| Congenital Heart Disease | 33676 | CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VALVOTOMY OR INFUNDIBULAR RESECTION (ACYANOTIC)   | All | 0 | 0 | - |
| Congenital Heart Disease | 33677 | CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WITHOUT GUSSET  | All | 0 | 0 | - |
| Congenital Heart Disease | 33681 | CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH;  | All | 0 | 0 | - |
| Congenital Heart Disease | 33684 | CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH; WITH PULMONARY VALVOTOMY OR INFUNDIBULAR RESECTION (ACYANOTIC)   | All | 0 | 0 | - |
| Congenital Heart Disease | 33688 | CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH; WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WITHOUT GUSSET  | All | 0 | 0 | - |
| Congenital Heart Disease | 33690 | BANDING OF PULMONARY ARTERY  | All | 0 | 0 | - |
| Congenital Heart Disease | 33692 | COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA;   | All | 0 | 0 | - |
| Congenital Heart Disease | 33694 | COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA; WITH TRANSANNULAR PATCH   | All | 0 | 0 | - |
| Congenital Heart Disease | 33697 | COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING CONSTRUCTION OF CONDUIT FROM RIGHT VENTRICLE TO PULMONARY ARTERY AND CLOSURE OF VENTRICULAR SEPTAL DEFECT | All | 0 | 0 | - |
| Congenital Heart Disease | 33702 | REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS;   | All | 0 | 0 | - |
| Congenital Heart Disease | 33710 | REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; WITH REPAIR OF VENTRICULAR SEPTAL DEFECT  | All | 0 | 0 | - |
| Congenital Heart Disease | 33720 | REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY BYPASS   | All | 0 | 0 | - |
| Congenital Heart Disease | 33722 | CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL   | All | 0 | 0 | - |
| Congenital Heart Disease | 33724 | REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETURN (EG, SCIMITAR SYNDROME)   | All | 0 | 0 | - |
| Congenital Heart Disease | 33726 | REPAIR OF PULMONARY VENOUS STENOSIS  | All | 0 | 0 | - |
| Congenital Heart Disease | 33730 | COMPLETE REPAIR OF ANOMALOUS PULMONARY VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC, OR INFRACARDIAC TYPES)   | All | 0 | 0 | - |
| Congenital Heart Disease | 33732 | REPAIR OF COR TRIARTIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF LEFT ATRIAL MEMBRANE  | All | 0 | 0 | - |
| Congenital Heart Disease | 33735 | ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED HEART (BLALOCK-HANLON TYPE OPERATION)  | All | 0 | 0 | - |
| Congenital Heart Disease | 33736 | ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPASS  | All | 0 | 0 | - |
| Congenital Heart Disease | 33737 | ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART, WITH INFLOW OCCLUSION   | All | 0 | 0 | - |
| Congenital Heart Disease | 33750 | SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)   | All | 0 | 0 | - |
| Congenital Heart Disease | 33755 | SHUNT; ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION)  | All | 0 | 0 | - |
| Congenital Heart Disease | 33762 | SHUNT; DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATION)   | All | 0 | 0 | - |
| Congenital Heart Disease | 33764 | SHUNT; CENTRAL, WITH PROSTHETIC GRAFT  | All | 0 | 0 | - |
| Congenital Heart Disease | 33766 | SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO 1 LUNG (CLASSICAL GLENN PROCEDURE)   | All | 0 | 0 | - |
| Congenital Heart Disease | 33767 | SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIRECTIONAL GLENN PROCEDURE)   | All | 0 | 0 | - |
| Congenital Heart Disease | 33768 | ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)   | All | 0 | 0 | - |
| Congenital Heart Disease | 33770 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFECT AND SUBPULMONARY STENOSIS; WITHOUT SURGICAL ENLARGEMENT OF VENTRICULAR SEPTAL DEFECT              | All | 0 | 0 | - |
| Congenital Heart Disease | 33771 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFECT AND SUBPULMONARY STENOSIS; WITH SURGICAL ENLARGEMENT OF VENTRICULAR SEPTAL DEFECT                 | All | 0 | 0 | - |
| Congenital Heart Disease | 33774 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARDIOPULMONARY BYPASS;  | All | 0 | 0 | - |
| Congenital Heart Disease | 33775 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARDIOPULMONARY BYPASS; WITH REMOVAL OF PULMONARY BAND               | All | 0 | 0 | - |

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|--------------------------|-------|--|-----|---|---|---|
| Congenital Heart Disease | 33776 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARDIOPULMONARY BYPASS; WITH CLOSURE OF VENTRICULAR SEPTAL DEFECT                              | All | 0 | 0 | - |
| Congenital Heart Disease | 33777 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARDIOPULMONARY BYPASS; WITH REPAIR OF SUBPULMONIC OBSTRUCTION                                 | All | 0 | 0 | - |
| Congenital Heart Disease | 33778 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE);   | All | 0 | 0 | - |
| Congenital Heart Disease | 33779 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE); WITH REMOVAL OF PULMONARY BAND  | All | 0 | 0 | - |
| Congenital Heart Disease | 33780 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE); WITH CLOSURE OF VENTRICULAR SEPTAL DEFECT   | All | 0 | 0 | - |
| Congenital Heart Disease | 33781 | REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE); WITH REPAIR OF SUBPULMONIC OBSTRUCTION  | All | 0 | 0 | - |
| Congenital Heart Disease | 33786 | TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)   | All | 0 | 0 | - |
| Congenital Heart Disease | 33788 | REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY  | All | 0 | 0 | - |
| Congenital Heart Disease | 33802 | DIVISION OF ABERRANT VESSEL (VASCULAR RING);   | All | 0 | 0 | - |
| Congenital Heart Disease | 33803 | DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS  | All | 0 | 0 | - |
| Congenital Heart Disease | 33820 | REPAIR OF PATENT DUCTUS ARTERIOSUS; BY LIGATION  | All | 0 | 0 | - |
| Congenital Heart Disease | 33822 | REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, YOUNGER THAN 18 YEARS   | All | 0 | 0 | - |
| Congenital Heart Disease | 33840 | EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; WITH DIRECT ANASTOMOSIS   | All | 0 | 0 | - |
| Congenital Heart Disease | 33845 | EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; WITH GRAFT  | All | 0 | 0 | - |
| Congenital Heart Disease | 33851 | EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; REPAIR USING EITHER LEFT SUBCLAVIAN ARTERY OR PROSTHETIC MATERIAL AS GUSSET FOR ENLARGEMENT                       | All | 0 | 0 | - |
| Congenital Heart Disease | 33852 | REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC MATERIAL; WITHOUT CARDIOPULMONARY BYPASS   | All | 0 | 0 | - |
| Congenital Heart Disease | 33853 | REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC MATERIAL; WITH CARDIOPULMONARY BYPASS  | All | 0 | 0 | - |
| Congenital Heart Disease | 33917 | REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT  | All | 0 | 0 | - |
| Congenital Heart Disease | 33920 | REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONSTRUCTION OR REPLACEMENT OF CONDUIT FROM RIGHT OR LEFT VENTRICLE TO PULMONARY ARTERY   | All | 0 | 0 | - |
| Congenital Heart Disease | 33924 | LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORMED IN CONJUNCTION WITH A CONGENITAL HEART PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)                    | All | 0 | 0 | - |
| Congenital Heart Disease | 93501 | Code Deleted 2011-01-01  | All | 0 | 0 | - |
| Congenital Heart Disease | 93524 | Code Deleted 2011-01-01  | All | 0 | 0 | - |
| Congenital Heart Disease | 93526 | Code Deleted 2011-01-01  | All | 0 | 0 | - |
| Congenital Heart Disease | 93527 | Code Deleted 2011-01-01  | All | 0 | 0 | - |
| Congenital Heart Disease | 93528 | Code Deleted 2011-01-01  | All | 0 | 0 | - |
| Congenital Heart Disease | 93529 | Code Deleted 2011-01-01  | All | 0 | 0 | - |
| Congenital Heart Disease | 93530 | RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES  | All | 0 | 0 | - |
| Congenital Heart Disease | 93531 | COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES   | All | 0 | 0 | - |
| Congenital Heart Disease | 93532 | COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH INTACT SEPTUM WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES            | All | 0 | 0 | - |
| Congenital Heart Disease | 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 | All | 0 | 0 | - |
| Congenital Heart Disease | 93541 | Code Deleted 2011-01-01  | All | 0 | 0 | - |
| Congenital Heart Disease | 93542 | Code Deleted 2011-01-01  | All | 0 | 0 | - |
| Congenital Heart Disease | 93543 | Code Deleted 2011-01-01  | All | 0 | 0 | - |
| Congenital Heart Disease | 93544 | Code Deleted 2011-01-01  | All | 0 | 0 | - |
| Congenital Heart Disease | 93545 | Code Deleted 2011-01-01  | All | 0 | 0 | - |
| Congenital Heart Disease | 93555 | Code Deleted 2011-01-01  | All | 0 | 0 | - |
| Congenital Heart Disease | 93556 | Code Deleted 2011-01-01  | All | 0 | 0 | - |



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|-----------------------------|-------|---|-----|---|---|---|
| Congenital Heart Disease    | 93561 | INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMODILUTION, INCLUDING ARTERIAL AND/OR VENOUS CATHETERIZATION; WITH CARDIAC OUTPUT MEASUREMENT (SEPARATE PROCEDURE)  | All | 0 | 0 | - |
| Congenital Heart Disease    | 93562 | INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMODILUTION, INCLUDING ARTERIAL AND/OR VENOUS CATHETERIZATION; SUBSEQUENT MEASUREMENT OF CARDIAC OUTPUT  | All | 0 | 0 | - |
| Congenital Heart Disease    | 93580 | PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICATION (IE, FONTAN FENESTRATION, ATRIAL SEPTAL DEFECT) WITH IMPLANT   | All | 0 | 0 | - |
| Congenital Heart Disease    | 93581 | PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL VENTRICULAR SEPTAL DEFECT WITH IMPLANT   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 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) | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 11960 | INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15830 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 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)                | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15877 | SUCTION ASSISTED LIPECTOMY; TRUNK   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 17999 | UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 21121 | GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 21123 | GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 21137 | REDUCTION FOREHEAD; CONTOURING ONLY   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 21138 | REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE GRAFT (INCLUDES OBTAINING AUTOGRAFT)  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 21139 | REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 36468 | SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA), LIMB OR TRUNK   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 30400 | RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 30410 | RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 30420 | RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 30430 | RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 30435 | RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 30450 | RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 36470 | INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 36471 | INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 10040 | ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE MILIA, COMEDONES, CYSTS, PUSTULES)   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 11055 | PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE LESION   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 11056 | PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); 2 TO 4 LESIONS  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 11057 | PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE THAN 4 LESIONS   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 11200 | REMOVAL OF SKIN TAGS, MULTIPLE FIBROCATANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 11921 | TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6.1 TO 20.0 SQ CM   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 11950 | SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 1 CC OR LESS   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 11951 | SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 1.1 TO 5.0 CC  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 11952 | SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 5.1 TO 10.0 CC   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 11954 | SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); OVER 10.0 CC   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15775 | PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15776 | PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15780 | DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTIDS, GENERAL KERATOSIS)  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15781 | DERMABRASION; SEGMENTAL, FACE   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15782 | DERMABRASION; REGIONAL, OTHER THAN FACE   | All | 0 | 0 | - |



|                             |       |  |     |   |   |   |
|-----------------------------|-------|--|-----|---|---|---|
| Cosmetic and Reconstructive | 15783 | DERMABRASION; SUPERFICIAL, ANY SITE (EG, TATTOO REMOVAL)   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15788 | CHEMICAL PEEL, FACIAL; EPIDERMAL   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15789 | CHEMICAL PEEL, FACIAL; DERMAL  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15792 | CHEMICAL PEEL, NONFACIAL; EPIDERMAL  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15793 | CHEMICAL PEEL, NONFACIAL; DERMAL   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15824 | RHYTIDECTOMY; FOREHEAD   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15825 | RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, P-FLAP)  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15826 | RHYTIDECTOMY; GLABELLAR FROWN LINES  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15828 | RHYTIDECTOMY; CHEEK, CHIN, AND NECK  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15829 | RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15832 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); THIGH   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15833 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); LEG   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15834 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); HIP   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15835 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); BUTTOCK   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15836 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ARM   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15837 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); FOREARM OR HAND   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15838 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); SUBMENTAL FAT PAD   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15839 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); OTHER AREA  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15876 | SUCTION ASSISTED LIPECTOMY; HEAD AND NECK  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15878 | SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 15879 | SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 17340 | CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 17360 | CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 17380 | ELECTROLYSIS EPILATION, EACH 30 MINUTES  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 19300 | MASTECTOMY FOR GYNECOMASTIA  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 21120 | GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 21122 | GENIOPLASTY; SLIDING OSTEOTOMIES, 2 OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL CHIN)  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 54400 | INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 54401 | INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 54405 | INSERTION OF MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS, INCLUDING PLACEMENT OF PUMP, CYLINDERS, AND RESERVOIR  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 54408 | REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 54410 | REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS AT THE SAME OPERATIVE SESSION   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 54411 | REMOVAL AND REPLACEMENT OF ALL COMPONENTS OF A MULTI-COMPONENT INFLATABLE PENILE PROSTHESIS THROUGH AN INFECTED FIELD AT THE SAME OPERATIVE SESSION, INCLUDING IRRIGATION AND DEBRIDEMENT OF INFECTED TISSUE | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 54415 | REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS, WITHOUT REPLACEMENT OF PROSTHESIS   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 54416 | REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS AT THE SAME OPERATIVE SESSION  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 55970 | INTERSEX SURGERY; MALE TO FEMALE   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 55980 | INTERSEX SURGERY; FEMALE TO MALE   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 56805 | CLITOROPLASTY FOR INTERSEX STATE   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 57335 | VAGINOPLASTY FOR INTERSEX STATE  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 69090 | EAR PIERCING   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 69300 | OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 17106 | DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 17107 | DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); 10.0 TO 50.0 SQ CM  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 17108 | DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); OVER 50.0 SQ CM   | All | 0 | 0 | - |

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|-----------------------------|-------|---|-----|---|---|---|
| Cosmetic and Reconstructive | 21172 | RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 21175 | RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION (EG, PLAGIOCEPHALY, TRIGONOCEPHALY, BRACHYCEPHALY), WITH OR WITHOUT GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 21179 | RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH GRAFTS (ALLOGRAFT OR PROSTHETIC MATERIAL)   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 21180 | RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFTS)   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 21256 | RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, MICRO-OPHTHALMIA)   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 21260 | PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 21261 | PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 21263 | PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 21267 | ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 21268 | ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 21280 | MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 21282 | LATERAL CANTHOPEXY  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 21740 | RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 21742 | RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITHOUT THORACOSCOPY  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 21743 | RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITH THORACOSCOPY   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 28344 | RECONSTRUCTION, TOE(S); POLYDACTYLY   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 30540 | REPAIR CHOANAL ATRESIA; INTRANASAL  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 30545 | REPAIR CHOANAL ATRESIA; TRANSPALATINE   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 30560 | LYSIS INTRANASAL SYNECHIA   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 30620 | SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 31295 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG, BALLOON DILATION), TRANSNASAL OR VIA CANINE FOSSA   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 31296 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG, BALLOON DILATION)   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 31297 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM (EG, BALLOON DILATION)  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 40500 | VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 67900 | REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 67901 | REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL (EG, BANKED FASCIA)  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 67902 | REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 67903 | REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 67904 | REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 67906 | REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 67908 | REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 67909 | REDUCTION OF OVERCORRECTION OF PTOSIS   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 67911 | CORRECTION OF LID RETRACTION  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 67912 | CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOAD (EG, GOLD WEIGHT)   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 67914 | REPAIR OF ECTROPION; SUTURE   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 67915 | REPAIR OF ECTROPION; THERMOCAUTERIZATION  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 67921 | REPAIR OF ENTROPION; SUTURE   | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 67922 | REPAIR OF ENTROPION; THERMOCAUTERIZATION  | All | 0 | 0 | - |
| Cosmetic and Reconstructive | 67950 | CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)  | All | 0 | 0 | - |

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|---|-------|---|-----|---|---|---|
| Cosmetic and Reconstructive   | 67961 | EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE PREPARATION FOR SKIN GRAFT OR PEDICLE FLAP WITH ADJACENT TISSUE TRANSFER OR REARRANGEMENT; UP TO ONE-FOURTH OF LID MARGIN | All | 0 | 0 | - |
| Cosmetic and Reconstructive   | 67966 | EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE PREPARATION FOR SKIN GRAFT OR PEDICLE FLAP WITH ADJACENT TISSUE TRANSFER OR REARRANGEMENT; OVER ONE-FOURTH OF LID MARGIN  | All | 0 | 0 | - |
| Cosmetic and Reconstructive   | 69320 | RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE   | All | 0 | 0 | - |
| Cosmetic and Reconstructive   | Q2026 | INJECTION, RADIESSE, 0.1 ML   | All | 0 | 0 | - |
| Cosmetic and Reconstructive   | Q2027 | Injection, sculptra, 0.1 ml (Code deleted 1/1/2014)   | All | 0 | 0 | - |
| Cosmetic/Reconstructive/<br>Plastic Surgery<br>Reconstructive surgery will be covered for certain congenital defects, illness related, or injury/trauma | 11201 | REMOVAL OF SKIN TAGS, MULTIPLE FIBROCTANEOUS TAGS, ANY AREA; EACH ADDITIONAL 10 LESIONS, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | All | 0 | 0 | - |
| CT /CTA Scan  | 70480 | COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL   | All | 0 | 0 | - |
| CT /CTA Scan  | 70481 | COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)   | All | 0 | 0 | - |
| CT /CTA Scan  | 70482 | COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS  | All | 0 | 0 | - |
| CT /CTA Scan  | 70486 | COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL  | All | 0 | 0 | - |
| CT /CTA Scan  | 70487 | COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)  | All | 0 | 0 | - |
| CT /CTA Scan  | 70488 | COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS   | All | 0 | 0 | - |
| CT /CTA Scan  | 70490 | COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL  | All | 0 | 0 | - |
| CT /CTA Scan  | 70491 | COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)  | All | 0 | 0 | - |
| CT /CTA Scan  | 70492 | COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS  | All | 0 | 0 | - |
| CT /CTA Scan  | 70496 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING   | All | 0 | 0 | - |
| CT /CTA Scan  | 70498 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING   | All | 0 | 0 | - |
| CT /CTA Scan  | 71250 | COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL  | All | 0 | 0 | - |
| CT /CTA Scan  | 71260 | COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)  | All | 0 | 0 | - |
| CT /CTA Scan  | 71270 | COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS   | All | 0 | 0 | - |
| CT /CTA Scan  | 71275 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING  | All | 0 | 0 | - |
| CT /CTA Scan  | 72125 | COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL  | All | 0 | 0 | - |
| CT /CTA Scan  | 72126 | COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL   | All | 0 | 0 | - |
| CT /CTA Scan  | 72127 | COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS   | All | 0 | 0 | - |
| CT /CTA Scan  | 72128 | COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL  | All | 0 | 0 | - |
| CT /CTA Scan  | 72129 | COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL   | All | 0 | 0 | - |
| CT /CTA Scan  | 72130 | COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS   | All | 0 | 0 | - |
| CT /CTA Scan  | 72131 | COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL  | All | 0 | 0 | - |
| CT /CTA Scan  | 72132 | COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL   | All | 0 | 0 | - |
| CT /CTA Scan  | 72133 | COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS   | All | 0 | 0 | - |
| CT /CTA Scan  | 72191 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING   | All | 0 | 0 | - |
| CT /CTA Scan  | 72192 | COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL  | All | 0 | 0 | - |
| CT /CTA Scan  | 72193 | COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)  | All | 0 | 0 | - |

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| CT /CTA Scan                             | 72194 | COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS   | All | 0 | 0 | - |
| CT /CTA Scan                             | 73200 | COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL   | All | 0 | 0 | - |
| CT /CTA Scan                             | 73201 | COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)   | All | 0 | 0 | - |
| CT /CTA Scan                             | 73202 | COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS  | All | 0 | 0 | - |
| CT /CTA Scan                             | 73206 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING  | All | 0 | 0 | - |
| CT /CTA Scan                             | 73700 | COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL   | All | 0 | 0 | - |
| CT /CTA Scan                             | 73701 | COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)   | All | 0 | 0 | - |
| CT /CTA Scan                             | 73702 | COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS  | All | 0 | 0 | - |
| CT /CTA Scan                             | 73706 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING  | All | 0 | 0 | - |
| CT /CTA Scan                             | 74150 | COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL   | All | 0 | 0 | - |
| CT /CTA Scan                             | 74160 | COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)   | All | 0 | 0 | - |
| CT /CTA Scan                             | 74170 | COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS  | All | 0 | 0 | - |
| CT /CTA Scan                             | 74174 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING   | All | 0 | 0 | - |
| CT /CTA Scan                             | 74175 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING  | All | 0 | 0 | - |
| CT /CTA Scan                             | 74176 | COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL  | All | 0 | 0 | - |
| CT /CTA Scan                             | 74177 | COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)  | All | 0 | 0 | - |
| CT /CTA Scan                             | 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   | All | 0 | 0 | - |
| CT /CTA Scan                             | 74261 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL   | All | 0 | 0 | - |
| CT /CTA Scan                             | 74262 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITH CONTRAST MATERIAL(S) INCLUDING NON-CONTRAST IMAGES, IF PERFORMED   | All | 0 | 0 | - |
| CT /CTA Scan                             | 77011 | COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION  | All | 0 | 0 | - |
| CT /CTA Scan                             | 77012 | COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), RADIOLOGICAL SUPERVISION AND INTERPRETATION   | All | 0 | 0 | - |
| CT /CTA Scan                             | 77013 | COMPUTED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION  | All | 0 | 0 | - |
| Dietary/Nutritional Education/Counseling | 90951 | END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 4 OR MORE FACE-TO-FACE VISITS BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH | All | 6 | 0 | - |
| Dietary/Nutritional Education/Counseling | 90952 | END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 2-3 FACE-TO-FACE VISITS BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH       | All | 6 | 0 | - |
| Dietary/Nutritional Education/Counseling | 90953 | END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 1 FACE-TO-FACE VISIT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH          | All | 6 | 0 | - |
| Dietary/Nutritional Education/Counseling | 90954 | END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 4 OR MORE FACE-TO-FACE VISITS BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH           | All | 6 | 0 | - |

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| Dietary/Nutritional Education/Counseling | 90955 | END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 2-3 FACE-TO-FACE VISITS BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH        | All | 6 | 0 | - |
| Dietary/Nutritional Education/Counseling | 90956 | END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 1 FACE-TO-FACE VISIT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH           | All | 6 | 0 | - |
| Dietary/Nutritional Education/Counseling | 90957 | END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 4 OR MORE FACE-TO-FACE VISITS BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH | All | 6 | 0 | - |
| Dietary/Nutritional Education/Counseling | 90958 | END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 2-3 FACE-TO-FACE VISITS BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH       | All | 6 | 0 | - |
| Dietary/Nutritional Education/Counseling | 90959 | END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS; WITH 1 FACE-TO-FACE VISIT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH          | All | 6 | 0 | - |
| Dietary/Nutritional Education/Counseling | 90963 | END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS  | All | 6 | 0 | - |
| Dietary/Nutritional Education/Counseling | 90964 | END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 2-11 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS  | All | 6 | 0 | - |
| Dietary/Nutritional Education/Counseling | 90965 | END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 12-19 YEARS OF AGE TO INCLUDE MONITORING FOR THE ADEQUACY OF NUTRITION, ASSESSMENT OF GROWTH AND DEVELOPMENT, AND COUNSELING OF PARENTS   | All | 6 | 0 | - |
| Dietary/Nutritional Education/Counseling | 97802 | MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES   | All | 8 | 0 | - |
| Dietary/Nutritional Education/Counseling | 97803 | MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES  | All | 8 | 0 | - |
| Dietary/Nutritional Education/Counseling | 97804 | MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MINUTES  | All | 4 | 0 | - |
| Dietary/Nutritional Education/Counseling | G0108 | DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30 MINUTES  | All | 4 | 0 | - |
| Dietary/Nutritional Education/Counseling | G0109 | DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 OR MORE), PER 30 MINUTES   | All | 4 | 0 | - |
| Dietary/Nutritional Education/Counseling | G0270 | MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S) FOLLOWING SECOND REFERRAL IN SAME YEAR FOR CHANGE IN DIAGNOSIS, MEDICAL CONDITION OR TREATMENT REGIMEN (INCLUDING ADDITIONAL HOURS NEEDED FOR RENAL DISEASE), INDIVIDUAL, FACE TO FACE WITH THE PATIENT, EACH 15 MINUTES                        | All | 8 | 0 | - |
| Dietary/Nutritional Education/Counseling | G0271 | MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INTERVENTION(S) FOLLOWING SECOND REFERRAL IN SAME YEAR FOR CHANGE IN DIAGNOSIS, MEDICAL CONDITION, OR TREATMENT REGIMEN (INCLUDING ADDITIONAL HOURS NEEDED FOR RENAL DISEASE), GROUP (2 OR MORE INDIVIDUALS), EACH 30 MINUTES                                   | All | 4 | 0 | - |
| Dietary/Nutritional Education/Counseling | S9449 | WEIGHT MANAGEMENT CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION   | All | 8 | 0 | - |
| Dietary/Nutritional Education/Counseling | S9452 | NUTRITION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION   | All | 8 | 0 | - |
| Dietary/Nutritional Education/Counseling | S9470 | NUTRITIONAL COUNSELING, DIETITIAN VISIT  | All | 8 | 0 | - |

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|-----|-------|--|-----|---|-----|---|
| DME | A5500 | FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI- DENSITY INSERT(S), PER SHOE  | All | 0 | 500 | - |
| DME | A5501 | FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE), PER SHOE  | All | 0 | 500 | - |
| DME | A5503 | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM, PER SHOE  | All | 0 | 500 | - |
| DME | A5504 | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH WEDGE(S), PER SHOE   | All | 0 | 500 | - |
| DME | A5505 | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH METATARSAL BAR, PER SHOE   | All | 0 | 500 | - |
| DME | A5506 | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH OFF-SET HEEL(S), PER SHOE  | All | 0 | 500 | - |
| DME | A5507 | FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE   | All | 0 | 500 | - |
| DME | A5512 | FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FAHRENHEIT OR HIGHER, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 1/4 INCH MATERIAL OF SHORE A 35 DUROMETER OR 3/16 INCH MATERIAL OF SHORE A 40 DUROMETER (OR HIGHER), PREFABRICATED, EACH | All | 0 | 500 | - |
| DME | A5513 | FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 3/16 INCH MATERIAL OF SHORE A 35 DUROMETER OR HIGHER), INCLUDES ARCH FILLER AND OTHER SHAPING MATERIAL, CUSTOM FABRICATED, EACH  | All | 0 | 500 | - |
| DME | A7025 | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH  | All | 0 | 500 | - |
| DME | A7026 | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH  | All | 0 | 500 | - |
| DME | A8000 | HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES   | All | 0 | 500 | - |
| DME | A8001 | HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES   | All | 0 | 500 | - |
| DME | A8002 | HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES   | All | 0 | 500 | - |
| DME | A8003 | HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES   | All | 0 | 500 | - |
| DME | A8004 | SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY  | All | 0 | 500 | - |
| DME | E0181 | POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY  | All | 0 | 500 | - |
| DME | E0182 | PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY  | All | 0 | 500 | - |
| DME | E0184 | DRY PRESSURE MATTRESS  | All | 0 | 500 | - |
| DME | E0185 | GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  | All | 0 | 500 | - |
| DME | E0186 | AIR PRESSURE MATTRESS  | All | 0 | 500 | - |
| DME | E0187 | WATER PRESSURE MATTRESS  | All | 0 | 500 | - |
| DME | E0188 | SYNTHETIC SHEEPSKIN PAD  | All | 0 | 500 | - |
| DME | E0189 | LAMBSWOOL SHEEPSKIN PAD, ANY SIZE  | All | 0 | 500 | - |
| DME | E0191 | HEEL OR ELBOW PROTECTOR, EACH  | All | 0 | 500 | - |
| DME | E0193 | POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)   | All | 0 | 500 | - |
| DME | E0194 | AIR FLUIDIZED BED  | All | 0 | 500 | - |
| DME | E0196 | GEL PRESSURE MATTRESS  | All | 0 | 500 | - |
| DME | E0197 | AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  | All | 0 | 500 | - |
| DME | E0198 | WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  | All | 0 | 500 | - |
| DME | E0199 | DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  | All | 0 | 500 | - |
| DME | E0200 | HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT   | All | 0 | 500 | - |
| DME | E0202 | PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER   | All | 0 | 500 | - |
| DME | E0205 | HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT  | All | 0 | 500 | - |
| DME | E0217 | WATER CIRCULATING HEAT PAD WITH PUMP   | All | 0 | 500 | - |
| DME | E0225 | HYDROCOLLATOR UNIT, INCLUDES PADS  | All | 0 | 500 | - |
| DME | E0235 | PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)  | All | 0 | 500 | - |
| DME | E0236 | PUMP FOR WATER CIRCULATING PAD   | All | 0 | 500 | - |
| DME | E0239 | HYDROCOLLATOR UNIT, PORTABLE   | All | 0 | 500 | - |
| DME | E0249 | PAD FOR WATER CIRCULATING HEAT UNIT, FOR REPLACEMENT ONLY  | All | 0 | 500 | - |
| DME | E0250 | HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS  | All | 0 | 500 | - |
| DME | E0251 | HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS   | All | 0 | 500 | - |
| DME | E0255 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS  | All | 0 | 500 | - |
| DME | E0256 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS   | All | 0 | 500 | - |
| DME | E0260 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS  | All | 0 | 500 | - |

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| DME | E0261 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS  | All | 0 | 500 | - |
| DME | E0265 | HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS   | All | 0 | 500 | - |
| DME | E0266 | HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS  | All | 0 | 500 | - |
| DME | E0277 | POWERED PRESSURE-REDUCING AIR MATTRESS  | All | 0 | 500 | - |
| DME | E0280 | BED CRADLE, ANY TYPE  | All | 0 | 500 | - |
| DME | E0290 | HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS   | All | 0 | 500 | - |
| DME | E0291 | HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS  | All | 0 | 500 | - |
| DME | E0292 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS   | All | 0 | 500 | - |
| DME | E0293 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS  | All | 0 | 500 | - |
| DME | E0294 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS   | All | 0 | 500 | - |
| DME | E0295 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS  | All | 0 | 500 | - |
| DME | E0296 | HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS). WITHOUT SIDE RAILS, WITH MATTRESS   | All | 0 | 500 | - |
| DME | E0297 | HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS  | All | 0 | 500 | - |
| DME | E0300 | PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED, WITH OR WITHOUT TOP ENCLOSURE   | All | 0 | 500 | - |
| DME | E0301 | HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS  | All | 0 | 500 | - |
| DME | E0302 | HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS  | All | 0 | 500 | - |
| DME | E0303 | HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS   | All | 0 | 500 | - |
| DME | E0304 | HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS   | All | 0 | 500 | - |
| DME | E0316 | SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE   | All | 0 | 500 | - |
| DME | E0424 | STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING   | All | 0 | 500 | - |
| DME | E0431 | PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING  | All | 0 | 500 | - |
| DME | E0433 | PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE | All | 0 | 500 | - |
| DME | E0434 | PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING  | All | 0 | 500 | - |
| DME | E0439 | STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING   | All | 0 | 500 | - |
| DME | E0441 | STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT  | All | 0 | 500 | - |
| DME | E0442 | STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT   | All | 0 | 500 | - |
| DME | E0443 | PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT  | All | 0 | 500 | - |
| DME | E0444 | PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT   | All | 0 | 500 | - |
| DME | E0450 | VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE)   | All | 0 | 500 | - |
| DME | E0457 | CHEST SHELL (CUIRASS)   | All | 0 | 500 | - |
| DME | E0459 | CHEST WRAP  | All | 0 | 500 | - |
| DME | E0460 | NEGATIVE PRESSURE VENTILATOR; PORTABLE OR STATIONARY  | All | 0 | 500 | - |
| DME | E0461 | VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)   | All | 0 | 500 | - |
| DME | E0462 | ROCKING BED WITH OR WITHOUT SIDE RAILS  | All | 0 | 500 | - |
| DME | E0463 | PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE)  | All | 0 | 500 | - |
| DME | E0464 | PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)   | All | 0 | 500 | - |
| DME | E0470 | RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)                        | All | 0 | 500 | - |



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| DME | 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) | All | 0 | 500 | - |
| DME | E0472 | RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)        | All | 0 | 500 | - |
| DME | E0483 | HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH  | All | 0 | 500 | - |
| DME | E0484 | OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH  | All | 0 | 500 | - |
| DME | E0550 | HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY  | All | 0 | 500 | - |
| DME | E0560 | HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY   | All | 0 | 500 | - |
| DME | E0561 | HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE  | All | 0 | 500 | - |
| DME | E0562 | HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE  | All | 0 | 500 | - |
| DME | E0565 | COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN   | All | 0 | 500 | - |
| DME | E0570 | NEBULIZER, WITH COMPRESSOR   | All | 0 | 500 | - |
| DME | E0572 | AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE   | All | 0 | 500 | - |
| DME | E0574 | ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER  | All | 0 | 500 | - |
| DME | E0575 | NEBULIZER, ULTRASONIC, LARGE VOLUME  | All | 0 | 500 | - |
| DME | E0580 | NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER  | All | 0 | 500 | - |
| DME | E0585 | NEBULIZER, WITH COMPRESSOR AND HEATER  | All | 0 | 500 | - |
| DME | E0600 | RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC   | All | 0 | 500 | - |
| DME | E0601 | CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE  | All | 0 | 500 | - |
| DME | E0617 | EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS  | All | 0 | 500 | - |
| DME | E0618 | APNEA MONITOR, WITHOUT RECORDING FEATURE   | All | 0 | 500 | - |
| DME | E0619 | APNEA MONITOR, WITH RECORDING FEATURE  | All | 0 | 500 | - |
| DME | E0620 | SKIN PIERCING DEVICE FOR COLLECTION OF CAPILLARY BLOOD, LASER, EACH  | All | 0 | 500 | - |
| DME | E0627 | SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM   | All | 0 | 500 | - |
| DME | E0628 | SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC   | All | 0 | 500 | - |
| DME | E0629 | SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC   | All | 0 | 500 | - |
| DME | E0630 | PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)  | All | 0 | 500 | - |
| DME | E0635 | PATIENT LIFT, ELECTRIC WITH SEAT OR SLING  | All | 0 | 500 | - |
| DME | E0636 | MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS  | All | 0 | 500 | - |
| DME | E0650 | PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL   | All | 0 | 500 | - |
| DME | E0651 | PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE  | All | 0 | 500 | - |
| DME | E0652 | PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE   | All | 0 | 500 | - |
| DME | E0655 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM  | All | 0 | 500 | - |
| DME | E0656 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK   | All | 0 | 500 | - |
| DME | E0657 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST   | All | 0 | 500 | - |
| DME | E0660 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG  | All | 0 | 500 | - |
| DME | E0665 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM  | All | 0 | 500 | - |
| DME | E0666 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG  | All | 0 | 500 | - |
| DME | E0667 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG  | All | 0 | 500 | - |
| DME | E0668 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM  | All | 0 | 500 | - |
| DME | E0669 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG  | All | 0 | 500 | - |
| DME | E0670 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK   | All | 0 | 500 | - |
| DME | E0671 | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG  | All | 0 | 500 | - |
| DME | E0672 | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM  | All | 0 | 500 | - |
| DME | E0673 | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG  | All | 0 | 500 | - |
| DME | E0675 | PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)  | All | 0 | 500 | - |
| DME | E0691 | ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS   | All | 0 | 500 | - |
| DME | E0692 | ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 4 FOOT PANEL   | All | 0 | 500 | - |
| DME | E0693 | ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 6 FOOT PANEL   | All | 0 | 500 | - |

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| DME | E0694 | ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION  | All | 0 | 500 | - |
| DME | E0705 | TRANSFER DEVICE, ANY TYPE, EACH  | All | 0 | 500 | - |
| DME | E0740 | INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR AND/OR TRAINER   | All | 0 | 500 | - |
| DME | E0744 | NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS   | All | 0 | 500 | - |
| DME | E0762 | TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL ACCESSORIES  | All | 0 | 500 | - |
| DME | E0764 | FUNCTIONAL NEUROMUSCULAR STIMULATION, TRANSCUTANEOUS STIMULATION OF SEQUENTIAL MUSCLE GROUPS OF AMBULATION WITH COMPUTER CONTROL, USED FOR WALKING BY SPINAL CORD INJURED, ENTIRE SYSTEM, AFTER COMPLETION OF TRAINING PROGRAM | All | 0 | 500 | - |
| DME | E0765 | FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF NAUSEA AND VOMITING  | All | 0 | 500 | - |
| DME | E0784 | EXTERNAL AMBULATORY INFUSION PUMP, INSULIN   | All | 0 | 500 | - |
| DME | E0983 | MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL   | All | 0 | 500 | - |
| DME | E0984 | MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL   | All | 0 | 500 | - |
| DME | E0985 | WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM  | All | 0 | 500 | - |
| DME | E0986 | MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST SYSTEM  | All | 0 | 500 | - |
| DME | E0988 | MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE, PAIR  | All | 0 | 500 | - |
| DME | E0990 | WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH  | All | 0 | 500 | - |
| DME | E0992 | MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT   | All | 0 | 500 | - |
| DME | E0994 | ARM REST, EACH   | All | 0 | 500 | - |
| DME | E0995 | WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH  | All | 0 | 500 | - |
| DME | E1002 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY  | All | 0 | 500 | - |
| DME | E1003 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION  | All | 0 | 500 | - |
| DME | E1004 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION  | All | 0 | 500 | - |
| DME | E1005 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION   | All | 0 | 500 | - |
| DME | E1006 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION  | All | 0 | 500 | - |
| DME | E1007 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION  | All | 0 | 500 | - |
| DME | E1008 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION   | All | 0 | 500 | - |
| DME | E1009 | WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH   | All | 0 | 500 | - |
| DME | E1010 | WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR   | All | 0 | 500 | - |
| DME | E1016 | SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH  | All | 0 | 500 | - |
| DME | E1017 | HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH   | All | 0 | 500 | - |
| DME | E1018 | HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH  | All | 0 | 500 | - |
| DME | E1031 | ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER  | All | 0 | 500 | - |
| DME | E1035 | MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS  | All | 0 | 500 | - |
| DME | E1036 | MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS  | All | 0 | 500 | - |
| DME | E1037 | TRANSPORT CHAIR, PEDIATRIC SIZE  | All | 0 | 500 | - |
| DME | E1038 | TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  | All | 0 | 500 | - |
| DME | E1039 | TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS   | All | 0 | 500 | - |
| DME | E1050 | FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS  | All | 0 | 500 | - |
| DME | E1060 | FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS   | All | 0 | 500 | - |
| DME | E1070 | FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST   | All | 0 | 500 | - |
| DME | E1083 | HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST  | All | 0 | 500 | - |
| DME | E1084 | HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS   | All | 0 | 500 | - |
| DME | E1087 | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS  | All | 0 | 500 | - |
| DME | E1088 | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG RESTS   | All | 0 | 500 | - |
| DME | E1092 | WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEG RESTS  | All | 0 | 500 | - |

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| DME | E1093 | WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS                                       | All | 0 | 500 | - |
| DME | E1100 | SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS  | All | 0 | 500 | - |
| DME | E1110 | SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST   | All | 0 | 500 | - |
| DME | E1150 | WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS   | All | 0 | 500 | - |
| DME | E1160 | WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS  | All | 0 | 500 | - |
| DME | E1161 | MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE  | All | 0 | 500 | - |
| DME | E1170 | AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS  | All | 0 | 500 | - |
| DME | E1171 | AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGREST  | All | 0 | 500 | - |
| DME | E1172 | AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) WITHOUT FOOTRESTS OR LEGREST  | All | 0 | 500 | - |
| DME | E1180 | AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS   | All | 0 | 500 | - |
| DME | E1190 | AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEGRESTS  | All | 0 | 500 | - |
| DME | E1195 | HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS   | All | 0 | 500 | - |
| DME | E1200 | AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST  | All | 0 | 500 | - |
| DME | E1221 | WHEELCHAIR WITH FIXED ARM, FOOTRESTS  | All | 0 | 500 | - |
| DME | E1222 | WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS   | All | 0 | 500 | - |
| DME | E1223 | WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS  | All | 0 | 500 | - |
| DME | E1224 | WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS   | All | 0 | 500 | - |
| DME | E1225 | WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH                         | All | 0 | 500 | - |
| DME | E1226 | WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH  | All | 0 | 500 | - |
| DME | E1227 | SPECIAL HEIGHT ARMS FOR WHEELCHAIR  | All | 0 | 500 | - |
| DME | E1228 | SPECIAL BACK HEIGHT FOR WHEELCHAIR  | All | 0 | 500 | - |
| DME | E1230 | POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER   | All | 0 | 500 | - |
| DME | E1231 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM   | All | 0 | 500 | - |
| DME | E1232 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM   | All | 0 | 500 | - |
| DME | E1233 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM  | All | 0 | 500 | - |
| DME | E1234 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM  | All | 0 | 500 | - |
| DME | E1235 | WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM  | All | 0 | 500 | - |
| DME | E1236 | WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM  | All | 0 | 500 | - |
| DME | E1237 | WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM   | All | 0 | 500 | - |
| DME | E1238 | WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM   | All | 0 | 500 | - |
| DME | E1240 | LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST                                     | All | 0 | 500 | - |
| DME | E1270 | LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS  | All | 0 | 500 | - |
| DME | E1280 | HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS   | All | 0 | 500 | - |
| DME | E1295 | HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST  | All | 0 | 500 | - |
| DME | E1296 | SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR   | All | 0 | 500 | - |
| DME | E1297 | SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY  | All | 0 | 500 | - |
| DME | E1298 | SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION   | All | 0 | 500 | - |
| DME | E1310 | WHIRLPOOL, NON-PORTABLE (BUILT-IN TYPE)   | All | 0 | 500 | - |
| DME | E1372 | IMMERSION EXTERNAL HEATER FOR NEBULIZER   | All | 0 | 500 | - |
| DME | E1390 | OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE     | All | 0 | 500 | - |
| DME | E1391 | OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH | All | 0 | 500 | - |
| DME | E1392 | PORTABLE OXYGEN CONCENTRATOR, RENTAL  | All | 0 | 500 | - |
| DME | E1405 | OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY  | All | 0 | 500 | - |
| DME | E1406 | OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY   | All | 0 | 500 | - |
| DME | E1800 | DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL   | All | 0 | 500 | - |
| DME | E1802 | DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL  | All | 0 | 500 | - |
| DME | E1805 | DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL   | All | 0 | 500 | - |
| DME | E1810 | DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL  | All | 0 | 500 | - |
| DME | E1812 | DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL   | All | 0 | 500 | - |
| DME | E1815 | DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL   | All | 0 | 500 | - |
| DME | E1825 | DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL  | All | 0 | 500 | - |
| DME | E1830 | DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL   | All | 0 | 500 | - |

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| DME | E1840 | DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL  | All | 0 | 500 | - |
| DME | E2100 | BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER  | All | 0 | 500 | - |
| DME | E2101 | BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE   | All | 0 | 500 | - |
| DME | E2120 | PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT OF INNER EAR ENDOLYMPHATIC FLUID   | All | 0 | 500 | - |
| DME | E2310 | POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE          | All | 0 | 500 | - |
| DME | E2311 | POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE | All | 0 | 500 | - |
| DME | E2312 | POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE   | All | 0 | 500 | - |
| DME | E2313 | POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH  | All | 0 | 500 | - |
| DME | E2321 | POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE   | All | 0 | 500 | - |
| DME | E2322 | POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE  | All | 0 | 500 | - |
| DME | E2323 | POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED  | All | 0 | 500 | - |
| DME | E2324 | POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE  | All | 0 | 500 | - |
| DME | E2325 | POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE   | All | 0 | 500 | - |
| DME | E2326 | POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE   | All | 0 | 500 | - |
| DME | E2327 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE   | All | 0 | 500 | - |
| DME | E2328 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE   | All | 0 | 500 | - |
| DME | E2329 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE                | All | 0 | 500 | - |
| DME | E2330 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE              | All | 0 | 500 | - |
| DME | E2340 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES   | All | 0 | 500 | - |
| DME | E2341 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES   | All | 0 | 500 | - |
| DME | E2342 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES  | All | 0 | 500 | - |
| DME | E2343 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES   | All | 0 | 500 | - |
| DME | E2351 | POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE  | All | 0 | 500 | - |
| DME | E2359 | POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)   | All | 0 | 500 | - |
| DME | E2360 | POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH   | All | 0 | 500 | - |
| DME | E2361 | POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)  | All | 0 | 500 | - |
| DME | E2362 | POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH  | All | 0 | 500 | - |
| DME | E2363 | POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)   | All | 0 | 500 | - |
| DME | E2364 | POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH   | All | 0 | 500 | - |
| DME | E2365 | POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)  | All | 0 | 500 | - |
| DME | E2366 | POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH   | All | 0 | 500 | - |
| DME | E2367 | POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH   | All | 0 | 500 | - |
| DME | E2368 | POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY  | All | 0 | 500 | - |

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| DME | E2369 | POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY   | All | 0 | 500 | - |
| DME | E2370 | POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY  | All | 0 | 500 | - |
| DME | E2371 | POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH  | All | 0 | 500 | - |
| DME | E2372 | POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH  | All | 0 | 500 | - |
| DME | E2373 | POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE   | All | 0 | 500 | - |
| DME | E2374 | POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY | All | 0 | 500 | - |
| DME | E2375 | POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY   | All | 0 | 500 | - |
| DME | E2376 | POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY   | All | 0 | 500 | - |
| DME | E2377 | POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE  | All | 0 | 500 | - |
| DME | E2378 | POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY   | All | 0 | 500 | - |
| DME | E2381 | POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH   | All | 0 | 500 | - |
| DME | E2382 | POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH  | All | 0 | 500 | - |
| DME | E2383 | POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH  | All | 0 | 500 | - |
| DME | E2384 | POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH  | All | 0 | 500 | - |
| DME | E2385 | POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH   | All | 0 | 500 | - |
| DME | E2386 | POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH   | All | 0 | 500 | - |
| DME | E2387 | POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH  | All | 0 | 500 | - |
| DME | E2388 | POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH  | All | 0 | 500 | - |
| DME | E2389 | POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH   | All | 0 | 500 | - |
| DME | E2390 | POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH  | All | 0 | 500 | - |
| DME | E2391 | POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH   | All | 0 | 500 | - |
| DME | E2392 | POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH   | All | 0 | 500 | - |
| DME | E2394 | POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH  | All | 0 | 500 | - |
| DME | E2395 | POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH   | All | 0 | 500 | - |
| DME | E2396 | POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH  | All | 0 | 500 | - |
| DME | E2397 | POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH  | All | 0 | 500 | - |
| DME | E2402 | NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE  | All | 0 | 500 | - |
| DME | E2500 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME  | All | 0 | 500 | - |
| DME | E2502 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME  | All | 0 | 500 | - |
| DME | E2504 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME   | All | 0 | 500 | - |
| DME | E2506 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME  | All | 0 | 500 | - |
| DME | E2508 | SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE   | All | 0 | 500 | - |
| DME | E2510 | SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS   | All | 0 | 500 | - |
| DME | E2511 | SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT  | All | 0 | 500 | - |
| DME | E2512 | ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM  | All | 0 | 500 | - |
| DME | K0003 | LIGHTWEIGHT WHEELCHAIR   | All | 0 | 500 | - |
| DME | K0004 | HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR  | All | 0 | 500 | - |
| DME | K0005 | ULTRALIGHTWEIGHT WHEELCHAIR  | All | 0 | 500 | - |
| DME | K0006 | HEAVY DUTY WHEELCHAIR  | All | 0 | 500 | - |
| DME | K0007 | EXTRA HEAVY DUTY WHEELCHAIR  | All | 0 | 500 | - |
| DME | K0008 | CUSTOM MANUAL WHEELCHAIR/BASE  | All | 0 | 500 | - |
| DME | K0009 | OTHER MANUAL WHEELCHAIR/BASE   | All | 0 | 500 | - |

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| DME | K0010 | STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR  | All | 0 | 500 | - |
| DME | K0011 | STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING                            | All | 0 | 500 | - |
| DME | K0012 | LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR   | All | 0 | 500 | - |
| DME | K0013 | CUSTOM MOTORIZED/POWER WHEELCHAIR BASE  | All | 0 | 500 | - |
| DME | K0014 | OTHER MOTORIZED/POWER WHEELCHAIR BASE   | All | 0 | 500 | - |
| DME | K0606 | AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE  | All | 0 | 500 | - |
| DME | K0738 | PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING | All | 0 | 500 | - |
| DME | K0739 | REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES                                 | All | 0 | 500 | - |
| DME | K0743 | SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS   | All | 0 | 500 | - |
| DME | K0744 | ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE 16 SQUARE INCHES OR LESS  | All | 0 | 500 | - |
| DME | K0745 | ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE MORE THAN 16 SQUARE INCHES BUT LESS THAN OR EQUAL TO 48 SQUARE INCHES                                   | All | 0 | 500 | - |
| DME | K0746 | ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE GREATER THAN 48 SQUARE INCHES   | All | 0 | 500 | - |
| DME | K0800 | POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  | All | 0 | 500 | - |
| DME | K0801 | POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS   | All | 0 | 500 | - |
| DME | K0802 | POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS  | All | 0 | 500 | - |
| DME | K0806 | POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  | All | 0 | 500 | - |
| DME | K0807 | POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS   | All | 0 | 500 | - |
| DME | K0808 | POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS  | All | 0 | 500 | - |
| DME | K0813 | POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS   | All | 0 | 500 | - |
| DME | K0814 | POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  | All | 0 | 500 | - |
| DME | K0815 | POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS   | All | 0 | 500 | - |
| DME | K0816 | POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  | All | 0 | 500 | - |
| DME | K0820 | POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS   | All | 0 | 500 | - |
| DME | K0821 | POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  | All | 0 | 500 | - |
| DME | K0822 | POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS   | All | 0 | 500 | - |
| DME | K0823 | POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  | All | 0 | 500 | - |
| DME | K0824 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS  | All | 0 | 500 | - |
| DME | K0825 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS   | All | 0 | 500 | - |
| DME | K0826 | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS   | All | 0 | 500 | - |
| DME | K0827 | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS  | All | 0 | 500 | - |
| DME | K0828 | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE   | All | 0 | 500 | - |
| DME | K0829 | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE   | All | 0 | 500 | - |
| DME | K0830 | POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  | All | 0 | 500 | - |
| DME | K0831 | POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS   | All | 0 | 500 | - |
| DME | K0835 | POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  | All | 0 | 500 | - |
| DME | K0836 | POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS   | All | 0 | 500 | - |
| DME | K0837 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS   | All | 0 | 500 | - |

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| DME | K0838 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS                     | All | 0 | 500 | - |
| DME | K0839 | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS          | All | 0 | 500 | - |
| DME | K0840 | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE       | All | 0 | 500 | - |
| DME | K0841 | POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | All | 0 | 500 | - |
| DME | K0842 | POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS        | All | 0 | 500 | - |
| DME | K0843 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS            | All | 0 | 500 | - |
| DME | K0848 | POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                        | All | 0 | 500 | - |
| DME | K0849 | POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                               | All | 0 | 500 | - |
| DME | K0850 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS                                   | All | 0 | 500 | - |
| DME | K0851 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS  | All | 0 | 500 | - |
| DME | K0852 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS                              | All | 0 | 500 | - |
| DME | K0853 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS                                     | All | 0 | 500 | - |
| DME | K0854 | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE                            | All | 0 | 500 | - |
| DME | K0855 | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE                                   | All | 0 | 500 | - |
| DME | K0856 | POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS   | All | 0 | 500 | - |
| DME | K0857 | POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS          | All | 0 | 500 | - |
| DME | K0858 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS                       | All | 0 | 500 | - |
| DME | K0859 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS                     | All | 0 | 500 | - |
| DME | K0860 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS         | All | 0 | 500 | - |
| DME | K0861 | POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | All | 0 | 500 | - |
| DME | K0862 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS            | All | 0 | 500 | - |
| DME | K0863 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS       | All | 0 | 500 | - |
| DME | K0864 | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE     | All | 0 | 500 | - |
| DME | K0868 | POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                        | All | 0 | 500 | - |
| DME | K0869 | POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                               | All | 0 | 500 | - |
| DME | K0870 | POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS                                   | All | 0 | 500 | - |
| DME | K0871 | POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS                              | All | 0 | 500 | - |
| DME | K0877 | POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS   | All | 0 | 500 | - |
| DME | K0878 | POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS          | All | 0 | 500 | - |
| DME | K0879 | POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS              | All | 0 | 500 | - |
| DME | K0880 | POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS                  | All | 0 | 500 | - |
| DME | K0884 | POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | All | 0 | 500 | - |
| DME | K0885 | POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS        | All | 0 | 500 | - |



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| DME | K0886 | POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS   | All | 0 | 500 | - |
| DME | K0890 | POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS   | All | 0 | 500 | - |
| DME | K0891 | POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS   | All | 0 | 500 | - |
| DME | K0898 | POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED  | All | 0 | 500 | - |
| DME | K0899 | POWER MOBILITY DEVICE, NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA  | All | 0 | 500 | - |
| DME | K0900 | CUSTOMIZED DURABLE MEDICAL EQUIPMENT, OTHER THAN WHEELCHAIR   | All | 0 | 500 | - |
| DME | L0220 | THORACIC, RIB BELT, CUSTOM FABRICATED   | All | 0 | 500 | - |
| DME | L0430 | Spinal orthosis, anterior-posterior-lateral control, with interface material, custom fitted (dewall posture protector only) (code deleted 1/1/14)   | All | 0 | 500 | - |
| DME | L0452 | TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, CUSTOM FABRICATED  | All | 0 | 500 | - |
| DME | L0454 | TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE   | All | 0 | 500 | - |
| DME | L0455 | TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF  | All | 0 | 500 | - |
| DME | L0457 | TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF   | All | 0 | 500 | - |
| DME | L0466 | TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE  | All | 0 | 500 | - |
| DME | L0467 | TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED, OFF-THE-SHELF  | All | 0 | 500 | - |
| DME | L0468 | TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, AND CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | All | 0 | 500 | - |
| DME | L0469 | TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED, OFF-THE-SHELF  | All | 0 | 500 | - |
| DME | L0472 | TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS (ONE PUBIC AND ONE STERNAL), POSTERIOR AND LATERAL PADS WITH STRAPS AND CLOSURES, LIMITS SPINAL FLEXION, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  | All | 0 | 500 | - |

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| DME | L0490 | TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING REINFORCED ANTERIOR, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES AT OR BEFORE THE T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, ANTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  | All | 0 | 500 | - |
| DME | L0492 | TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL AND CORONAL PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | All | 0 | 500 | - |
| DME | L0621 | SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF   | All | 0 | 500 | - |
| DME | L0622 | SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED  | All | 0 | 500 | - |
| DME | L0625 | LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, SHOULDER STRAPS, STAYS, PREFABRICATED, OFF-THE-SHELF   | All | 0 | 500 | - |
| DME | L0626 | LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE  | All | 0 | 500 | - |
| DME | L0627 | LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE  | All | 0 | 500 | - |
| DME | L0628 | LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF  | All | 0 | 500 | - |
| DME | L0630 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE                           | All | 0 | 500 | - |
| DME | L1600 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE   | All | 0 | 500 | - |
| DME | L1610 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE  | All | 0 | 500 | - |
| DME | L1620 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE   | All | 0 | 500 | - |
| DME | L1630 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE), CUSTOM-FABRICATED  | All | 0 | 500 | - |
| DME | L1640 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM-FABRICATED  | All | 0 | 500 | - |
| DME | L1650 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  | All | 0 | 500 | - |
| DME | L1652 | HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, ADULT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, ANY TYPE   | All | 0 | 500 | - |

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| DME | L1660 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  | All | 0 | 500 | - |
| DME | L1810 | KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE  | All | 0 | 500 | - |
| DME | L1820 | KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  | All | 0 | 500 | - |
| DME | L1830 | KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, OFF-THE-SHELF   | All | 0 | 500 | - |
| DME | L1831 | KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   | All | 0 | 500 | - |
| DME | L1836 | KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF  | All | 0 | 500 | - |
| DME | L1847 | KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | All | 0 | 500 | - |
| DME | L1850 | KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, OFF-THE-SHELF   | All | 0 | 500 | - |
| DME | L1900 | ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED  | All | 0 | 500 | - |
| DME | L1902 | ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, OFF-THE-SHELF   | All | 0 | 500 | - |
| DME | L1906 | ANKLE FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHELF  | All | 0 | 500 | - |
| DME | L1907 | ANKLE ORTHOSIS, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED   | All | 0 | 500 | - |
| DME | L1910 | ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  | All | 0 | 500 | - |
| DME | L1920 | ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM-FABRICATED  | All | 0 | 500 | - |
| DME | L1930 | ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  | All | 0 | 500 | - |
| DME | L1971 | ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   | All | 0 | 500 | - |
| DME | L1980 | ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR 'BK' ORTHOSIS), CUSTOM-FABRICATED  | All | 0 | 500 | - |
| DME | L1990 | ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR 'BK' ORTHOSIS), CUSTOM-FABRICATED  | All | 0 | 500 | - |
| DME | L2040 | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED   | All | 0 | 500 | - |
| DME | L2070 | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED  | All | 0 | 500 | - |
| DME | L2080 | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED   | All | 0 | 500 | - |
| DME | L2090 | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED   | All | 0 | 500 | - |
| DME | L2112 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  | All | 0 | 500 | - |
| DME | L2330 | ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY   | All | 0 | 500 | - |
| DME | L3420 | FULL SOLE AND HEEL WEDGE, BETWEEN SOLE  | All | 0 | 500 | - |
| DME | L3430 | HEEL, COUNTER, PLASTIC REINFORCED   | All | 0 | 500 | - |
| DME | L3440 | HEEL, COUNTER, LEATHER REINFORCED   | All | 0 | 500 | - |
| DME | L3450 | HEEL, SACH CUSHION TYPE   | All | 0 | 500 | - |
| DME | L3455 | HEEL, NEW LEATHER, STANDARD   | All | 0 | 500 | - |
| DME | L3460 | HEEL, NEW RUBBER, STANDARD  | All | 0 | 500 | - |
| DME | L3465 | HEEL, THOMAS WITH WEDGE   | All | 0 | 500 | - |
| DME | L3470 | HEEL, THOMAS EXTENDED TO BALL   | All | 0 | 500 | - |
| DME | L3480 | HEEL, PAD AND DEPRESSION FOR SPUR   | All | 0 | 500 | - |
| DME | L3702 | ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  | All | 0 | 500 | - |
| DME | L3905 | WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT   | All | 0 | 500 | - |
| DME | L3906 | WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT   | All | 0 | 500 | - |
| DME | L3913 | HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  | All | 0 | 500 | - |
| DME | L3919 | HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT   | All | 0 | 500 | - |
| DME | L3921 | HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  | All | 0 | 500 | - |

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| DME | L3933 | FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT   | All | 0 | 500 | - |
| DME | L3935 | FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT   | All | 0 | 500 | - |
| DME | L4350 | ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, OFF-THE-SHELF  | All | 0 | 500 | - |
| DME | L4360 | WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE     | All | 0 | 500 | - |
| DME | L4370 | PNEUMATIC FULL LEG SPLINT, PREFABRICATED, OFF-THE-SHELF   | All | 0 | 500 | - |
| DME | L5535 | PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET   | All | 0 | 500 | - |
| DME | L5637 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT  | All | 0 | 500 | - |
| DME | L5654 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)  | All | 0 | 500 | - |
| DME | L5655 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)  | All | 0 | 500 | - |
| DME | L5656 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)  | All | 0 | 500 | - |
| DME | L5658 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)  | All | 0 | 500 | - |
| DME | L5970 | ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT  | All | 0 | 500 | - |
| DME | L5971 | ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY  | All | 0 | 500 | - |
| DME | L5973 | ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION AND/OR PLANTAR FLEXION CONTROL, INCLUDES POWER SOURCE   | All | 0 | 500 | - |
| DME | L5975 | ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT  | All | 0 | 500 | - |
| DME | L5978 | ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT   | All | 0 | 500 | - |
| DME | L6025 | 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 (code deleted 1/1/15) | All | 0 | 500 | - |
| DME | L6620 | UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT FRICTION  | All | 0 | 500 | - |
| DME | L6713 | TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC   | All | 0 | 500 | - |
| DME | L6714 | TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC   | All | 0 | 500 | - |
| DME | L6715 | TERMINAL DEVICE, MULTIPLE ARTICULATING DIGIT, INCLUDES MOTOR(S), INITIAL ISSUE OR REPLACEMENT   | All | 0 | 500 | - |
| DME | L6721 | TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED  | All | 0 | 500 | - |
| DME | L6722 | TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED  | All | 0 | 500 | - |
| DME | L7260 | Electronic wrist rotator, otto bock or equal (code deleted 1/1/15)  | All | 0 | 500 | - |
| DME | L7261 | Electronic wrist rotator, for utah arm (code deleted 1/1/15)  | All | 0 | 500 | - |
| DME | L8507 | TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH   | All | 0 | 500 | - |
| DME | L8509 | TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE PROVIDER, ANY TYPE  | All | 0 | 500 | - |
| DME | L8613 | OSSICULA IMPLANT  | All | 0 | 500 | - |
| DME | L8615 | HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT   | All | 0 | 500 | - |
| DME | L8616 | MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT  | All | 0 | 500 | - |
| DME | L8617 | TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT   | All | 0 | 500 | - |
| DME | L8618 | TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT   | All | 0 | 500 | - |
| DME | L8621 | ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH  | All | 0 | 500 | - |
| DME | L8622 | ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT, EACH  | All | 0 | 500 | - |
| DME | L8623 | LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH  | All | 0 | 500 | - |
| DME | L8624 | LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT, EACH   | All | 0 | 500 | - |
| DME | L8627 | COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT   | All | 0 | 500 | - |
| DME | L8628 | COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT  | All | 0 | 500 | - |
| DME | L8630 | METACARPOPHALANGEAL JOINT IMPLANT   | All | 0 | 500 | - |
| DME | L8641 | METATARSAL JOINT IMPLANT  | All | 0 | 500 | - |
| DME | L8642 | HALLUX IMPLANT  | All | 0 | 500 | - |
| DME | L8679 | IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE  | All | 0 | 500 | - |
| DME | L8680 | IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH   | All | 0 | 500 | - |

|   |       |  |     |   |     |   |
|---|-------|--|-----|---|-----|---|
| DME                                       | Q4027 | CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), PLASTER   | All | 0 | 500 | - |
| DME                                       | Q4028 | CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), FIBERGLASS  | All | 0 | 500 | - |
| DME                                       | V2750 | ANTI-REFLECTIVE COATING, PER LENS  | All | 0 | 500 | - |
| DME                                       | V2755 | U-V LENS, PER LENS   | All | 0 | 500 | - |
| DME                                       | V2760 | SCRATCH RESISTANT COATING, PER LENS  | All | 0 | 500 | - |
| DME                                       | V2762 | POLARIZATION, ANY LENS MATERIAL, PER LENS  | All | 0 | 500 | - |
| DME                                       | V2770 | OCCLUDER LENS, PER LENS  | All | 0 | 500 | - |
| DME                                       | V2780 | OVERSIZE LENS, PER LENS  | All | 0 | 500 | - |
| DME                                       | V2782 | LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE, PER LENS   | All | 0 | 500 | - |
| DME                                       | V2784 | LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS  | All | 0 | 500 | - |
| DME                                       | V2786 | SPECIALTY OCCUPATIONAL MULTIFOCAL LENS, PER LENS   | All | 0 | 500 | - |
| DME                                       | E0328 | HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS  | All | 0 | 500 | - |
| DME                                       | E0329 | HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS   | All | 0 | 500 | - |
| DME                                       | E0445 | OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY   | All | 0 | 500 | - |
| DME                                       | E0770 | FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED   | All | 0 | 500 | - |
| DME                                       | E1220 | WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER, IF ANY) AND JUSTIFICATION  | All | 0 | 500 | - |
| DME                                       | E1399 | DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS   | All | 0 | 500 | - |
| DME                                       | E2300 | WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE  | All | 0 | 500 | - |
| DME                                       | E2599 | ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED   | All | 0 | 500 | - |
| DME                                       | K0812 | POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED   | All | 0 | 500 | - |
| End Stage Renal Disease/Dialysis Services | 90935 | HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL   | All | 0 | 0   | - |
| End Stage Renal Disease/Dialysis Services | 90937 | HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT SUBSTANTIAL REVISION OF DIALYSIS PRESCRIPTION  | All | 0 | 0   | - |
| End Stage Renal Disease/Dialysis Services | 90999 | UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT   | All | 0 | 0   | - |
| End Stage Renal Disease/Dialysis Services | 90945 | DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS, HEMOFILTRATION, OR OTHER CONTINUOUS RENAL REPLACEMENT THERAPIES), WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL   | All | 0 | 0   | - |
| End Stage Renal Disease/Dialysis Services | 90947 | DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS, HEMOFILTRATION, OR OTHER CONTINUOUS RENAL REPLACEMENT THERAPIES) REQUIRING REPEATED EVALUATIONS BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WITH OR WITHOUT SUBSTANTIAL REVISION OF DIALYSIS PRESCRIPTION | All | 0 | 0   | - |
| Excision of Turbinate                     | 30140 | SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD  | All | 0 | 0   | - |
| Excision of Turbinate                     | 30520 | SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT  | All | 0 | 0   | - |
| Excision of Turbinate                     | 30999 | UNLISTED PROCEDURE, NOSE   | All | 0 | 0   | - |
| Genetic Testing                           | 96040 | MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES FACE-TO-FACE WITH PATIENT/FAMILY   | All | 1 | 0   | - |
| Genetic Testing                           | 98960 | EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A QUALIFIED, NONPHYSICIAN HEALTH CARE PROFESSIONAL USING A STANDARDIZED CURRICULUM, FACE-TO-FACE WITH THE PATIENT (COULD INCLUDE CAREGIVER/FAMILY) EACH 30 MINUTES; INDIVIDUAL PATIENT   | All | 4 | 0   | - |
| Genetic Testing                           | 98961 | EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A QUALIFIED, NONPHYSICIAN HEALTH CARE PROFESSIONAL USING A STANDARDIZED CURRICULUM, FACE-TO-FACE WITH THE PATIENT (COULD INCLUDE CAREGIVER/FAMILY) EACH 30 MINUTES; 2-4 PATIENTS   | All | 4 | 0   | - |
| Genetic Testing                           | 98962 | EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A QUALIFIED, NONPHYSICIAN HEALTH CARE PROFESSIONAL USING A STANDARDIZED CURRICULUM, FACE-TO-FACE WITH THE PATIENT (COULD INCLUDE CAREGIVER/FAMILY) EACH 30 MINUTES; 5-8 PATIENTS   | All | 4 | 0   | - |
| Genetic Testing                           | S0265 | GENETIC COUNSELING, UNDER PHYSICIAN SUPERVISION, EACH 15 MINUTES   | All | 1 | 0   | - |
| Genetic Testing                           | S3800 | GENETIC TESTING FOR AMYOTROPHIC LATERAL SCLEROSIS (ALS)  | All | 0 | 0   | - |
| Genetic Testing                           | S3840 | DNA ANALYSIS FOR GERMLINE MUTATIONS OF THE RET PROTO-ONCOGENE FOR SUSCEPTIBILITY TO MULTIPLE ENDOCRINE NEOPLASIA TYPE 2  | All | 0 | 0   | - |
| Genetic Testing                           | S3841 | GENETIC TESTING FOR RETINOBLASTOMA   | All | 0 | 0   | - |
| Genetic Testing                           | S3842 | GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE  | All | 0 | 0   | - |
| Genetic Testing                           | S3844 | DNA ANALYSIS OF THE CONNEXIN 26 GENE (GJB2) FOR SUSCEPTIBILITY TO CONGENITAL, PROFOUND DEAFNESS  | All | 0 | 0   | - |
| Genetic Testing                           | S3845 | GENETIC TESTING FOR ALPHA-THALASSEMIA  | All | 0 | 0   | - |
| Genetic Testing                           | S3846 | GENETIC TESTING FOR HEMOGLOBIN E BETA-THALASSEMIA  | All | 0 | 0   | - |
| Genetic Testing                           | S3849 | GENETIC TESTING FOR NIEMANN-PICK DISEASE   | All | 0 | 0   | - |
| Genetic Testing                           | S3850 | GENETIC TESTING FOR SICKLE CELL ANEMIA   | All | 0 | 0   | - |
| Genetic Testing                           | S3852 | DNA ANALYSIS FOR APOE EPSILON 4 ALLELE FOR SUSCEPTIBILITY TO ALZHEIMER'S DISEASE   | All | 0 | 0   | - |

|                 |       |  |     |   |   |   |
|-----------------|-------|--|-----|---|---|---|
| Genetic Testing | S3853 | GENETIC TESTING FOR MYOTONIC MUSCULAR DYSTROPHY  | All | 0 | 0 | - |
| Genetic Testing | S3854 | GENE EXPRESSION PROFILING PANEL FOR USE IN THE MANAGEMENT OF BREAST CANCER TREATMENT   | All | 0 | 0 | - |
| Genetic Testing | S3861 | GENETIC TESTING, SODIUM CHANNEL, VOLTAGE-GATED, TYPE V, ALPHA SUBUNIT (SCN5A) AND VARIANTS FOR SUSPECTED BRUGADA SYNDROME  | All | 0 | 0 | - |
| Genetic Testing | S3865 | COMPREHENSIVE GENE SEQUENCE ANALYSIS FOR HYPERTROPHIC CARDIOMYOPATHY   | All | 0 | 0 | - |
| Genetic Testing | S3866 | GENETIC ANALYSIS FOR A SPECIFIC GENE MUTATION FOR HYPERTROPHIC CARDIOMYOPATHY (HCM) IN AN INDIVIDUAL WITH A KNOWN HCM MUTATION IN THE FAMILY   | All | 0 | 0 | - |
| Genetic Testing | 81161 | DMD (DYSTROPHIN) (EG, DUCHENNE/BECKER MUSCULAR DYSTROPHY) DELETION ANALYSIS, AND DUPLICATION ANALYSIS, IF PERFORMED  | All | 0 | 0 | - |
| Genetic Testing | 81200 | ASPA (ASPARTOACYLASE) (EG, CANAVAN DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, E285A, Y231X)  | All | 0 | 0 | - |
| Genetic Testing | 81201 | APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; FULL GENE SEQUENCE   | All | 0 | 0 | - |
| Genetic Testing | 81202 | APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS  | All | 0 | 0 | - |
| Genetic Testing | 81203 | APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS  | All | 0 | 0 | - |
| Genetic Testing | 81205 | BCKDHB (BRANCHED-CHAIN KETO ACID DEHYDROGENASE E1, BETA POLYPEPTIDE) (EG, MAPLE SYRUP URINE DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, R183P, G278S, E422X)  | All | 0 | 0 | - |
| Genetic Testing | 81206 | BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MAJOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE  | All | 0 | 0 | - |
| Genetic Testing | 81207 | BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MINOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE  | All | 0 | 0 | - |
| Genetic Testing | 81208 | BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; OTHER BREAKPOINT, QUALITATIVE OR QUANTITATIVE  | All | 0 | 0 | - |
| Genetic Testing | 81209 | BLM (BLOOM SYNDROME, RECQ HELICASE-LIKE) (EG, BLOOM SYNDROME) GENE ANALYSIS, 2281DEL6INS7 VARIANT  | All | 0 | 0 | - |
| Genetic Testing | 81210 | BRAF (V-RAF MURINE SARCOMA VIRAL ONCOGENE HOMOLOG B1) (EG, COLON CANCER), GENE ANALYSIS, V600E VARIANT   | All | 0 | 0 | - |
| Genetic Testing | 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) | All | 0 | 0 | - |
| Genetic Testing | 81212 | BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; 185DELAG, 5385INSC, 6174DELT VARIANTS   | All | 0 | 0 | - |
| Genetic Testing | 81213 | BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; UNCOMMON DUPLICATION/DELETION VARIANTS  | All | 0 | 0 | - |
| Genetic Testing | 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)                       | All | 0 | 0 | - |
| Genetic Testing | 81215 | BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT   | All | 0 | 0 | - |
| Genetic Testing | 81216 | BRCA2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS   | All | 0 | 0 | - |
| Genetic Testing | 81217 | BRCA2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT   | All | 0 | 0 | - |
| Genetic Testing | 81220 | CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; COMMON VARIANTS (EG, ACMG/ACOG GUIDELINES)   | All | 0 | 0 | - |
| Genetic Testing | 81221 | CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS  | All | 0 | 0 | - |
| Genetic Testing | 81222 | CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS  | All | 0 | 0 | - |
| Genetic Testing | 81223 | CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; FULL GENE SEQUENCE   | All | 0 | 0 | - |
| Genetic Testing | 81224 | CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; INTRON 8 POLY-T ANALYSIS (EG, MALE INFERTILITY)  | All | 0 | 0 | - |
| Genetic Testing | 81225 | CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *8, *17)   | All | 0 | 0 | - |
| Genetic Testing | 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)  | All | 0 | 0 | - |
| Genetic Testing | 81227 | CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *5, *6)  | All | 0 | 0 | - |

|                 |       |  |     |   |   |   |
|-----------------|-------|--|-----|---|---|---|
|                 | 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)   |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 81229 | CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES   |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 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)   |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 81240 | F2 (PROTHROMBIN, COAGULATION FACTOR II) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, 20210G>A VARIANT  |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 81241 | F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEIDEN VARIANT  |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 81242 | FANCC (FANCONI ANEMIA, COMPLEMENTATION GROUP C) (EG, FANCONI ANEMIA, TYPE C) GENE ANALYSIS, COMMON VARIANT (EG, IVS4+4A>T)   |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 81243 | FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES   |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 81244 | FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED SIZE AND METHYLATION STATUS)   |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 81245 | FLT3 (FMS-RELATED TYROSINE KINASE 3) (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS; INTERNAL TANDEM DUPLICATION (ITD) VARIANTS (IE, EXONS 14, 15)  |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 81246 | FLT3 (FMS-RELATED TYROSINE KINASE 3) (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS; TYROSINE KINASE DOMAIN (TKD) VARIANTS (EG, D835, I836)   |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 81250 | G6PC (GLUCOSE-6-PHOSPHATASE, CATALYTIC SUBUNIT) (EG, GLYCOGEN STORAGE DISEASE, TYPE 1A, VON GIERKE DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, R83C, Q347X)   |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 81251 | GBA (GLUCOSIDASE, BETA, ACID) (EG, GAUCHER DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, N370S, 84GG, L444P, IVS2+1G>A)   |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 81252 | GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26) (EG, NONSYNDROMIC HEARING LOSS) GENE ANALYSIS; FULL GENE SEQUENCE  |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 81253 | GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26) (EG, NONSYNDROMIC HEARING LOSS) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS   |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 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)])   |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 81255 | HEXA (HEXOSAMINIDASE A [ALPHA POLYPEPTIDE]) (EG, TAY-SACHS DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, 1278INSTATC, 1421+1G>C, G269S)   |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 81256 | HFE (HEMOCHROMATOSIS) (EG, HEREDITARY HEMOCHROMATOSIS) GENE ANALYSIS, COMMON VARIANTS (EG, C282Y, H63D)  |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 81257 | HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS, FOR COMMON DELETIONS OR VARIANT (EG, SOUTHEAST ASIAN, THAI, FILIPINO, MEDITERRANEAN, ALPHA3.7, ALPHA4.2, ALPHA20.5, AND CONSTANT SPRING)  |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 81260 | IKBKAP (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS, KINASE COMPLEX-ASSOCIATED PROTEIN) (EG, FAMILIAL DYSAUTONOMIA) GENE ANALYSIS, COMMON VARIANTS (EG, 2507+6T>C, R696P)  |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 81261 | IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S); AMPLIFIED METHODOLOGY (EG, POLYMERASE CHAIN REACTION)  |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 81262 | IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S); DIRECT PROBE METHODOLOGY (EG, SOUTHERN BLOT)   |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 81263 | IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL), VARIABLE REGION SOMATIC MUTATION ANALYSIS   |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 81264 | IGK@ (IMMUNOGLOBULIN KAPPA LIGHT CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL), GENE REARRANGEMENT ANALYSIS, EVALUATION TO DETECT ABNORMAL CLONAL POPULATION(S)   |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |
|                 | 81265 | COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; PATIENT AND COMPARATIVE SPECIMEN (EG, PRE-TRANSPLANT RECIPIENT AND DONOR GERMLINE TESTING, POST-TRANSPLANT NON-HEMATOPOIETIC RECIPIENT GERMLINE [EG, BUCCAL SWAB OR OTHER GERMLINE TISSUE SAMPLE] AND DONOR TESTING, TWIN ZYGOSITY TESTING, OR MATERNAL CELL CONTAMINATION OF FETAL CELLS) |     |   |   |   |
| Genetic Testing |       |  | All | 0 | 0 | - |



|                 |       |  |     |   |   |   |
|-----------------|-------|--|-----|---|---|---|
| Genetic Testing | 81266 | COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; EACH ADDITIONAL SPECIMEN (EG, ADDITIONAL CORD BLOOD DONOR, ADDITIONAL FETAL SAMPLES FROM DIFFERENT CULTURES, OR ADDITIONAL ZYGOSITY IN MULTIPLE BIRTH PREGNANCIES) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | All | 0 | 0 | - |
| Genetic Testing | 81267 | CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG, HEMATOPOIETIC STEM CELL), INCLUDES COMPARISON TO PREVIOUSLY PERFORMED BASELINE ANALYSES; WITHOUT CELL SELECTION   | All | 0 | 0 | - |
| Genetic Testing | 81268 | CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG, HEMATOPOIETIC STEM CELL), INCLUDES COMPARISON TO PREVIOUSLY PERFORMED BASELINE ANALYSES; WITH CELL SELECTION (EG, CD3, CD33), EACH CELL TYPE  | All | 0 | 0 | - |
| Genetic Testing | 81270 | JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617PHE (V617F) VARIANT   | All | 0 | 0 | - |
| Genetic Testing | 81275 | KRAS (V-KI-RAS2 KIRSTEN RAT SARCOMA VIRAL ONCOGENE) (EG, CARCINOMA) GENE ANALYSIS, VARIANTS IN CODONS 12 AND 13  | All | 0 | 0 | - |
| Genetic Testing | 81280 | LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, AND ANK2); FULL SEQUENCE ANALYSIS   | All | 0 | 0 | - |
| Genetic Testing | 81281 | LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, AND ANK2); KNOWN FAMILIAL SEQUENCE VARIANT  | All | 0 | 0 | - |
| Genetic Testing | 81282 | LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, AND ANK2); DUPLICATION/DELETION VARIANTS  | All | 0 | 0 | - |
| Genetic Testing | 81287 | MGMT (O-6-METHYLGUANINE-DNA METHYLTRANSFERASE) (EG, GLIOBLASTOMA MULTIFORME), METHYLATION ANALYSIS   | All | 0 | 0 | - |
| Genetic Testing | 81288 | MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; PROMOTER METHYLATION ANALYSIS   | All | 0 | 0 | - |
| Genetic Testing | 81290 | MCOLN1 (MUCOLIPIN 1) (EG, MUCOLIPIDOSIS, TYPE IV) GENE ANALYSIS, COMMON VARIANTS (EG, IVS3-2A>G, DEL6.4KB)   | All | 0 | 0 | - |
| Genetic Testing | 81291 | MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMON VARIANTS (EG, 677T, 1298C)  | All | 0 | 0 | - |
| Genetic Testing | 81292 | MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS  | All | 0 | 0 | - |
| Genetic Testing | 81293 | MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS   | All | 0 | 0 | - |
| Genetic Testing | 81294 | MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS   | All | 0 | 0 | - |
| Genetic Testing | 81295 | MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS  | All | 0 | 0 | - |
| Genetic Testing | 81296 | MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS   | All | 0 | 0 | - |
| Genetic Testing | 81297 | MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS   | All | 0 | 0 | - |
| Genetic Testing | 81298 | MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS   | All | 0 | 0 | - |
| Genetic Testing | 81299 | MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS  | All | 0 | 0 | - |
| Genetic Testing | 81300 | MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS  | All | 0 | 0 | - |
| Genetic Testing | 81301 | MICROSATELLITE INSTABILITY ANALYSIS (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) OF MARKERS FOR MISMATCH REPAIR DEFICIENCY (EG, BAT25, BAT26), INCLUDES COMPARISON OF NEOPLASTIC AND NORMAL TISSUE, IF PERFORMED   | All | 0 | 0 | - |
| Genetic Testing | 81302 | MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS   | All | 0 | 0 | - |
| Genetic Testing | 81303 | MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT   | All | 0 | 0 | - |
| Genetic Testing | 81304 | MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS  | All | 0 | 0 | - |
| Genetic Testing | 81310 | NPM1 (NUCLEOPHOSMIN) (EG, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, EXON 12 VARIANTS  | All | 0 | 0 | - |
| Genetic Testing | 81313 | PCA3/KLK3 (PROSTATE CANCER ANTIGEN 3 [NON-PROTEIN CODING]/KALLIKREIN-RELATED PEPTIDASE 3 [PROSTATE SPECIFIC ANTIGEN]) RATIO (EG, PROSTATE CANCER)  | All | 0 | 0 | - |

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| Genetic Testing | 81315 | PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA) (EG, PROMYELOCYTIC LEUKEMIA) TRANSLOCATION ANALYSIS; COMMON BREAKPOINTS (EG, INTRON 3 AND INTRON 6), QUALITATIVE OR QUANTITATIVE       | All | 0 | 0 | - |
| Genetic Testing | 81316 | PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA) (EG, PROMYELOCYTIC LEUKEMIA) TRANSLOCATION ANALYSIS; SINGLE BREAKPOINT (EG, INTRON 3, INTRON 6 OR EXON 6), QUALITATIVE OR QUANTITATIVE | All | 0 | 0 | - |
| Genetic Testing | 81317 | PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS  | All | 0 | 0 | - |
| Genetic Testing | 81318 | PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS   | All | 0 | 0 | - |
| Genetic Testing | 81319 | PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS   | All | 0 | 0 | - |
| Genetic Testing | 81321 | PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS   | All | 0 | 0 | - |
| Genetic Testing | 81322 | PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT   | All | 0 | 0 | - |
| Genetic Testing | 81323 | PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANT   | All | 0 | 0 | - |
| Genetic Testing | 81324 | PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; DUPLICATION/DELETION ANALYSIS  | All | 0 | 0 | - |
| Genetic Testing | 81325 | PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; FULL SEQUENCE ANALYSIS   | All | 0 | 0 | - |
| Genetic Testing | 81326 | PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS; KNOWN FAMILIAL VARIANT   | All | 0 | 0 | - |
| Genetic Testing | 81330 | SMPD1(SPHINGOMYELIN PHOSPHODIESTERASE 1, ACID LYSOSOMAL) (EG, NIEMANN-PICK DISEASE, TYPE A) GENE ANALYSIS, COMMON VARIANTS (EG, R496L, L302P, FSP330)  | All | 0 | 0 | - |
| Genetic Testing | 81331 | SNRPN/UBE3A (SMALL NUCLEAR RIBONUCLEOPROTEIN POLYPEPTIDE N AND UBIQUITIN PROTEIN LIGASE E3A) (EG, PRADER-WILLI SYNDROME AND/OR ANGELMAN SYNDROME), METHYLATION ANALYSIS  | All | 0 | 0 | - |
| Genetic Testing | 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)                                     | All | 0 | 0 | - |
| Genetic Testing | 81340 | TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S); USING AMPLIFICATION METHODOLOGY (EG, POLYMERASE CHAIN REACTION)                 | All | 0 | 0 | - |
| Genetic Testing | 81341 | TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S); USING DIRECT PROBE METHODOLOGY (EG, SOUTHERN BLOT)                              | All | 0 | 0 | - |
| Genetic Testing | 81342 | TRG@ (T CELL ANTIGEN RECEPTOR, GAMMA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS, EVALUATION TO DETECT ABNORMAL CLONAL POPULATION(S)   | All | 0 | 0 | - |
| Genetic Testing | 81350 | UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY, POLYPEPTIDE A1) (EG, IRINOTECAN METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *28, *36, *37)  | All | 0 | 0 | - |
| Genetic Testing | 81355 | VKORC1 (VITAMIN K EPOXIDE REDUCTASE COMPLEX, SUBUNIT 1) (EG, WARFARIN METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, -1639/3673)   | All | 0 | 0 | - |
| Genetic Testing | 81370 | HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B, -C, -DRB1/3/4/5, AND -DQB1   | All | 0 | 0 | - |
| Genetic Testing | 81371 | HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B, AND -DRB1 (EG, VERIFICATION TYPING)  | All | 0 | 0 | - |
| Genetic Testing | 81372 | HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); COMPLETE (IE, HLA-A, -B, AND -C)   | All | 0 | 0 | - |
| Genetic Testing | 81373 | HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG, HLA-A, -B, OR -C), EACH   | All | 0 | 0 | - |
| Genetic Testing | 81374 | HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIVALENT (EG, B*27), EACH  | All | 0 | 0 | - |
| Genetic Testing | 81377 | HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIVALENT, EACH  | All | 0 | 0 | - |
| Genetic Testing | 81378 | HLA CLASS I AND II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS), HLA-A, -B, -C, AND -DRB1  | All | 0 | 0 | - |
| Genetic Testing | 81379 | HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); COMPLETE (IE, HLA-A, -B, AND -C)   | All | 0 | 0 | - |
| Genetic Testing | 81380 | HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS (EG, HLA-A, -B, OR -C), EACH   | All | 0 | 0 | - |
| Genetic Testing | 81381 | HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE OR ALLELE GROUP (EG, B*57:01P), EACH  | All | 0 | 0 | - |

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| Genetic Testing | 81382 | HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS (EG, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, OR -DPA1), EACH  | All | 0 | 0 | - |
| Genetic Testing | 81383 | HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE OR ALLELE GROUP (EG, HLA-DQB1*06:02P), EACH  | All | 0 | 0 | - |
| Genetic Testing | 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)   | All | 0 | 0 | - |
| Genetic Testing | 81401 | MOLECULAR PATHOLOGY PROCEDURE, LEVEL 2 (EG, 2-10 SNPS, 1 METHYLATED VARIANT, OR 1 SOMATIC VARIANT [TYPICALLY USING NONSEQUENCING TARGET VARIANT ANALYSIS], OR DETECTION OF A DYNAMIC MUTATION DISORDER/TRIPLET REPEAT)   | All | 0 | 0 | - |
| Genetic Testing | 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 REARRANGMENTS, DUPLICATION/DELETION VARIANTS OF 1 EXON, LOSS OF HETEROZYGOSITY [LOH], UNIPARENTAL DISOMY [UPD]) | All | 0 | 0 | - |
| Genetic Testing | 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)   | All | 0 | 0 | - |
| Genetic Testing | 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)   | All | 0 | 0 | - |
| Genetic Testing | 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)  | All | 0 | 0 | - |
| Genetic Testing | 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)   | All | 0 | 0 | - |
| Genetic Testing | 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)  | All | 0 | 0 | - |
| Genetic Testing | 81408 | MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9 (EG, ANALYSIS OF >50 EXONS IN A SINGLE GENE BY DNA SEQUENCE ANALYSIS)   | All | 0 | 0 | - |
| Genetic Testing | 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, TGFB1, TGFB2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, AND MYLK                        | All | 0 | 0 | - |
| Genetic Testing | 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 TGFB1, TGFB2, MYH11, AND COL3A1  | All | 0 | 0 | - |
| Genetic Testing | 81415 | EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS  | All | 0 | 0 | - |
| Genetic Testing | 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)   | All | 0 | 0 | - |
| Genetic Testing | 81417 | EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); RE-EVALUATION OF PREVIOUSLY OBTAINED EXOME SEQUENCE (EG, UPDATED KNOWLEDGE OR UNRELATED CONDITION/SYNDROME)  | All | 0 | 0 | - |
| Genetic Testing | 81420 | FETAL CHROMOSOMAL ANEUPLOIDY (EG, TRISOMY 21, MONOSOMY X) GENOMIC SEQUENCE ANALYSIS PANEL, CIRCULATING CELL-FREE FETAL DNA IN MATERNAL BLOOD, MUST INCLUDE ANALYSIS OF CHROMOSOMES 13, 18, AND 21  | All | 0 | 0 | - |
| Genetic Testing | 81425 | GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS   | All | 0 | 0 | - |
| Genetic Testing | 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)   | All | 0 | 0 | - |
| Genetic Testing | 81427 | GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); RE-EVALUATION OF PREVIOUSLY OBTAINED GENOME SEQUENCE (EG, UPDATED KNOWLEDGE OR UNRELATED CONDITION/SYNDROME)  | All | 0 | 0 | - |
| Genetic Testing | 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                             | All | 0 | 0 | - |
| Genetic Testing | 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   | All | 0 | 0 | - |

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| Genetic Testing | 81435 | HEREDITARY COLON CANCER SYNDROMES (EG, LYNCH SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE ANALYSIS OF AT LEAST 7 GENES, INCLUDING APC, CHEK2, MLH1, MSH2, MSH6, MUTYH, AND PMS2  | All | 0 | 0 | - |
| Genetic Testing | 81436 | HEREDITARY COLON CANCER SYNDROMES (EG, LYNCH SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS); DUPLICATION/DELETION GENE ANALYSIS PANEL, MUST INCLUDE ANALYSIS OF AT LEAST 8 GENES, INCLUDING APC, MLH1, MSH2, MSH6, PMS2, EPCAM, CHEK2, AND MUTYH  | All | 0 | 0 | - |
| Genetic Testing | 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  | All | 0 | 0 | - |
| Genetic Testing | 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   | All | 0 | 0 | - |
| Genetic Testing | 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                                  | All | 0 | 0 | - |
| Genetic Testing | 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 | All | 0 | 0 | - |
| Genetic Testing | 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          | All | 0 | 0 | - |
| Genetic Testing | 81465 | WHOLE MITOCHONDRIAL GENOME LARGE DELETION ANALYSIS PANEL (EG, KEARNS-SAYRE SYNDROME, CHRONIC PROGRESSIVE EXTERNAL OPHTHALMOPLÉGIA), INCLUDING HETEROPLASMY DETECTION, IF PERFORMED  | All | 0 | 0 | - |
| Genetic Testing | 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   | All | 0 | 0 | - |
| Genetic Testing | 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  | All | 0 | 0 | - |
| Genetic Testing | 81375 | HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-DRB1/3/4/5 AND -DQB1   | All | 0 | 0 | - |
| Genetic Testing | 81376 | HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, OR -DPA1), EACH   | All | 0 | 0 | - |
| Hemophilia      | Q9975 | INJECTION, FACTOR VIII, FC FUSION PROTEIN (RECOMBINANT), PER IU   | All | 0 | 0 | - |
| Hernia Repair   | 40652 | REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT  | All | 0 | 0 | - |
| Hernia Repair   | 40653 | #N/A  | All | 0 | 0 | - |
| Hernia Repair   | 40654 | REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX   | All | 0 | 0 | - |
| Hernia Repair   | 49585 | REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OLDER; REDUCIBLE  | All | 0 | 0 | - |
| Hernia Repair   | 49587 | REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OLDER; INCARCERATED OR STRANGULATED   | All | 0 | 0 | - |
| Hernia Repair   | 49650 | LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA   | All | 0 | 0 | - |
| Hernia Repair   | 49651 | LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA   | All | 0 | 0 | - |
| Hernia Repair   | 49655 | LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); INCARCERATED OR STRANGULATED  | All | 0 | 0 | - |
| Home Health     | 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)   | All | 0 | 0 | - |
| Home Health     | S9124 | NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR  | All | 0 | 0 | - |
| Home Health     | S9208 | HOME MANAGEMENT OF PRETERM LABOR, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES OR EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH ANY HOME INFUSION PER DIEM CODE)   | All | 0 | 0 | - |
| Home Health     | T1000 | PRIVATE DUTY / INDEPENDENT NURSING SERVICE(S) - LICENSED, UP TO 15 MINUTES  | All | 0 | 0 | - |

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|-------------|-------|---|-----|---|---|---|
| Home Health | T1002 | RN SERVICES, UP TO 15 MINUTES   | All | 0 | 0 | - |
| Home Health | T1003 | LPN/LVN SERVICES, UP TO 15 MINUTES  | All | 0 | 0 | - |
| Home Health | T1005 | RESPIRE CARE SERVICES, UP TO 15 MINUTES   | All | 0 | 0 | - |
| Home Health | B4100 | FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE  | All | 0 | 0 | - |
| Home Health | S5101 | DAY CARE SERVICES, ADULT; PER HALF DAY  | All | 0 | 0 | - |
| Home Health | S5102 | DAY CARE SERVICES, ADULT; PER DIEM  | All | 0 | 0 | - |
| Home Health | S5140 | FOSTER CARE, ADULT; PER DIEM  | All | 0 | 0 | - |
| Home Health | S9097 | HOME VISIT FOR WOUND CARE   | All | 0 | 0 | - |
| Home Health | 99500 | HOME VISIT FOR PRENATAL MONITORING AND ASSESSMENT TO INCLUDE FETAL HEART RATE, NON-STRESS TEST, UTERINE MONITORING, AND GESTATIONAL DIABETES MONITORING   | All | 0 | 0 | - |
| Home Health | 99501 | HOME VISIT FOR POSTNATAL ASSESSMENT AND FOLLOW-UP CARE  | All | 0 | 0 | - |
| Home Health | 99502 | HOME VISIT FOR NEWBORN CARE AND ASSESSMENT  | All | 0 | 0 | - |
| Home Health | 99503 | HOME VISIT FOR RESPIRATORY THERAPY CARE (EG, BRONCHODILATOR, OXYGEN THERAPY, RESPIRATORY ASSESSMENT, APNEA EVALUATION)  | All | 0 | 0 | - |
| Home Health | 99504 | HOME VISIT FOR MECHANICAL VENTILATION CARE  | All | 0 | 0 | - |
| Home Health | 99505 | HOME VISIT FOR STOMA CARE AND MAINTENANCE INCLUDING COLOSTOMY AND CYSTOSTOMY  | All | 0 | 0 | - |
| Home Health | 99506 | HOME VISIT FOR INTRAMUSCULAR INJECTIONS   | All | 0 | 0 | - |
| Home Health | 99509 | HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND PERSONAL CARE   | All | 0 | 0 | - |
| Home Health | 99510 | HOME VISIT FOR INDIVIDUAL, FAMILY, OR MARRIAGE COUNSELING   | All | 0 | 0 | - |
| Home Health | 99511 | HOME VISIT FOR FECAL IMPACTION MANAGEMENT AND ENEMA ADMINISTRATION  | All | 0 | 0 | - |
| Home Health | 99512 | HOME VISIT FOR HEMODIALYSIS   | All | 0 | 0 | - |
| Home Health | 99600 | UNLISTED HOME VISIT SERVICE OR PROCEDURE  | All | 0 | 0 | - |
| Home Health | G0151 | SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES   | All | 0 | 0 | - |
| Home Health | G0152 | SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES   | All | 0 | 0 | - |
| Home Health | G0153 | SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES  | All | 0 | 0 | - |
| Home Health | G0154 | DIRECT SKILLED NURSING SERVICES OF A LICENSED NURSE (LPN OR RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES  | All | 0 | 0 | - |
| Home Health | G0155 | SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15 MINUTES  | All | 0 | 0 | - |
| Home Health | G0156 | SERVICES OF HOME HEALTH/HOSPICE AIDE IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15 MINUTES  | All | 0 | 0 | - |
| Home Health | G0157 | SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES   | All | 0 | 0 | - |
| Home Health | G0158 | SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES   | All | 0 | 0 | - |
| Home Health | 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  | All | 0 | 0 | - |
| Home Health | 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  | All | 0 | 0 | - |
| Home Health | G0161 | SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE SPEECH-LANGUAGE PATHOLOGY MAINTENANCE PROGRAM, EACH 15 MINUTES  | All | 0 | 0 | - |
| Home Health | G0162 | SKILLED SERVICES BY A REGISTERED NURSE (RN) FOR MANAGEMENT AND EVALUATION OF THE PLAN OF CARE; EACH 15 MINUTES (THE PATIENT'S UNDERLYING CONDITION OR COMPLICATION REQUIRES AN RN TO ENSURE THAT ESSENTIAL NON-SKILLED CARE ACHIEVES ITS PURPOSE IN THE HOME HEALTH OR HOSPICE SETTING)   | All | 0 | 0 | - |
| Home Health | G0163 | SKILLED SERVICES OF A LICENSED NURSE (LPN OR RN) FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION, EACH 15 MINUTES (THE CHANGE IN THE PATIENT'S CONDITION REQUIRES SKILLED NURSING PERSONNEL TO IDENTIFY AND EVALUATE THE PATIENT'S NEED FOR POSSIBLE MODIFICATION OF TREATMENT IN THE HOME HEALTH OR HOSPICE SETTING)                     | All | 0 | 0 | - |
| Home Health | G0164 | SKILLED SERVICES OF A LICENSED NURSE (LPN OR RN), IN THE TRAINING AND/OR EDUCATION OF A PATIENT OR FAMILY MEMBER, IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES  | All | 0 | 0 | - |
| Home Health | G0179 | PHYSICIAN RE-CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A HOME HEALTH PLAN OF CARE (PATIENT NOT PRESENT), INCLUDING CONTACTS WITH HOME HEALTH AGENCY AND REVIEW OF REPORTS OF PATIENT STATUS REQUIRED BY PHYSICIANS TO AFFIRM THE INITIAL IMPLEMENTATION OF THE PLAN OF CARE THAT MEETS PATIENT'S NEEDS, PER RE-CERTIFICATION PERIOD | All | 0 | 0 | - |
| Home Health | G0180 | PHYSICIAN CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A HOME HEALTH PLAN OF CARE (PATIENT NOT PRESENT), INCLUDING CONTACTS WITH HOME HEALTH AGENCY AND REVIEW OF REPORTS OF PATIENT STATUS REQUIRED BY PHYSICIANS TO AFFIRM THE INITIAL IMPLEMENTATION OF THE PLAN OF CARE THAT MEETS PATIENT'S NEEDS, PER CERTIFICATION PERIOD       | All | 0 | 0 | - |

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|-------------|-------|--|-----|----|---|---|
| Home Health | G0181 | PHYSICIAN SUPERVISION OF A PATIENT RECEIVING MEDICARE-COVERED SERVICES PROVIDED BY A PARTICIPATING HOME HEALTH AGENCY (PATIENT NOT PRESENT) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR PHYSICIAN DEVELOPMENT AND/OR REVISION OF CARE PLANS, REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS, REVIEW OF LABORATORY AND OTHER STUDIES, COMMUNICATION (INCLUDING TELEPHONE CALLS) WITH OTHER HEALTH CARE PROFESSIONALS INVOLVED IN THE PATIENT'S CARE, INTEGRATION OF NEW INFORMATION INTO THE MEDICAL TREATMENT PLAN AND/OR ADJUSTMENT OF MEDICAL THERAPY, WITHIN A CALENDAR MONTH, 30 MINUTES OR MORE | All | 0  | 0 | - |
| Home Health | G0182 | PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE-APPROVED HOSPICE (PATIENT NOT PRESENT) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR PHYSICIAN DEVELOPMENT AND/OR REVISION OF CARE PLANS, REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS, REVIEW OF LABORATORY AND OTHER STUDIES, COMMUNICATION (INCLUDING TELEPHONE CALLS) WITH OTHER HEALTH CARE PROFESSIONALS INVOLVED IN THE PATIENT'S CARE, INTEGRATION OF NEW INFORMATION INTO THE MEDICAL TREATMENT PLAN AND/OR ADJUSTMENT OF MEDICAL THERAPY, WITHIN A CALENDAR MONTH, 30 MINUTES OR MORE  | All | 0  | 0 | - |
| Home Health | S0270 | PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS)  | All | 0  | 0 | - |
| Home Health | S0271 | PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAYS)   | All | 0  | 0 | - |
| Home Health | S0272 | PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS)   | All | 0  | 0 | - |
| Home Health | S0273 | PHYSICIAN VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT  | All | 0  | 0 | - |
| Home Health | S0274 | NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT   | All | 0  | 0 | - |
| Home Health | S5035 | HOME INFUSION THERAPY, ROUTINE SERVICE OF INFUSION DEVICE (E.G. PUMP MAINTENANCE)  | All | 0  | 0 | - |
| Home Health | S5100 | DAY CARE SERVICES, ADULT; PER 15 MINUTES   | All | 0  | 0 | - |
| Home Health | S5108 | HOME CARE TRAINING TO HOME CARE CLIENT, PER 15 MINUTES   | All | 16 | 0 | - |
| Home Health | S5109 | HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION  | All | 16 | 0 | - |
| Home Health | S5110 | HOME CARE TRAINING, FAMILY; PER 15 MINUTES   | All | 16 | 0 | - |
| Home Health | S5111 | HOME CARE TRAINING, FAMILY; PER SESSION  | All | 16 | 0 | - |
| Home Health | S5115 | HOME CARE TRAINING, NON-FAMILY; PER 15 MINUTES   | All | 16 | 0 | - |
| Home Health | S5116 | HOME CARE TRAINING, NON-FAMILY; PER SESSION  | All | 16 | 0 | - |
| Home Health | S5120 | CHORE SERVICES; PER 15 MINUTES   | All | 0  | 0 | - |
| Home Health | S5121 | CHORE SERVICES; PER DIEM   | All | 0  | 0 | - |
| Home Health | S5125 | ATTENDANT CARE SERVICES; PER 15 MINUTES  | All | 0  | 0 | - |
| Home Health | S5126 | ATTENDANT CARE SERVICES; PER DIEM  | All | 0  | 0 | - |
| Home Health | S5130 | HOMEMAKER SERVICE, NOS; PER 15 MINUTES   | All | 0  | 0 | - |
| Home Health | S5131 | HOMEMAKER SERVICE, NOS; PER DIEM   | All | 0  | 0 | - |
| Home Health | S5135 | COMPANION CARE, ADULT (E.G. IADL/ADL); PER 15 MINUTES  | All | 0  | 0 | - |
| Home Health | S5136 | COMPANION CARE, ADULT (E.G. IADL/ADL); PER DIEM  | All | 0  | 0 | - |
| Home Health | S5141 | FOSTER CARE, ADULT; PER MONTH  | All | 0  | 0 | - |
| Home Health | S5145 | FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM  | All | 0  | 0 | - |
| Home Health | S5150 | UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES  | All | 0  | 0 | - |
| Home Health | S5151 | UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM  | All | 0  | 0 | - |
| Home Health | S5165 | HOME MODIFICATIONS; PER SERVICE  | All | 0  | 0 | - |
| Home Health | S5170 | HOME DELIVERED MEALS, INCLUDING PREPARATION; PER MEAL  | All | 0  | 0 | - |
| Home Health | S5180 | HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION  | All | 0  | 0 | - |
| Home Health | S5181 | HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM   | All | 0  | 0 | - |
| Home Health | S9001 | HOME UTERINE MONITOR WITH OR WITHOUT ASSOCIATED NURSING SERVICES   | All | 0  | 0 | - |
| Home Health | S9061 | HOME ADMINISTRATION OF AEROSOLIZED DRUG THERAPY (E.G., PENTAMIDINE); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM  | All | 0  | 0 | - |
| Home Health | S9098 | HOME VISIT, PHOTOTHERAPY SERVICES (E.G. BILI-LITE), INCLUDING EQUIPMENT RENTAL, NURSING SERVICES, BLOOD DRAW, SUPPLIES, AND OTHER SERVICES, PER DIEM   | All | 0  | 0 | - |
| Home Health | S9110 | TELEMONITORING OF PATIENT IN THEIR HOME, INCLUDING ALL NECESSARY EQUIPMENT; COMPUTER SYSTEM, CONNECTIONS, AND SOFTWARE; MAINTENANCE; PATIENT EDUCATION AND SUPPORT; PER MONTH  | All | 0  | 0 | - |
| Home Health | S9122 | HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PROVIDING CARE IN THE HOME; PER HOUR  | All | 0  | 0 | - |
| Home Health | S9125 | RESPIRE CARE, IN THE HOME, PER DIEM  | All | 0  | 0 | - |
| Home Health | S9126 | HOSPICE CARE, IN THE HOME, PER DIEM  | All | 0  | 0 | - |
| Home Health | S9127 | SOCIAL WORK VISIT, IN THE HOME, PER DIEM   | All | 0  | 0 | - |
| Home Health | S9128 | SPEECH THERAPY, IN THE HOME, PER DIEM  | All | 0  | 0 | - |
| Home Health | S9129 | OCCUPATIONAL THERAPY, IN THE HOME, PER DIEM  | All | 0  | 0 | - |
| Home Health | S9131 | PHYSICAL THERAPY; IN THE HOME, PER DIEM  | All | 0  | 0 | - |
| Home Health | S9152 | SPEECH THERAPY, RE-EVALUATION  | All | 1  | 0 | - |
| Home Health | S9209 | HOME MANAGEMENT OF PRETERM PREMATURE RUPTURE OF MEMBRANES (PPROM), INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES OR EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH ANY HOME INFUSION PER DIEM CODE)   | All | 0  | 0 | - |

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|-------------|-------|---|-----|---|---|---|
| Home Health | S9211 | HOME MANAGEMENT OF GESTATIONAL HYPERTENSION, INCLUDES 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 ANY HOME INFUSION PER DIEM CODE) | All | 0 | 0 | - |
| Home Health | S9212 | HOME MANAGEMENT OF POSTPARTUM HYPERTENSION, INCLUDES 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 ANY HOME INFUSION PER DIEM CODE) | All | 0 | 0 | - |
| Home Health | S9213 | HOME MANAGEMENT OF PREECLAMPSIA, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING SERVICES CODED SEPARATELY); PER DIEM (DO NOT USE THIS CODE WITH ANY HOME INFUSION PER DIEM CODE)          | All | 0 | 0 | - |
| Home Health | S9214 | HOME MANAGEMENT OF GESTATIONAL DIABETES, INCLUDES 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 ANY HOME INFUSION PER DIEM CODE)    | All | 0 | 0 | - |
| Home Health | 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)              | All | 0 | 0 | - |
| Home Health | S9326 | HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR 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                           | All | 0 | 0 | - |
| Home Health | S9327 | HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR 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                      | All | 0 | 0 | - |
| Home Health | 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  | All | 0 | 0 | - |
| Home Health | 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 (DO NOT USE THIS CODE WITH S9330 OR S9331)                         | All | 0 | 0 | - |
| Home Health | S9330 | HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR 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                             | All | 0 | 0 | - |
| Home Health | S9331 | HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM                         | All | 0 | 0 | - |
| Home Health | S9335 | HOME THERAPY, HEMODIALYSIS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING SERVICES CODED SEPARATELY), PER DIEM  | All | 0 | 0 | - |
| Home Health | 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                                  | All | 0 | 0 | - |
| Home Health | S9338 | HOME INFUSION THERAPY, IMMUNOTHERAPY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM  | All | 0 | 0 | - |
| Home Health | S9339 | HOME THERAPY; PERITONEAL DIALYSIS, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM  | All | 0 | 0 | - |
| Home Health | 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   | All | 0 | 0 | - |
| Home Health | 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   | All | 0 | 0 | - |



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|-------------|-------|--|-----|---|---|---|
| Home Health | 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   | All | 0 | 0 | - |
| Home Health | 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  | All | 0 | 0 | - |
| Home Health | 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  | All | 0 | 0 | - |
| Home Health | S9348 | HOME INFUSION THERAPY, SYMPATHOMIMETIC/INOTROPIC AGENT INFUSION THERAPY (E.G., DOBUTAMINE); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM   | All | 0 | 0 | - |
| Home Health | S9349 | HOME INFUSION THERAPY, TOCOLYTIC INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM  | All | 0 | 0 | - |
| Home Health | 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   | All | 0 | 0 | - |
| Home Health | 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   | All | 0 | 0 | - |
| Home Health | 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   | All | 0 | 0 | - |
| Home Health | 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   | All | 0 | 0 | - |
| Home Health | 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   | All | 0 | 0 | - |
| Home Health | 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  | All | 0 | 0 | - |
| Home Health | S9363 | HOME INFUSION THERAPY, ANTI-SPASMOTIC THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM  | All | 0 | 0 | - |
| Home Health | 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    | All | 0 | 0 | - |
| Home Health | 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 | All | 0 | 0 | - |
| Home Health | 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                             | All | 0 | 0 | - |
| Home Health | 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   | All | 0 | 0 | - |

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| Home Health | 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) | All | 0 | 0 | - |
| Home Health | 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)   | All | 0 | 0 | - |
| Home Health | 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  | All | 0 | 0 | - |
| Home Health | 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  | All | 0 | 0 | - |
| Home Health | 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   | All | 0 | 0 | - |
| Home Health | S9377 | HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM   | All | 0 | 0 | - |
| Home Health | S9379 | HOME INFUSION THERAPY, 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  | All | 0 | 0 | - |
| Home Health | S9434 | MODIFIED SOLID FOOD SUPPLEMENTS FOR INBORN ERRORS OF METABOLISM  | All | 0 | 0 | - |
| Home Health | S9435 | MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM  | All | 0 | 0 | - |
| Home Health | S9455 | DIABETIC MANAGEMENT PROGRAM, GROUP SESSION   | All | 0 | 0 | - |
| Home Health | S9460 | DIABETIC MANAGEMENT PROGRAM, NURSE VISIT   | All | 0 | 0 | - |
| Home Health | S9465 | DIABETIC MANAGEMENT PROGRAM, DIETITIAN VISIT   | All | 0 | 0 | - |
| Home Health | S9472 | CARDIAC REHABILITATION PROGRAM, NON-PHYSICIAN PROVIDER, PER DIEM   | All | 0 | 0 | - |
| Home Health | S9473 | PULMONARY REHABILITATION PROGRAM, NON-PHYSICIAN PROVIDER, PER DIEM   | All | 0 | 0 | - |
| Home Health | S9474 | ENTEROSTOMAL THERAPY BY A REGISTERED NURSE CERTIFIED IN ENTEROSTOMAL THERAPY, PER DIEM   | All | 0 | 0 | - |
| Home Health | S9475 | AMBULATORY SETTING SUBSTANCE ABUSE TREATMENT OR DETOXIFICATION SERVICES, PER DIEM  | All | 0 | 0 | - |
| Home Health | S9476 | VESTIBULAR REHABILITATION PROGRAM, NON-PHYSICIAN PROVIDER, PER DIEM  | All | 0 | 0 | - |
| Home Health | S9490 | HOME INFUSION THERAPY, CORTICOSTEROID INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM   | All | 0 | 0 | - |
| Home Health | S9494 | HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL 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 THIS CODE WITH HOME INFUSION CODES FOR HOURLY DOSING SCHEDULES S9497-S9504)        | All | 0 | 0 | - |
| Home Health | S9497 | HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 3 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM  | All | 0 | 0 | - |
| Home Health | S9500 | HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 24 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM   | All | 0 | 0 | - |
| Home Health | S9501 | HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 12 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM   | All | 0 | 0 | - |
| Home Health | S9502 | HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 8 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM  | All | 0 | 0 | - |

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| Home Health  | S9503 | HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 6 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM                       | All | 0 | 0 | - |
| Home Health  | S9504 | HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 4 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM                       | All | 0 | 0 | - |
| Home Health  | S9529 | ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S), SINGLE HOME BOUND, NURSING HOME, OR SKILLED NURSING FACILITY PATIENT  | All | 0 | 0 | - |
| Home Health  | S9537 | HOME THERAPY; HEMATOPOIETIC HORMONE INJECTION THERAPY (E.G.ERYTHROPOIETIN, G-CSF, GM-CSF); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM             | All | 0 | 0 | - |
| Home Health  | S9538 | HOME TRANSFUSION OF BLOOD PRODUCT(S); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT (BLOOD PRODUCTS, DRUGS, AND NURSING VISITS CODED SEPARATELY), PER DIEM  | All | 0 | 0 | - |
| Home Health  | S9542 | HOME INJECTABLE THERAPY, NOT OTHERWISE CLASSIFIED, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM   | All | 0 | 0 | - |
| Home Health  | S9559 | HOME INJECTABLE THERAPY, INTERFERON, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM   | All | 0 | 0 | - |
| Home Health  | S9560 | HOME INJECTABLE THERAPY; HORMONAL THERAPY (E.G.; LEUPROLIDE, GOSERELIN), INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM                     | All | 0 | 0 | - |
| Home Health  | S9562 | HOME INJECTABLE THERAPY, PALIVIZUMAB, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM  | All | 0 | 0 | - |
| Home Health  | S9590 | HOME THERAPY, IRRIGATION THERAPY (E.G. STERILE IRRIGATION OF AN ORGAN OR ANATOMICAL CAVITY); INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM | All | 0 | 0 | - |
| Home Health  | S9810 | HOME THERAPY; PROFESSIONAL PHARMACY SERVICES FOR PROVISION OF INFUSION, SPECIALTY DRUG ADMINISTRATION, AND/OR DISEASE STATE MANAGEMENT, NOT OTHERWISE CLASSIFIED, PER HOUR (DO NOT USE THIS CODE WITH ANY PER DIEM CODE)  | All | 0 | 0 | - |
| Home Health  | T1001 | NURSING ASSESSMENT / EVALUATION   | All | 0 | 0 | - |
| Home Health  | T1004 | SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES  | All | 0 | 0 | - |
| Home Health  | T1021 | HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PER VISIT  | All | 0 | 0 | - |
| Home Health  | T1022 | CONTRACTED HOME HEALTH AGENCY SERVICES, ALL SERVICES PROVIDED UNDER CONTRACT, PER DAY   | All | 0 | 0 | - |
| Home Health  | T1030 | NURSING CARE, IN THE HOME, BY REGISTERED NURSE, PER DIEM  | All | 0 | 0 | - |
| Home Health  | T1031 | NURSING CARE, IN THE HOME, BY LICENSED PRACTICAL NURSE, PER DIEM  | All | 0 | 0 | - |
| Home Health  | T1502 | ADMINISTRATION OF ORAL, INTRAMUSCULAR AND/OR SUBCUTANEOUS MEDICATION BY HEALTH CARE AGENCY/PROFESSIONAL, PER VISIT  | All | 0 | 0 | - |
| Home Health  | T1503 | ADMINISTRATION OF MEDICATION, OTHER THAN ORAL AND/OR INJECTABLE, BY A HEALTH CARE AGENCY/PROFESSIONAL, PER VISIT  | All | 0 | 0 | - |
| Hyperbaric Oxygen Treatment                        | 99183 | PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION  | All | 0 | 0 | - |
| Hyperbaric Oxygen Treatment                        | C1300 | HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL   | All | 0 | 0 | - |
| Hyperbaric Oxygen Treatment                        | G0277 | HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL   | All | 0 | 0 | - |
| Hysterectomy – Inpatient and Outpatient Procedures | 58150 | TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);  | All | 0 | 0 | - |
| Hysterectomy – Inpatient and Outpatient Procedures | 58152 | TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S); WITH COLPO-URETHROCYSTOPEXY (EG, MARSHALL-MARCHETTI-KRANTZ, BURCH)   | All | 0 | 0 | - |
| Hysterectomy – Inpatient and Outpatient Procedures | 58180 | SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)   | All | 0 | 0 | - |

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|--|-------|--|-----|---|---|---|
| Hysterectomy – Inpatient and Outpatient Procedures | 58260 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;  | All | 0 | 0 | - |
| Hysterectomy – Inpatient and Outpatient Procedures | 58262 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)   | All | 0 | 0 | - |
| Hysterectomy – Inpatient and Outpatient Procedures | 58263 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR OF ENTEROCELE  | All | 0 | 0 | - |
| Hysterectomy – Inpatient and Outpatient Procedures | 58267 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH COLPO-URETHROCYSOTPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE, PEREYRA TYPE) WITH OR WITHOUT ENDOSCOPIC CONTROL      | All | 0 | 0 | - |
| Hysterectomy – Inpatient and Outpatient Procedures | 58270 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REPAIR OF ENTEROCELE  | All | 0 | 0 | - |
| Hysterectomy – Inpatient and Outpatient Procedures | 58275 | VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;   | All | 0 | 0 | - |
| Hysterectomy – Inpatient and Outpatient Procedures | 58280 | VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY; WITH REPAIR OF ENTEROCELE   | All | 0 | 0 | - |
| Hysterectomy – Inpatient and Outpatient Procedures | 58290 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;   | All | 0 | 0 | - |
| Hysterectomy – Inpatient and Outpatient Procedures | 58291 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)   | All | 0 | 0 | - |
| Hysterectomy – Inpatient and Outpatient Procedures | 58292 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S), WITH REPAIR OF ENTEROCELE  | All | 0 | 0 | - |
| Hysterectomy – Inpatient and Outpatient Procedures | 58293 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH COLPO-URETHROCYSOTPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE, PEREYRA TYPE) WITH OR WITHOUT ENDOSCOPIC CONTROL | All | 0 | 0 | - |
| Hysterectomy – Inpatient and Outpatient Procedures | 58294 | VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REPAIR OF ENTEROCELE   | All | 0 | 0 | - |
| Hysterectomy – Inpatient and Outpatient Procedures | 58544 | LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment      | 58321 | ARTIFICIAL INSEMINATION; INTRA-CERVICAL  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment      | 58322 | ARTIFICIAL INSEMINATION; INTRA-UTERINE   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment      | 58323 | SPERM WASHING FOR ARTIFICIAL INSEMINATION  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment      | 58345 | TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AND/OR RE-ESTABLISHING PATENCY (ANY METHOD), WITH OR WITHOUT HYSTEROSALPINGOGRAPHY             | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment      | 89250 | CULTURE OF OOCYTE(S)/EMBRYO(S), LESS THAN 4 DAYS;  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment      | 89251 | CULTURE OF OOCYTE(S)/EMBRYO(S), LESS THAN 4 DAYS; WITH CO-CULTURE OF OOCYTE(S)/EMBRYOS   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment      | 89253 | ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment      | 89254 | OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment      | 89255 | PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment      | 89257 | SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL FLUID)  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment      | 89258 | CRYOPRESERVATION; EMBRYO(S)  | All | 0 | 0 | - |

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|---|-------|--|-----|---|---|---|
| Infertility Services Evaluation and Treatment | 89259 | CRYOPRESERVATION; SPERM  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 89260 | SPERM ISOLATION; SIMPLE PREP (EG, SPERM WASH AND SWIM-UP) FOR INSEMINATION OR DIAGNOSIS WITH SEMEN ANALYSIS  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 89261 | SPERM ISOLATION; COMPLEX PREP (EG, PERCOLL GRADIENT, ALBUMIN GRADIENT) FOR INSEMINATION OR DIAGNOSIS WITH SEMEN ANALYSIS   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 89264 | SPERM IDENTIFICATION FROM TESTIS TISSUE, FRESH OR CRYOPRESERVED  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 89268 | INSEMINATION OF OOCYTES  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 89272 | EXTENDED CULTURE OF OOCYTE(S)/EMBRYO(S), 4-7 DAYS  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 89280 | ASSISTED OOCYTE FERTILIZATION, MICROTÉCHNIQUE; LESS THAN OR EQUAL TO 10 OOCYTES  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 89281 | ASSISTED OOCYTE FERTILIZATION, MICROTÉCHNIQUE; GREATER THAN 10 OOCYTES   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 89335 | CRYOPRESERVATION, REPRODUCTIVE TISSUE, TESTICULAR  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 89337 | CRYOPRESERVATION, MATURE OOCYTE(S)   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 89342 | STORAGE (PER YEAR); EMBRYO(S)  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 89343 | STORAGE (PER YEAR); SPERM/SEMEN  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 89344 | STORAGE (PER YEAR); REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 89346 | STORAGE (PER YEAR); OOCYTE(S)  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 89352 | THAWING OF CRYOPRESERVED; EMBRYO(S)  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 89353 | THAWING OF CRYOPRESERVED; SPERM/SEMEN, EACH ALIQUOT  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 89354 | THAWING OF CRYOPRESERVED; REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 89356 | THAWING OF CRYOPRESERVED; OOCYTES, EACH ALIQUOT  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | S4011 | IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION AND INCUBATION OF MATURE OOCYTES, FERTILIZATION WITH SPERM, INCUBATION OF EMBRYO(S), AND SUBSEQUENT VISUALIZATION FOR DETERMINATION OF DEVELOPMENT | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | S4013 | COMPLETE CYCLE, GAMETE INTRAFALLOPIAN TRANSFER (GIFT), CASE RATE   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | S4014 | COMPLETE CYCLE, ZYGOTE INTRAFALLOPIAN TRANSFER (ZIFT), CASE RATE   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | S4015 | COMPLETE IN VITRO FERTILIZATION CYCLE, NOT OTHERWISE SPECIFIED, CASE RATE  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | S4016 | FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE   | All | 0 | 0 | - |

|   |       |  |     |   |   |   |
|---|-------|--|-----|---|---|---|
| Infertility Services Evaluation and Treatment | S4022 | ASSISTED OOCYTE FERTILIZATION, CASE RATE   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | S4023 | DONOR EGG CYCLE, INCOMPLETE, CASE RATE   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | S4025 | DONOR SERVICES FOR IN VITRO FERTILIZATION (SPERM OR EMBRYO), CASE RATE   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | S4026 | PROCUREMENT OF DONOR SPERM FROM SPERM BANK   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | S4028 | MICROSURGICAL EPIDIDYMAL SPERM ASPIRATION (MESA)   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | S4030 | SPERM PROCUREMENT AND CRYOPRESERVATION SERVICES; INITIAL VISIT   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | S4031 | SPERM PROCUREMENT AND CRYOPRESERVATION SERVICES; SUBSEQUENT VISIT  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | S4035 | STIMULATED INTRAUTERINE INSEMINATION (IUI), CASE RATE  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | S4037 | CRYOPRESERVED EMBRYO TRANSFER, CASE RATE   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 0357T | CRYOPRESERVATION; IMMATURE OOCYTE(S)   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | S4017 | INCOMPLETE CYCLE, TREATMENT CANCELLED PRIOR TO STIMULATION, CASE RATE  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | S4018 | FROZEN EMBRYO TRANSFER PROCEDURE CANCELLED BEFORE TRANSFER, CASE RATE  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | S4020 | IN VITRO FERTILIZATION PROCEDURE CANCELLED BEFORE ASPIRATION, CASE RATE  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | S4021 | IN VITRO FERTILIZATION PROCEDURE CANCELLED AFTER ASPIRATION, CASE RATE   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | S4027 | STORAGE OF PREVIOUSLY FROZEN EMBRYOS   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 0058T | CRYOPRESERVATION; REPRODUCTIVE TISSUE, OVARIAN   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 52402 | CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 55870 | ELECTROEJACULATION   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 58140 | MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL MYOMA(S) WITH TOTAL WEIGHT OF 250 G OR LESS AND/OR REMOVAL OF SURFACE MYOMAS; ABDOMINAL APPROACH | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 58145 | MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL MYOMA(S) WITH TOTAL WEIGHT OF 250 G OR LESS AND/OR REMOVAL OF SURFACE MYOMAS; VAGINAL APPROACH   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 58146 | MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH TOTAL WEIGHT GREATER THAN 250 G, ABDOMINAL APPROACH      | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 58350 | CHROMOTUBATION OF OVIDUCT, INCLUDING MATERIALS   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 58545 | LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH TOTAL WEIGHT OF 250 G OR LESS AND/OR REMOVAL OF SURFACE MYOMAS                              | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 58546 | LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH TOTAL WEIGHT GREATER THAN 250 G                                 | All | 0 | 0 | - |

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|---|-------|---|-----|---|---|---|
| Infertility Services Evaluation and Treatment | 58660 | LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEPARATE PROCEDURE)  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 58662 | LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL SURFACE BY ANY METHOD  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 58670 | LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION)   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 58672 | LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 58673 | LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 58740 | LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 58752 | TUBOUTERINE IMPLANTATION  | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 58760 | FIMBRIOPLASTY   | All | 0 | 0 | - |
| Infertility Services Evaluation and Treatment | 58770 | SALPINGOSTOMY (SALPINGONEOSTOMY)  | All | 0 | 0 | - |
| Infusion Therapy                              | 36640 | ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN   | 22  | 0 | 0 | - |
| Infusion Therapy                              | 2030F | HYDRATION STATUS DOCUMENTED, NORMALLY HYDRATED (PAG)  | 22  | 0 | 0 | - |
| Infusion Therapy                              | 2031F | HYDRATION STATUS DOCUMENTED, DEHYDRATED (PAG)   | 22  | 0 | 0 | - |
| Infusion Therapy                              | 96367 | INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL SEQUENTIAL INFUSION OF A NEW DRUG/SUBSTANCE, UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | 22  | 0 | 0 | - |
| Infusion Therapy                              | 96379 | UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL INJECTION OR INFUSION   | 22  | 0 | 0 | - |
| Infusion Therapy                              | 62318 | INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (INCLUDING ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDES CONTRAST FOR LOCALIZATION WHEN PERFORMED, EPIDURAL OR SUBARACHNOID; CERVICAL OR THORACIC      | 22  | 0 | 0 | - |
| Infusion Therapy                              | 62319 | INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (INCLUDING ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDES CONTRAST FOR LOCALIZATION WHEN PERFORMED, EPIDURAL OR SUBARACHNOID; LUMBAR OR SACRAL (CAUDAL) | 22  | 0 | 0 | - |
| Infusion Therapy                              | 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  | 22  | 0 | 0 | - |
| Infusion Therapy                              | 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   | 22  | 0 | 0 | - |
| Infusion Therapy                              | 62360 | IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR   | 22  | 0 | 0 | - |
| Infusion Therapy                              | 62361 | IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; NONPROGRAMMABLE PUMP   | 22  | 0 | 0 | - |
| Infusion Therapy                              | 62362 | IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING PREPARATION OF PUMP, WITH OR WITHOUT PROGRAMMING  | 22  | 0 | 0 | - |
| Infusion Therapy                              | 96369 | SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR, INCLUDING PUMP SET-UP AND ESTABLISHMENT OF SUBCUTANEOUS INFUSION SITE(S)   | 22  | 0 | 0 | - |
| Infusion Therapy                              | 75896 | TRANSCATHETER THERAPY, INFUSION, OTHER THAN FOR THROMBOLYSIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION   | 22  | 0 | 0 | - |
| Infusion Therapy                              | 96425 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING THE USE OF A PORTABLE OR IMPLANTABLE PUMP  | 22  | 0 | 0 | - |



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|---|-------|--|-----|---|---|---|
| Infusion Therapy                              | 90760 | INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR   | 22  | 0 | 0 | - |
| Infusion Therapy                              | 90761 | INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | 22  | 0 | 0 | - |
| Infusion Therapy                              | 90765 | INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR  | 22  | 0 | 0 | - |
| Infusion Therapy                              | 90766 | INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | 22  | 0 | 0 | - |
| Infusion Therapy                              | 90768 | INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); CONCURRENT INFUSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | 22  | 0 | 0 | - |
| Infusion Therapy                              | 90770 | SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | 22  | 0 | 0 | - |
| Infusion Therapy                              | 90771 | SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL PUMP SET-UP WITH ESTABLISHMENT OF NEW SUBCUTANEOUS INFUSION SITE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | 22  | 0 | 0 | - |
| Injectable Medication                         | 90283 | IMMUNE GLOBULIN (IGIV), HUMAN, FOR INTRAVENOUS USE   | All | 0 | 0 | - |
| Injectable Medication                         | 90284 | IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EACH   | All | 0 | 0 | - |
| Intensity-Modulated Radiation Therapy (IMRT)  | G6015 | INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION   | All | 0 | 0 | - |
| Intensity-Modulated Radiation Therapy (IMRT)  | 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                  | All | 0 | 0 | - |
| Intensity-Modulated Radiation Therapy (IMRT)  | 77301 | INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS   | All | 0 | 0 | - |
| Intradiscal Eletrothennal Annuloplasty (IDET) | 22526 | PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; SINGLE LEVEL  | All | 0 | 0 | - |
| Intradiscal Eletrothennal Annuloplasty (IDET) | 22527 | PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; 1 OR MORE ADDITIONAL LEVELS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)                   | All | 0 | 0 | - |
| J-codes                                       | J0129 | INJECTION ABATACEPT 10 MG  | All | 0 | 0 | - |
| J-codes                                       | J0130 | INJECTION ABCIXIMAB, 10 MG   | All | 0 | 0 | - |
| J-codes                                       | J0132 | INJECTION ACETYLCYSTEINE 100 MG  | All | 0 | 0 | - |
| J-codes                                       | J0135 | INJECTION ADALIMUMAB 20 MG   | All | 0 | 0 | - |
| J-codes                                       | J0178 | INJECTION AFLIBERCEPT 1 MG   | All | 0 | 0 | - |
| J-codes                                       | J0180 | INJECTION, AGALSIDASE BETA, 1 MG   | All | 0 | 0 | - |
| J-codes                                       | J0205 | INJECTION ALGLUCERASE PER 10 UNITS   | All | 0 | 0 | - |
| J-codes                                       | J0215 | INJECTION, ALEFACEPT, 0.5 MG   | All | 0 | 0 | - |
| J-codes                                       | J0256 | INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG   | All | 0 | 0 | - |
| J-codes                                       | J0257 | INJ ALPHA 1 PROTEINASE INH 10 MG   | All | 0 | 0 | - |
| J-codes                                       | J0348 | INJECTION ANIDULAFUNGIN 1 MG   | All | 0 | 0 | - |
| J-codes                                       | J0364 | INJ APOMORPH HYDROCHLORID 1 MG   | All | 0 | 0 | - |
| J-codes                                       | J0365 | INJECTION APROTONIN 10000 KIU  | All | 0 | 0 | - |
| J-codes                                       | J0480 | INJECTION BASILIXIMAB 20 MG  | All | 0 | 0 | - |
| J-codes                                       | J0485 | INJECTION BELATACEPT 1 MG  | All | 0 | 0 | - |
| J-codes                                       | J0571 | BUPRENORPHINE ORAL 1 MG  | All | 0 | 0 | - |
| J-codes                                       | J0572 | BUPRENORPHINE/NLX ORAL <= TO 3 MG  | All | 0 | 0 | - |
| J-codes                                       | J0573 | BPV/NLX ORAL > 3 MG BUT <= TO 6 MG   | All | 0 | 0 | - |
| J-codes                                       | J0574 | BPV/NLX ORAL >6 MG BUT <= TO 10 MG   | All | 0 | 0 | - |
| J-codes                                       | J0575 | BUPRENORPHINE/NALOXONE ORAL > 10 MG  | All | 0 | 0 | - |
| J-codes                                       | J0585 | BOTULINUM TOXIN TYPE A, PER UNIT   | All | 0 | 0 | - |
| J-codes                                       | J0586 | INJECTION ABOBOTULINUMTOXINA 5 UNITS   | All | 0 | 0 | - |
| J-codes                                       | J0587 | BOTULINUM TOXIN TYPE B, PER 100 UNITS  | All | 0 | 0 | - |
| J-codes                                       | J0594 | INJECTION BUSULFAN 1 MG  | All | 0 | 0 | - |
| J-codes                                       | J0637 | INJECTION, CASPOFUNGIN ACETATE, 5 MG   | All | 0 | 0 | - |
| J-codes                                       | J0717 | INJECTION CERTOLIZUMAB PEGOL 1 MG  | All | 0 | 0 | - |
| J-codes                                       | J0718 | INJECTION CERTOLIZUMAB PEGOL 1 MG  | All | 0 | 0 | - |
| J-codes                                       | J0725 | INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS  | All | 0 | 0 | - |
| J-codes                                       | J0740 | INJECTION CIDOFOVIR 375 MG   | All | 0 | 0 | - |
| J-codes                                       | J0795 | INJ CORTICORELN OVINE TRIFLUT 1 MCG  | All | 0 | 0 | - |
| J-codes                                       | J0878 | INJECTION DAPTOMYCIN 1 MG  | All | 0 | 0 | - |
| J-codes                                       | J0881 | INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)  | All | 0 | 0 | - |
| J-codes                                       | J0882 | INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)  | All | 0 | 0 | - |
| J-codes                                       | J0885 | INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS  | All | 0 | 0 | - |
| J-codes                                       | J0886 | INJECTION, EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS)   | All | 0 | 0 | - |
| J-codes                                       | J0890 | INJECTION PEGINESATIDE 0.1 MG  | All | 0 | 0 | - |
| J-codes                                       | J0894 | INJECTION, DECITABINE, 1 MG  | All | 0 | 0 | - |
| J-codes                                       | J1071 | INJECTION TESTOSTERONE CYPIONATE 1 MG  | All | 0 | 0 | - |
| J-codes                                       | J1162 | INJ DIGOXIN IMMUNE FAB OVINE VIAL  | All | 0 | 0 | - |
| J-codes                                       | J1260 | INJECTION DOLASETRON MESYLATE 10 MG  | All | 0 | 0 | - |
| J-codes                                       | J1322 | INJECTION ELOSULFASE ALFA 1 MG   | All | 0 | 0 | - |
| J-codes                                       | J1324 | INJECTION ENFUVIRTIDE 1 MG   | All | 0 | 0 | - |

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|---------|-------|--|-----|---|---|---|
| J-codes | J1438 | INJECTION ETANERCEPT 25 MG   | All | 0 | 0 | - |
| J-codes | J1439 | INJECTION FERRIC CARBOXYMALTOSE 1 MG   | All | 0 | 0 | - |
| J-codes | J1442 | INJ. FILGRASTIM G-CS   | All | 0 | 0 | - |
| J-codes | J1451 | INJECTION FOMEPIZOLE 15 MG   | All | 0 | 0 | - |
| J-codes | J1452 | INJECTION FOMIVIRSEN SODIUM INTRAOULAR 1.65 MG                                   | All | 0 | 0 | - |
| J-codes | J1457 | INJECTION GALLIUM NITRATE 1 MG   | All | 0 | 0 | - |
| J-codes | J1458 | INJECTION GALSULFASE 1 MG  | All | 0 | 0 | - |
| J-codes | J1459 | INJ IG IV NONLYOPHILIZED 500 MG  | All | 0 | 0 | - |
| J-codes | J1460 | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC                                   | All | 0 | 0 | - |
| J-codes | J1556 | INJ IMMUNE GLOBULIN BIVIGAM 500 MG   | All | 0 | 0 | - |
| J-codes | J1557 | INJ IG IV NONLYOPHILIZED 500 MG  | All | 0 | 0 | - |
| J-codes | J1560 | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC                             | All | 0 | 0 | - |
| J-codes | J1561 | INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID | All | 0 | 0 | - |
| J-codes | J1562 | INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG                                  | All | 0 | 0 | - |
| J-codes | J1565 | INJECTION, RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN, INTRAVENOUS, 50 MG       | All | 0 | 0 | - |
| J-codes | J1566 | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWIS | All | 0 | 0 | - |
| J-codes | J1567 | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG   | All | 0 | 0 | - |
| J-codes | J1568 | INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID | All | 0 | 0 | - |
| J-codes | J1569 | INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED, (E | All | 0 | 0 | - |
| J-codes | J1570 | INJECTION GANCICLOVIR SODIUM 500 MG  | All | 0 | 0 | - |
| J-codes | J1572 | INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQ | All | 0 | 0 | - |
| J-codes | J1599 | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NONLYOPHI                               | All | 0 | 0 | - |
| J-codes | J1602 | GOLIMUMAB FOR IV USE   | All | 0 | 0 | - |
| J-codes | J1640 | INJECTION HEMIN 1 MG   | All | 0 | 0 | - |
| J-codes | J1675 | INJ HISTRELIN ACTAT 10 MICROGMS  | All | 0 | 0 | - |
| J-codes | J1680 | INJECTION HUMAN FIBRINOGEN CONCENTRATE 100 MG                                    | All | 0 | 0 | - |
| J-codes | J1740 | INJECTION, IBANDRONATE SODIUM, 1 MG  | All | 0 | 0 | - |
| J-codes | J1744 | INJECTION ICATIBANT 1 MG   | All | 0 | 0 | - |
| J-codes | J1745 | INJECTION INFLIXIMAB, 10 MG  | All | 0 | 0 | - |
| J-codes | J1756 | INJECTION IRON SUCROSE 1 MG  | All | 0 | 0 | - |
| J-codes | J1830 | INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG   | All | 0 | 0 | - |
| J-codes | J1950 | INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG                | All | 0 | 0 | - |
| J-codes | J2212 | INJECTION METHYLNALTREXONE 0.1 MG  | All | 0 | 0 | - |
| J-codes | J2274 | INJECTION MS PRES-FREE EPID/INTRATHECL USE 10 MG                                 | All | 0 | 0 | - |
| J-codes | J2357 | INJECTION, OMALIZUMAB 5MG  | All | 0 | 0 | - |
| J-codes | J2469 | INJECTION, PALONOSETRON HCL, 25 MCG  | All | 0 | 0 | - |
| J-codes | J2505 | INJECTION, PEGFILGRASTIM, 6 MG   | All | 0 | 0 | - |
| J-codes | J2562 | INJECTION PLERIXAFOR 1 MG  | All | 0 | 0 | - |
| J-codes | J2704 | INJECTION PROPOFOL 10 MG   | All | 0 | 0 | - |
| J-codes | J2778 | INJECTION, RANIBIZUMAB, 0.1 MG   | All | 0 | 0 | - |
| J-codes | J2793 | INJECTION RILONACEPT 1 MG  | All | 0 | 0 | - |
| J-codes | J2796 | INJECTION ROMIPLOSTIM 10 MCG   | All | 0 | 0 | - |
| J-codes | J2805 | INJECTION, SINCALIDE, 5 MICROGRAMS   | All | 0 | 0 | - |
| J-codes | J2941 | INJECTION, SOMATROPIN, 1 MG  | All | 0 | 0 | - |
| J-codes | J3060 | INJ TALIGLUCERACE ALFA 10 UNITS  | All | 0 | 0 | - |
| J-codes | J3121 | INJECTION TESTOSTERONE ENANTHATE 1 MG  | All | 0 | 0 | - |
| J-codes | J3145 | INJECTION TESTOSTERONE UNDECANOATE 1 MG  | All | 0 | 0 | - |
| J-codes | J3488 | INJECTION, ZOLEDRONIC ACID (RECLAST), 1 MG                                       | All | 0 | 0 | - |
| J-codes | J3489 | INJECTION, ZOLEDRONIC ACID, 1 MG   | All | 0 | 0 | - |
| J-codes | J3490 | UNCLASSIFIED DRUGS   | All | 0 | 0 | - |
| J-codes | J3535 | DRUG ADMINISTERED THROUGH A METERED DOSE INHALER                                 | All | 0 | 0 | - |
| J-codes | J3590 | UNCLASSIFIED BIOLOGICS   | All | 0 | 0 | - |
| J-codes | J7131 | HYPERTONIC SALINE SOLUTION 1 ML  | All | 0 | 0 | - |
| J-codes | J7178 | INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG                                      | All | 0 | 0 | - |
| J-codes | J7180 | INJECTION FACTOR XIII 1 I.U.   | All | 0 | 0 | - |
| J-codes | J7181 | INJECTION FACTOR XIII A-SUBUNIT PER IU   | All | 0 | 0 | - |
| J-codes | J7182 | INJECTION FACTOR VIII PER IU   | All | 0 | 0 | - |
| J-codes | J7183 | INJ VWF COMPLEX WILATE 1 I.U.:RCO  | All | 0 | 0 | - |
| J-codes | J7185 | INJECTION FACTOR VIII PER IU   | All | 0 | 0 | - |
| J-codes | J7187 | INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO              | All | 0 | 0 | - |
| J-codes | J7189 | FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM                | All | 0 | 0 | - |
| J-codes | J7190 | FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.                              | All | 0 | 0 | - |
| J-codes | J7191 | FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER I.U.                          | All | 0 | 0 | - |
| J-codes | J7192 | FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.                        | All | 0 | 0 | - |
| J-codes | J7193 | FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.            | All | 0 | 0 | - |
| J-codes | J7194 | FACTOR IX, COMPLEX, PER I.U.   | All | 0 | 0 | - |
| J-codes | J7195 | FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.                          | All | 0 | 0 | - |
| J-codes | J7197 | ANTI THROMBIN III (HUMAN), PER I.U.  | All | 0 | 0 | - |
| J-codes | J7198 | ANTI-INHIBITOR, PER I.U.   | All | 0 | 0 | - |
| J-codes | J7199 | HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED                             | All | 0 | 0 | - |
| J-codes | J7200 | INJECTION FACTOR IX RIXUBIS PER IU   | All | 0 | 0 | - |
| J-codes | J7201 | INJECTION FACTOR IX FC FUSION PROTEIN PER IU                                     | All | 0 | 0 | - |
| J-codes | J7303 | CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH                      | All | 0 | 0 | - |
| J-codes | J7304 | CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH                             | All | 0 | 0 | - |
| J-codes | J7315 | MITOMYCIN OPHTHALMIC 0. 2 MG   | All | 0 | 0 | - |
| J-codes | J7316 | SODIUM HYALURONATE 5 MG INTRA-ARTICLR INJECTION                                  | All | 0 | 0 | - |
| J-codes | J7323 | HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE      | All | 0 | 0 | - |
| J-codes | J7324 | HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE     | All | 0 | 0 | - |
| J-codes | J7325 | HYALURONAN/DERIV SYNVISC/SYNVISC-ONE IA INJ 1 MG                                 | All | 0 | 0 | - |

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| J-codes                                  | J7326 | HYAL/DERIV GEL-1 INTRA-ARTC INJ-DOS  | All | 0 | 0 | - |
| J-codes                                  | J7327 | HYALURONAN/DERIVATIVE MONOVISC IA INJ PER DOSE   | All | 0 | 0 | - |
| J-codes                                  | J7336 | CAPSAICIN 8% PATCH PER SQ CM   | All | 0 | 0 | - |
| J-codes                                  | J7508 | TACROLIMUS ORAL PER 5 MG   | All | 0 | 0 | - |
| J-codes                                  | J7527 | EVEROLIMUS ORAL 0. 25 MG   | All | 0 | 0 | - |
| J-codes                                  | J7599 | IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED   | All | 0 | 0 | - |
| J-codes                                  | J7604 | ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DM   | All | 0 | 0 | - |
| J-codes                                  | J7632 | CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH D   | All | 0 | 0 | - |
| J-codes                                  | J7665 | MANNITOL ADMIN THRU AN INHALER 5 MG  | All | 0 | 0 | - |
| J-codes                                  | J7676 | PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED T   | All | 0 | 0 | - |
| J-codes                                  | J7699 | NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME  | All | 0 | 0 | - |
| J-codes                                  | J7799 | NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME   | All | 0 | 0 | - |
| J-codes                                  | J8999 | PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS   | All | 0 | 0 | - |
| J-codes                                  | J9019 | INJECTION ASPARAGINASE ERWINAZE 1000 IU  | All | 0 | 0 | - |
| J-codes                                  | J9035 | INJECTION BEVACIZUMAB 10 MG  | All | 0 | 0 | - |
| J-codes                                  | J9042 | INJECTION BRENTUXIMAB VEDOTIN 1 MG   | All | 0 | 0 | - |
| J-codes                                  | J9047 | INJECT, CARFILZOMIB, 1 MG  | All | 0 | 0 | - |
| J-codes                                  | J9225 | HISTRELIN IMPLANT (VANTAS), 50 MG  | All | 0 | 0 | - |
| J-codes                                  | J9226 | HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG  | All | 0 | 0 | - |
| J-codes                                  | J9267 | INJECTION PACLITAXEL 1 MG  | All | 0 | 0 | - |
| J-codes                                  | J9301 | INJECTION OBINUTUZUMAB 10 MG   | All | 0 | 0 | - |
| J-codes                                  | J9306 | INJECT, PERTUZUMAB, 1 MG   | All | 0 | 0 | - |
| J-codes                                  | J9354 | INJ ADO-TRASTUZUMAB EMTANSINE 1 MG   | All | 0 | 0 | - |
| J-codes                                  | J9400 | INJECTION ZIV-AFLIBERCEPT 1 MG   | All | 0 | 0 | - |
| J-codes                                  | J9999 | NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS   | All | 0 | 0 | - |
| LEAP (Lifestyle, Eating and Performance) | 96150 | HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW, BEHAVIORAL OBSERVATIONS, PSYCHOPHYSIOLOGICAL MONITORING, HEALTH-ORIENTED QUESTIONNAIRES), EACH 15 MINUTES FACE-TO-FACE WITH THE PATIENT; INITIAL ASSESSMENT | All | 8 | 0 | - |
| LEAP (Lifestyle, Eating and Performance) | 96151 | HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW, BEHAVIORAL OBSERVATIONS, PSYCHOPHYSIOLOGICAL MONITORING, HEALTH-ORIENTED QUESTIONNAIRES), EACH 15 MINUTES FACE-TO-FACE WITH THE PATIENT; RE-ASSESSMENT      | All | 4 | 0 | - |
| LEAP (Lifestyle, Eating and Performance) | 96152 | HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; INDIVIDUAL  | All | 8 | 0 | - |
| LEAP (Lifestyle, Eating and Performance) | 96153 | HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; GROUP (2 OR MORE PATIENTS)  | All | 8 | 0 | - |
| LEAP (Lifestyle, Eating and Performance) | 96154 | HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMILY (WITH THE PATIENT PRESENT)   | All | 8 | 0 | - |
| LEAP (Lifestyle, Eating and Performance) | 96155 | HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMILY (WITHOUT THE PATIENT PRESENT)  | All | 8 | 0 | - |
| LEAP (Lifestyle, Eating and Performance) | G0237 | THERAPEUTIC PROCEDURES TO INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, FACE TO FACE, ONE ON ONE, EACH 15 MINUTES (INCLUDES MONITORING)   | All | 8 | 0 | - |
| LEAP (Lifestyle, Eating and Performance) | G0239 | THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION OR INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, TWO OR MORE INDIVIDUALS (INCLUDES MONITORING)   | All | 0 | 0 | - |
| LEAP (Lifestyle, Eating and Performance) | G0436 | SMOKING AND TOBACCO CESSATION COUNSELING VISIT FOR THE ASYMPTOMATIC PATIENT; INTERMEDIATE, GREATER THAN 3 MINUTES, UP TO 10 MINUTES  | All | 3 | 0 | - |
| LEAP (Lifestyle, Eating and Performance) | G0437 | SMOKING AND TOBACCO CESSATION COUNSELING VISIT FOR THE ASYMPTOMATIC PATIENT; INTENSIVE, GREATER THAN 10 MINUTES  | All | 1 | 0 | - |
| LEAP (Lifestyle, Eating and Performance) | G0442 | ANNUAL ALCOHOL MISUSE SCREENING, 15 MINUTES  | All | 1 | 0 | - |
| LEAP (Lifestyle, Eating and Performance) | G0451 | DEVELOPMENT TESTING, WITH INTERPRETATION AND REPORT, PER STANDARDIZED INSTRUMENT FORM  | All | 3 | 0 | - |
| LEAP (Lifestyle, Eating and Performance) | S0340 | LIFESTYLE MODIFICATION PROGRAM FOR MANAGEMENT OF CORONARY ARTERY DISEASE, INCLUDING ALL SUPPORTIVE SERVICES; FIRST QUARTER / STAGE   | All | 0 | 0 | - |
| LEAP (Lifestyle, Eating and Performance) | S0341 | LIFESTYLE MODIFICATION PROGRAM FOR MANAGEMENT OF CORONARY ARTERY DISEASE, INCLUDING ALL SUPPORTIVE SERVICES; SECOND OR THIRD QUARTER / STAGE   | All | 0 | 0 | - |
| LEAP (Lifestyle, Eating and Performance) | S0342 | LIFESTYLE MODIFICATION PROGRAM FOR MANAGEMENT OF CORONARY ARTERY DISEASE, INCLUDING ALL SUPPORTIVE SERVICES; FOURTH QUARTER / STAGE  | All | 0 | 0 | - |
| LEAP (Lifestyle, Eating and Performance) | S9451 | EXERCISE CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION  | All | 0 | 0 | - |
| LEAP (Lifestyle, Eating and Performance) | S9446 | PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, GROUP, PER SESSION  | All | 0 | 0 | - |
| LEAP (Lifestyle, Eating and Performance) | S9453 | SMOKING CESSATION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION   | All | 4 | 0 | - |
| LEAP (Lifestyle, Eating and Performance) | S9454 | STRESS MANAGEMENT CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION   | All | 0 | 0 | - |
| LEAP (Lifestyle, Eating and Performance) | T1027 | FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT, PER 15 MINUTES   | All | 0 | 0 | - |
| Liver Biopsy                             | 47000 | BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS  | All | 0 | 0 | - |

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| Materinity/<br>Pregnancy<br>Termination   | 59510 | ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND POSTPARTUM CARE   | All | 0  | 0 | - |
| Materinity/<br>Pregnancy<br>Termination   | 59610 | ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE, AFTER PREVIOUS CESAREAN DELIVERY  | All | 0  | 0 | - |
| Materinity/<br>Pregnancy<br>Termination   | 59618 | ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND POSTPARTUM CARE, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY  | All | 0  | 0 | - |
| Materinity/<br>Pregnancy<br>Termination   | 59400 | Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care  | All | 0  | 0 | - |
| Materinity/<br>Pregnancy<br>Termination   | 59830 | TREATMENT OF SEPTIC ABORTION, COMPLETED SURGICALLY   | All | 0  | 0 | - |
| Materinity/<br>Pregnancy<br>Termination   | 59840 | INDUCED ABORTION, BY DILATION AND CURETTAGE  | All | 0  | 0 | - |
| Materinity/<br>Pregnancy<br>Termination   | 59841 | INDUCED ABORTION, BY DILATION AND EVACUATION   | All | 0  | 0 | - |
| Materinity/<br>Pregnancy<br>Termination   | 59850 | INDUCED ABORTION, BY 1 OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES;  | All | 0  | 0 | - |
| Materinity/<br>Pregnancy<br>Termination   | 59851 | INDUCED ABORTION, BY 1 OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES; WITH DILATION AND CURETTAGE AND/OR EVACUATION  | All | 0  | 0 | - |
| Materinity/<br>Pregnancy<br>Termination   | 59852 | INDUCED ABORTION, BY 1 OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES; WITH HYSTEROTOMY (FAILED INTRA-AMNIOTIC INJECTION)                                   | All | 0  | 0 | - |
| Materinity/<br>Pregnancy<br>Termination   | 59855 | INDUCED ABORTION, BY 1 OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (EG, LAMINARIA), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES;   | All | 0  | 0 | - |
| Materinity/<br>Pregnancy<br>Termination   | 59856 | INDUCED ABORTION, BY 1 OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (EG, LAMINARIA), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES; WITH DILATION AND CURETTAGE AND/OR EVACUATION | All | 0  | 0 | - |
| Materinity/<br>Pregnancy<br>Termination   | 59857 | INDUCED ABORTION, BY 1 OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (EG, LAMINARIA), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES; WITH HYSTEROTOMY (FAILED MEDICAL EVACUATION)  | All | 0  | 0 | - |
| Mental Health,<br>Substance Use<br>Disorder and BH<br>Treatment<br>(includes<br>detoxification,<br>psychiatric<br>assessment/stabil<br>ization) | T1016 | CASE MANAGEMENT, EACH 15 MINUTES   | All | 32 | 0 | - |
| Mental Health,<br>Substance Use<br>Disorder and BH<br>Treatment<br>(includes<br>detoxification,<br>psychiatric<br>assessment/stabil<br>ization) | 90865 | NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES (EG, SODIUM AMOBARBITAL (AMYTAL) INTERVIEW)   | All | 0  | 0 | - |
| Mental Health,<br>Substance Use<br>Disorder and BH<br>Treatment<br>(includes<br>detoxification,<br>psychiatric<br>assessment/stabil<br>ization) | 90870 | ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)  | All | 0  | 0 | - |
| Mental Health,<br>Substance Use<br>Disorder and BH<br>Treatment<br>(includes<br>detoxification,<br>psychiatric<br>assessment/stabil<br>ization) | 90875 | INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY ANY MODALITY (FACE-TO-FACE WITH THE PATIENT), WITH PSYCHOTHERAPY (EG, INSIGHT ORIENTED, BEHAVIOR MODIFYING OR SUPPORTIVE PSYCHOTHERAPY); 30 MINUTES                     | All | 0  | 0 | - |

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| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 90876 | INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY ANY MODALITY (FACE-TO-FACE WITH THE PATIENT), WITH PSYCHOTHERAPY (EG, INSIGHT ORIENTED, BEHAVIOR MODIFYING OR SUPPORTIVE PSYCHOTHERAPY); 45 MINUTES  | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 90880 | HYPNOTHERAPY  | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 90899 | UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE   | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 90901 | BIOFEEDBACK TRAINING BY ANY MODALITY  | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 96101 | PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INTELLECTUAL ABILITIES, PERSONALITY AND PSYCHOPATHOLOGY, EG, MMPI, RORSCHACH, WAIS), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME ADMINISTERING TESTS TO THE PATIENT AND TIME INTERPRETING THESE TEST RESULTS AND PREPARING THE REPORT               | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 96102 | PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INTELLECTUAL ABILITIES, PERSONALITY AND PSYCHOPATHOLOGY, EG, MMPI AND WAIS), WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT, ADMINISTERED BY TECHNICIAN, PER HOUR OF TECHNICIAN TIME, FACE-TO-FACE  | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 96103 | PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INTELLECTUAL ABILITIES, PERSONALITY AND PSYCHOPATHOLOGY, EG, MMPI), ADMINISTERED BY A COMPUTER, WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT  | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 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), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME WITH THE PATIENT AND TIME INTERPRETING TEST RESULTS AND PREPARING THE REPORT | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 96118 | NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECHSLER MEMORY SCALES AND WISCONSIN CARD SORTING TEST), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME ADMINISTERING TESTS TO THE PATIENT AND TIME INTERPRETING THESE TEST RESULTS AND PREPARING THE REPORT  | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 96119 | NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECHSLER MEMORY SCALES AND WISCONSIN CARD SORTING TEST), WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT, ADMINISTERED BY TECHNICIAN, PER HOUR OF TECHNICIAN TIME, FACE-TO-FACE   | All | 0 | 0 | - |

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| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 96120 | NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINISTERED BY A COMPUTER, WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | G0177 | TRAINING AND EDUCATIONAL SERVICES RELATED TO THE CARE AND TREATMENT OF PATIENT'S DISABLING MENTAL HEALTH PROBLEMS PER SESSION (45 MINUTES OR MORE)          | All | 4  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | G0397 | ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G., AUDIT, DAST), AND INTERVENTION, GREATER THAN 30 MINUTES                    | All | 1  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0004 | BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES  | All | 48 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0006 | ALCOHOL AND/OR DRUG SERVICES; CASE MANAGEMENT   | All | 32 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0008 | ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (HOSPITAL INPATIENT)   | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0009 | ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (HOSPITAL INPATIENT)   | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0010 | ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM INPATIENT)  | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0011 | ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM INPATIENT)  | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0012 | ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM OUTPATIENT)   | All | 0  | 0 | - |

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| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0013 | ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM OUTPATIENT)   | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 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 | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0016 | ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC (MEDICAL INTERVENTION IN AMBULATORY SETTING)  | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0017 | BEHAVIORAL HEALTH; RESIDENTIAL (HOSPITAL RESIDENTIAL TREATMENT PROGRAM), WITHOUT ROOM AND BOARD, PER DIEM   | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0018 | BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL TREATMENT PROGRAM), WITHOUT ROOM AND BOARD, PER DIEM  | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0019 | BEHAVIORAL HEALTH; LONG-TERM RESIDENTIAL (NON-MEDICAL, NON-ACUTE CARE IN A RESIDENTIAL TREATMENT PROGRAM WHERE STAY IS TYPICALLY LONGER THAN 30 DAYS), WITHOUT ROOM AND BOARD, PER DIEM   | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0020 | ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/OR SERVICE (PROVISION OF THE DRUG BY A LICENSED PROGRAM)   | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0021 | ALCOHOL AND/OR DRUG TRAINING SERVICE (FOR STAFF AND PERSONNEL NOT EMPLOYED BY PROVIDERS)  | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0022 | ALCOHOL AND/OR DRUG INTERVENTION SERVICE (PLANNED FACILITATION)   | All | 4 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0023 | BEHAVIORAL HEALTH OUTREACH SERVICE (PLANNED APPROACH TO REACH A TARGETED POPULATION)  | All | 4 | 0 | - |



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| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0024 | BEHAVIORAL HEALTH PREVENTION INFORMATION DISSEMINATION SERVICE (ONE-WAY DIRECT OR NON-DIRECT CONTACT WITH SERVICE AUDIENCES TO AFFECT KNOWLEDGE AND ATTITUDE)                      | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0025 | BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE (DELIVERY OF SERVICES WITH TARGET POPULATION TO AFFECT KNOWLEDGE, ATTITUDE AND/OR BEHAVIOR)   | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0026 | ALCOHOL AND/OR DRUG PREVENTION PROCESS SERVICE, COMMUNITY-BASED (DELIVERY OF SERVICES TO DEVELOP SKILLS OF IMPACTORS)  | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0027 | ALCOHOL AND/OR DRUG PREVENTION ENVIRONMENTAL SERVICE (BROAD RANGE OF EXTERNAL ACTIVITIES GEARED TOWARD MODIFYING SYSTEMS IN ORDER TO MAINSTREAM PREVENTION THROUGH POLICY AND LAW) | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0028 | ALCOHOL AND/OR DRUG PREVENTION PROBLEM IDENTIFICATION AND REFERRAL SERVICE (E.G. STUDENT ASSISTANCE AND EMPLOYEE ASSISTANCE PROGRAMS), DOES NOT INCLUDE ASSESSMENT                 | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0029 | ALCOHOL AND/OR DRUG PREVENTION ALTERNATIVES SERVICE (SERVICES FOR POPULATIONS THAT EXCLUDE ALCOHOL AND OTHER DRUG USE E.G. ALCOHOL FREE SOCIAL EVENTS)                             | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0030 | BEHAVIORAL HEALTH HOTLINE SERVICE  | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0034 | MEDICATION TRAINING AND SUPPORT, PER 15 MINUTES  | All | 48 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0035 | MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS   | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0036 | COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES   | All | 48 | 0 | - |

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| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0037 | COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM, PER DIEM      | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0038 | SELF-HELP/PEER SERVICES, PER 15 MINUTES                           | All | 48 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0046 | MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED                   | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0047 | ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES, NOT OTHERWISE SPECIFIED | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H2013 | PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM                     | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H2015 | COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES          | All | 48 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H2016 | COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM                | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H2017 | PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MINUTES              | All | 48 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H2018 | PSYCHOSOCIAL REHABILITATION SERVICES, PER DIEM                    | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H2030 | MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES                  | All | 48 | 0 | - |

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| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H2031 | MENTAL HEALTH CLUBHOUSE SERVICES, PER DIEM  | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H2032 | ACTIVITY THERAPY, PER 15 MINUTES  | All | 48 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H2033 | MULTISYSTEMIC THERAPY FOR JUVENILES, PER 15 MINUTES   | All | 48 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H2034 | ALCOHOL AND/OR DRUG ABUSE HALFWAY HOUSE SERVICES, PER DIEM  | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H2035 | ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER HOUR   | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H2036 | ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER DIEM   | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | S9480 | INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM   | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | S9482 | FAMILY STABILIZATION SERVICES, PER 15 MINUTES   | All | 48 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | S9485 | CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER DIEM  | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | T1009 | CHILD SITTING SERVICES FOR CHILDREN OF THE INDIVIDUAL RECEIVING ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES | All | 0  | 0 | - |

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| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | T1010 | MEALS FOR INDIVIDUALS RECEIVING ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES (WHEN MEALS NOT INCLUDED IN THE PROGRAM)   | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | T1012 | ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, SKILLS DEVELOPMENT  | All | 16 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | T2048 | BEHAVIORAL HEALTH; LONG-TERM CARE RESIDENTIAL (NON-ACUTE CARE IN A RESIDENTIAL TREATMENT PROGRAM WHERE STAY IS TYPICALLY LONGER THAN 30 DAYS), WITH ROOM AND BOARD, PER DIEM   | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 96105 | ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH AND LANGUAGE FUNCTION, LANGUAGE COMPREHENSION, SPEECH PRODUCTION ABILITY, READING, SPELLING, WRITING, EG, BY BOSTON DIAGNOSTIC APHASIA EXAMINATION) WITH INTERPRETATION AND REPORT, PER HOUR   | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 96110 | DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTONE SURVEY, SPEECH AND LANGUAGE DELAY SCREEN), WITH SCORING AND DOCUMENTATION, PER STANDARDIZED INSTRUMENT  | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 99341 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSICIANS, OTHER QUALIFIED HEALTH CARE PROFESSIONALS, OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF LOW SEVERITY. TYPICALLY, 20 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.                            | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 99342 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; AND MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSICIANS, OTHER QUALIFIED HEALTH CARE PROFESSIONALS, OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE SEVERITY. TYPICALLY, 30 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY. | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 99343 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSICIANS, OTHER QUALIFIED HEALTH CARE PROFESSIONALS, OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE TO HIGH SEVERITY. TYPICALLY, 45 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.                      | All | 0  | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 99344 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSICIANS, OTHER QUALIFIED HEALTH CARE PROFESSIONALS, OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF HIGH SEVERITY. TYPICALLY, 60 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.                        | All | 0  | 0 | - |

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| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 99345 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSICIANS, OTHER QUALIFIED HEALTH CARE PROFESSIONALS, OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PATIENT IS UNSTABLE OR HAS DEVELOPED A SIGNIFICANT NEW PROBLEM REQUIRING IMMEDIATE PHYSICIAN ATTENTION. TYPICALLY, 75 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.  | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 99347 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED INTERVAL HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSICIANS, OTHER QUALIFIED HEALTH CARE PROFESSIONALS, OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE SELF LIMITED OR MINOR. TYPICALLY, 15 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.  | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 99348 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED INTERVAL HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSICIANS, OTHER QUALIFIED HEALTH CARE PROFESSIONALS, OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF LOW TO MODERATE SEVERITY. TYPICALLY, 25 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.  | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 99349 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSICIANS, OTHER QUALIFIED HEALTH CARE PROFESSIONALS, OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE MODERATE TO HIGH SEVERITY. TYPICALLY, 40 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.   | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | 99350 | HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE INTERVAL HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE TO HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSICIANS, OTHER QUALIFIED HEALTH CARE PROFESSIONALS, OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE TO HIGH SEVERITY. THE PATIENT MAY BE UNSTABLE OR MAY HAVE DEVELOPED A SIGNIFICANT NEW PROBLEM REQUIRING IMMEDIATE PHYSICIAN ATTENTION. TYPICALLY, 60 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY. | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0014 | ALCOHOL AND/OR DRUG SERVICES; AMBULATORY DETOXIFICATION  | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0032 | MENTAL HEALTH SERVICE PLAN DEVELOPMENT BY NON-PHYSICIAN  | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H0040 | ASSERTIVE COMMUNITY TREATMENT PROGRAM, PER DIEM  | All | 0 | 0 | - |

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| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H2019 | THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES                | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H2021 | COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MINUTES           | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | H2029 | SEXUAL OFFENDER TREATMENT SERVICE, PER DIEM                    | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | S0201 | PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | S9484 | CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER HOUR           | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | T2029 | SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | U1001 | #N/A   | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | U1002 | #N/A   | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | U901  | #N/A   | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | U905  | #N/A   | All | 0 | 0 | - |

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| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | U906  | #N/A  | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | U912  | #N/A  | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | U913  | #N/A  | All | 0 | 0 | - |
| Mental Health, Substance Use Disorder and BH Treatment (includes detoxification, psychiatric assessment/stabilization) | U918  | #N/A  | All | 0 | 0 | - |
| Miscellaneous  | 99058 | SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFICE, WHICH DISRUPTS OTHER SCHEDULED OFFICE SERVICES, IN ADDITION TO BASIC SERVICE   | All | 0 | 0 | - |
| Miscellaneous  | T1017 | TARGETED CASE MANAGEMENT, EACH 15 MINUTES   | All | 0 | 0 | - |
| MRI/MRA  | 70336 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)   | All | 0 | 0 | - |
| MRI/MRA  | 70540 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S)   | All | 0 | 0 | - |
| MRI/MRA  | 70542 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITH CONTRAST MATERIAL(S)  | All | 0 | 0 | - |
| MRI/MRA  | 70543 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES   | All | 0 | 0 | - |
| MRI/MRA  | 70544 | MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)  | All | 0 | 0 | - |
| MRI/MRA  | 70545 | MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)   | All | 0 | 0 | - |
| MRI/MRA  | 70546 | MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES  | All | 0 | 0 | - |
| MRI/MRA  | 70547 | MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)  | All | 0 | 0 | - |
| MRI/MRA  | 70548 | MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S)   | All | 0 | 0 | - |
| MRI/MRA  | 70549 | MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES  | All | 0 | 0 | - |
| MRI/MRA  | 70551 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL  | All | 0 | 0 | - |
| MRI/MRA  | 70552 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)  | All | 0 | 0 | - |
| MRI/MRA  | 70553 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES  | All | 0 | 0 | - |
| MRI/MRA  | 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   | All | 0 | 0 | - |
| MRI/MRA  | 70555 | MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIRE NEUROFUNCTIONAL TESTING   | All | 0 | 0 | - |
| MRI/MRA  | 70557 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL BASE), DURING OPEN INTRACRANIAL PROCEDURE (EG, TO ASSESS FOR RESIDUAL TUMOR OR RESIDUAL VASCULAR MALFORMATION); WITHOUT CONTRAST MATERIAL  | All | 0 | 0 | - |
| MRI/MRA  | 70558 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL BASE), DURING OPEN INTRACRANIAL PROCEDURE (EG, TO ASSESS FOR RESIDUAL TUMOR OR RESIDUAL VASCULAR MALFORMATION); WITH CONTRAST MATERIAL(S)  | All | 0 | 0 | - |
| MRI/MRA  | 70559 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL BASE), DURING OPEN INTRACRANIAL PROCEDURE (EG, TO ASSESS FOR RESIDUAL TUMOR OR RESIDUAL VASCULAR MALFORMATION); WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES | All | 0 | 0 | - |



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| MRI/MRA | 71550 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)   | All | 0 | 0 | - |
| MRI/MRA | 71551 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITH CONTRAST MATERIAL(S)  | All | 0 | 0 | - |
| MRI/MRA | 71552 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES | All | 0 | 0 | - |
| MRI/MRA | 71555 | MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM), WITH OR WITHOUT CONTRAST MATERIAL(S)   | All | 0 | 0 | - |
| MRI/MRA | 72141 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL  | All | 0 | 0 | - |
| MRI/MRA | 72142 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)  | All | 0 | 0 | - |
| MRI/MRA | 72146 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL  | All | 0 | 0 | - |
| MRI/MRA | 72147 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)  | All | 0 | 0 | - |
| MRI/MRA | 72148 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL  | All | 0 | 0 | - |
| MRI/MRA | 72149 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)  | All | 0 | 0 | - |
| MRI/MRA | 72156 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL                                    | All | 0 | 0 | - |
| MRI/MRA | 72157 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC                                    | All | 0 | 0 | - |
| MRI/MRA | 72158 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR                                      | All | 0 | 0 | - |
| MRI/MRA | 72159 | MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT CONTRAST MATERIAL(S)  | All | 0 | 0 | - |
| MRI/MRA | 72195 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)  | All | 0 | 0 | - |
| MRI/MRA | 72196 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S)   | All | 0 | 0 | - |
| MRI/MRA | 72197 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES  | All | 0 | 0 | - |
| MRI/MRA | 72198 | MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)   | All | 0 | 0 | - |
| MRI/MRA | 73218 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)   | All | 0 | 0 | - |
| MRI/MRA | 73219 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITH CONTRAST MATERIAL(S)  | All | 0 | 0 | - |
| MRI/MRA | 73220 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES                                   | All | 0 | 0 | - |
| MRI/MRA | 73221 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)  | All | 0 | 0 | - |
| MRI/MRA | 73222 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)   | All | 0 | 0 | - |
| MRI/MRA | 73223 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES  | All | 0 | 0 | - |
| MRI/MRA | 73225 | MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)  | All | 0 | 0 | - |
| MRI/MRA | 73718 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)  | All | 0 | 0 | - |
| MRI/MRA | 73719 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH CONTRAST MATERIAL(S)   | All | 0 | 0 | - |
| MRI/MRA | 73720 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES                                    | All | 0 | 0 | - |
| MRI/MRA | 73721 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL   | All | 0 | 0 | - |
| MRI/MRA | 73722 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)   | All | 0 | 0 | - |
| MRI/MRA | 73723 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES  | All | 0 | 0 | - |
| MRI/MRA | 73725 | MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)  | All | 0 | 0 | - |
| MRI/MRA | 74181 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S)   | All | 0 | 0 | - |

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| MRI/MRA | 74182 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)  | All | 0 | 0 | - |
| MRI/MRA | 74183 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATERIAL(S) AND FURTHER SEQUENCES                                      | All | 0 | 0 | - |
| MRI/MRA | 74185 | MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)  | All | 0 | 0 | - |
| MRI/MRA | 75557 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL;  | All | 0 | 0 | - |
| MRI/MRA | 75559 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; WITH STRESS IMAGING  | All | 0 | 0 | - |
| MRI/MRA | 75561 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES;                             | All | 0 | 0 | - |
| MRI/MRA | 75563 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; WITH STRESS IMAGING         | All | 0 | 0 | - |
| MRI/MRA | 75565 | CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | All | 0 | 0 | - |
| MRI/MRA | 76390 | MAGNETIC RESONANCE SPECTROSCOPY  | All | 0 | 0 | - |
| MRI/MRA | 76498 | UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)   | All | 0 | 0 | - |
| MRI/MRA | 77021 | MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRATION, INJECTION, OR PLACEMENT OF LOCALIZATION DEVICE) RADIOLOGICAL SUPERVISION AND INTERPRETATION | All | 0 | 0 | - |
| MRI/MRA | 77022 | MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION  | All | 0 | 0 | - |
| MRI/MRA | 77058 | MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); UNILATERAL   | All | 0 | 0 | - |
| MRI/MRA | 77059 | MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); BILATERAL  | All | 0 | 0 | - |
| MRI/MRA | A9576 | INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML   | All | 0 | 0 | - |
| MRI/MRA | A9577 | INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML   | All | 0 | 0 | - |
| MRI/MRA | A9578 | INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER ML   | All | 0 | 0 | - |
| MRI/MRA | A9579 | INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE SPECIFIED (NOS), PER ML   | All | 0 | 0 | - |
| MRI/MRA | C8900 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, ABDOMEN  | All | 0 | 0 | - |
| MRI/MRA | C8901 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, ABDOMEN   | All | 0 | 0 | - |
| MRI/MRA | C8902 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, ABDOMEN   | All | 0 | 0 | - |
| MRI/MRA | C8903 | MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; UNILATERAL   | All | 0 | 0 | - |
| MRI/MRA | C8904 | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; UNILATERAL  | All | 0 | 0 | - |
| MRI/MRA | C8905 | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST; UNILATERAL  | All | 0 | 0 | - |
| MRI/MRA | C8906 | MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; BILATERAL  | All | 0 | 0 | - |
| MRI/MRA | C8907 | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; BILATERAL   | All | 0 | 0 | - |
| MRI/MRA | C8908 | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST; BILATERAL   | All | 0 | 0 | - |
| MRI/MRA | C8909 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM)   | All | 0 | 0 | - |
| MRI/MRA | C8910 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM)  | All | 0 | 0 | - |
| MRI/MRA | C8911 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM)  | All | 0 | 0 | - |
| MRI/MRA | C8912 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, LOWER EXTREMITY  | All | 0 | 0 | - |
| MRI/MRA | C8913 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, LOWER EXTREMITY   | All | 0 | 0 | - |
| MRI/MRA | C8914 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, LOWER EXTREMITY   | All | 0 | 0 | - |
| MRI/MRA | C8918 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, PELVIS   | All | 0 | 0 | - |
| MRI/MRA | C8919 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, PELVIS  | All | 0 | 0 | - |
| MRI/MRA | C8920 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, PELVIS  | All | 0 | 0 | - |
| MRI/MRA | C8931 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, SPINAL CANAL AND CONTENTS  | All | 0 | 0 | - |
| MRI/MRA | C8932 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, SPINAL CANAL AND CONTENTS   | All | 0 | 0 | - |
| MRI/MRA | C8933 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, SPINAL CANAL AND CONTENTS   | All | 0 | 0 | - |
| MRI/MRA | C8934 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, UPPER EXTREMITY  | All | 0 | 0 | - |
| MRI/MRA | C8935 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, UPPER EXTREMITY   | All | 0 | 0 | - |
| MRI/MRA | C8936 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, UPPER EXTREMITY   | All | 0 | 0 | - |
| MRI/MRA | S8035 | MAGNETIC SOURCE IMAGING  | All | 0 | 0 | - |

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| MRI/MRA  | S8037 | MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)   | All | 0 | 0 | - |
| MRI/MRA  | S8042 | MAGNETIC RESONANCE IMAGING (MRI), LOW-FIELD  | All | 0 | 0 | - |
| Neuropsychologic<br>al Testing                 | 96125 | STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING ASSESSMENT) PER HOUR OF A QUALIFIED HEALTH CARE PROFESSIONAL'S TIME, BOTH FACE-TO-FACE TIME ADMINISTERING TESTS TO THE PATIENT AND TIME INTERPRETING THESE TEST RESULTS AND PREPARING THE REPORT   | All | 0 | 0 | - |
| Non-Emergency<br>Air Transport                 | S9960 | AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, NONEMERGENCY TRANSPORT, ONE WAY (FIXED WING)   | All | 0 | 0 | - |
| Non-Emergency<br>Air Transport                 | S9961 | AMBULANCE SERVICE, CONVENTIONAL AIR SERVICE, NONEMERGENCY TRANSPORT, ONE WAY (ROTARY WING)   | All | 0 | 0 | - |
| Obstructive Sleep<br>Apnea, Surgical<br>Repair | 21193 | RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEOTOMY; WITHOUT BONE GRAFT   | All | 0 | 0 | - |
| Obstructive Sleep<br>Apnea, Surgical<br>Repair | 21194 | RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEOTOMY; WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)   | All | 0 | 0 | - |
| Obstructive Sleep<br>Apnea, Surgical<br>Repair | 21195 | RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL RIGID FIXATION   | All | 0 | 0 | - |
| Obstructive Sleep<br>Apnea, Surgical<br>Repair | 21196 | RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION  | All | 0 | 0 | - |
| Obstructive Sleep<br>Apnea, Surgical<br>Repair | 21198 | OSTEOTOMY, MANDIBLE, SEGMENTAL;  | All | 0 | 0 | - |
| Obstructive Sleep<br>Apnea, Surgical<br>Repair | 21199 | OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT  | All | 0 | 0 | - |
| Obstructive Sleep<br>Apnea, Surgical<br>Repair | 21206 | OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)  | All | 0 | 0 | - |
| Obstructive Sleep<br>Apnea, Surgical<br>Repair | 41530 | SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, 1 OR MORE SITES, PER SESSION   | All | 0 | 0 | - |
| Obstructive Sleep<br>Apnea, Surgical<br>Repair | 42145 | PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)  | All | 0 | 0 | - |
| OP Diagnostics                                 | 0071T | FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE; TOTAL LEIOMYOMATA VOLUME LESS THAN 200 CC OF TISSUE   | All | 0 | 0 | - |
| OP Diagnostics                                 | 0072T | FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE; TOTAL LEIOMYOMATA VOLUME GREATER OR EQUAL TO 200 CC OF TISSUE   | All | 0 | 0 | - |
| OP Diagnostics                                 | 76948 | ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, IMAGING SUPERVISION AND INTERPRETATION  | All | 0 | 0 | - |
| OP Diagnostics                                 | 95965 | MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY (EG, EPILEPTIC CEREBRAL CORTEX LOCALIZATION)   | All | 0 | 0 | - |
| OP Diagnostics                                 | 95966 | MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC FIELDS, SINGLE MODALITY (EG, SENSORY, MOTOR, LANGUAGE, OR VISUAL CORTEX LOCALIZATION)  | All | 0 | 0 | - |
| OP Diagnostics                                 | 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)   | All | 0 | 0 | - |
| OP Diagnostics                                 | 0106T | QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING TOUCH PRESSURE STIMULI TO ASSESS LARGE DIAMETER SENSATION  | All | 0 | 0 | - |
| OP Diagnostics                                 | 0107T | QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING VIBRATION STIMULI TO ASSESS LARGE DIAMETER FIBER SENSATION   | All | 0 | 0 | - |
| OP Diagnostics                                 | 0108T | QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING COOLING STIMULI TO ASSESS SMALL NERVE FIBER SENSATION AND HYPERALGESIA   | All | 0 | 0 | - |
| OP Diagnostics                                 | 0109T | QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING HEAT-PAIN STIMULI TO ASSESS SMALL NERVE FIBER SENSATION AND HYPERALGESIA   | All | 0 | 0 | - |
| OP Diagnostics                                 | 0110T | QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING OTHER STIMULI TO ASSESS SENSATION  | All | 0 | 0 | - |
| OP Diagnostics                                 | 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 (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | All | 0 | 0 | - |
| OP Diagnostics                                 | 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   | All | 0 | 0 | - |
| OP Diagnostics                                 | 0178T | ELECTROCARDIOGRAM, 64 LEADS OR GREATER, WITH GRAPHIC PRESENTATION AND ANALYSIS; WITH INTERPRETATION AND REPORT   | All | 0 | 0 | - |

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|----------------|-------|--|-----|---|---|---|
| OP Diagnostics | 0179T | ELECTROCARDIOGRAM, 64 LEADS OR GREATER, WITH GRAPHIC PRESENTATION AND ANALYSIS; TRACING AND GRAPHICS ONLY, WITHOUT INTERPRETATION AND REPORT   | All | 0 | 0 | - |
| OP Diagnostics | 0180T | ELECTROCARDIOGRAM, 64 LEADS OR GREATER, WITH GRAPHIC PRESENTATION AND ANALYSIS; INTERPRETATION AND REPORT ONLY   | All | 0 | 0 | - |
| OP Diagnostics | 0198T | MEASUREMENT OF OCULAR BLOOD FLOW BY REPETITIVE INTRAOCULAR PRESSURE SAMPLING, WITH INTERPRETATION AND REPORT   | All | 0 | 0 | - |
| OP Diagnostics | 0199T | Code deleted 1/1/15  | All | 0 | 0 | - |
| OP Diagnostics | 0206T | COMPUTERIZED DATABASE ANALYSIS OF MULTIPLE CYCLES OF DIGITIZED CARDIAC ELECTRICAL DATA FROM TWO OR MORE ECG LEADS, INCLUDING TRANSMISSION TO A REMOTE CENTER, APPLICATION OF MULTIPLE NONLINEAR MATHEMATICAL TRANSFORMATIONS, WITH CORONARY ARTERY OBSTRUCTION SEVERITY ASSESSMENT   | All | 0 | 0 | - |
| OP Diagnostics | 0207T | EVACUATION OF MEIBOMIAN GLANDS, AUTOMATED, USING HEAT AND INTERMITTENT PRESSURE, UNILATERAL  | All | 0 | 0 | - |
| OP Diagnostics | 0233T | SKIN ADVANCED GLYCATION ENDPRODUCTS (AGE) MEASUREMENT BY MULTI-WAVELENGTH FLUORESCENT SPECTROSCOPY   | All | 0 | 0 | - |
| OP Diagnostics | 0234T | TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; RENAL ARTERY   | All | 0 | 0 | - |
| OP Diagnostics | 0235T | TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; VISCERAL ARTERY (EXCEPT RENAL), EACH VESSEL  | All | 0 | 0 | - |
| OP Diagnostics | 0236T | TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; ABDOMINAL AORTA  | All | 0 | 0 | - |
| OP Diagnostics | 0237T | TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; BRACHIOCEPHALIC TRUNK AND BRANCHES, EACH VESSEL  | All | 0 | 0 | - |
| OP Diagnostics | 0238T | TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; ILIAC ARTERY, EACH VESSEL  | All | 0 | 0 | - |
| OP Diagnostics | 0240T | ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL JUNCTION) STUDY WITH INTERPRETATION AND REPORT; WITH HIGH RESOLUTION ESOPHAGEAL PRESSURE TOPOGRAPHY   | All | 0 | 0 | - |
| OP Diagnostics | 0241T | ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL JUNCTION) STUDY WITH INTERPRETATION AND REPORT; WITH STIMULATION OR PERFUSION DURING HIGH RESOLUTION ESOPHAGEAL PRESSURE TOPOGRAPHY STUDY (EG, STIMULANT, ACID OR ALKALI PERFUSION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | All | 0 | 0 | - |
| OP Diagnostics | 0243T | INTERMITTENT MEASUREMENT OF WHEEZE RATE FOR BRONCHODILATOR OR BRONCHIAL-CHALLENGE DIAGNOSTIC EVALUATION(S), WITH INTERPRETATION AND REPORT   | All | 0 | 0 | - |
| OP Diagnostics | 0244T | CONTINUOUS MEASUREMENT OF WHEEZE RATE DURING TREATMENT ASSESSMENT OR DURING SLEEP FOR DOCUMENTATION OF NOCTURNAL WHEEZE AND COUGH FOR DIAGNOSTIC EVALUATION 3 TO 24 HOURS, WITH INTERPRETATION AND REPORT  | All | 0 | 0 | - |
| OP Diagnostics | 0254T | 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;  | All | 0 | 0 | - |
| OP Diagnostics | 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  | All | 0 | 0 | - |
| OP Diagnostics | 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);                  | All | 0 | 0 | - |
| OP Diagnostics | 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 | All | 0 | 0 | - |
| OP Diagnostics | 0281T | PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL APPENDAGE WITH IMPLANT, INCLUDING FLUOROSCOPY, TRANSSEPTAL PUNCTURE, CATHETER PLACEMENT(S), LEFT ATRIAL ANGIOGRAPHY, LEFT ATRIAL APPENDAGE ANGIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION  | All | 0 | 0 | - |

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| OP Diagnostics | 0291T | INTRAVASCULAR OPTICAL COHERENCE TOMOGRAPHY (CORONARY NATIVE VESSEL OR GRAFT) DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION, INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT; INITIAL VESSEL (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)  | All | 0 | 0 | - |
| OP Diagnostics | 0292T | INTRAVASCULAR OPTICAL COHERENCE TOMOGRAPHY (CORONARY NATIVE VESSEL OR GRAFT) DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION, INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT; EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)                                    | All | 0 | 0 | - |
| OP Diagnostics | 0293T | INSERTION OF LEFT ATRIAL HEMODYNAMIC MONITOR; COMPLETE SYSTEM, INCLUDES IMPLANTED COMMUNICATION MODULE AND PRESSURE SENSOR LEAD IN LEFT ATRIUM INCLUDING TRANSSEPTAL ACCESS, RADIOLOGICAL SUPERVISION AND INTERPRETATION, AND ASSOCIATED INJECTION PROCEDURES, WHEN PERFORMED                                      | All | 0 | 0 | - |
| OP Diagnostics | 0294T | INSERTION OF LEFT ATRIAL HEMODYNAMIC MONITOR; PRESSURE SENSOR LEAD AT TIME OF INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND ASSOCIATED INJECTION PROCEDURES, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | All | 0 | 0 | - |
| OP Diagnostics | 0295T | EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; INCLUDES RECORDING, SCANNING ANALYSIS WITH REPORT, REVIEW AND INTERPRETATION  | All | 0 | 0 | - |
| OP Diagnostics | 0296T | EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; RECORDING (INCLUDES CONNECTION AND INITIAL RECORDING)   | All | 0 | 0 | - |
| OP Diagnostics | 0297T | EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; SCANNING ANALYSIS WITH REPORT   | All | 0 | 0 | - |
| OP Diagnostics | 0298T | EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; REVIEW AND INTERPRETATION   | All | 0 | 0 | - |
| OP Diagnostics | 0305T | PROGRAMMING DEVICE EVALUATION (IN PERSON) OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM WITH ITERATIVE ADJUSTMENT OF PROGRAMMED VALUES, WITH ANALYSIS, REVIEW, AND REPORT   | All | 0 | 0 | - |
| OP Diagnostics | 0306T | INTERROGATION DEVICE EVALUATION (IN PERSON) OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM WITH ANALYSIS, REVIEW, AND REPORT   | All | 0 | 0 | - |
| OP Diagnostics | 0310T | MOTOR FUNCTION MAPPING USING NON-INVASIVE NAVIGATED TRANSCRANIAL MAGNETIC STIMULATION (NTMS) FOR THERAPEUTIC TREATMENT PLANNING, UPPER AND LOWER EXTREMITY   | All | 0 | 0 | - |
| OP Diagnostics | 0311T | NON-INVASIVE CALCULATION AND ANALYSIS OF CENTRAL ARTERIAL PRESSURE WAVEFORMS WITH INTERPRETATION AND REPORT  | All | 0 | 0 | - |
| OP Diagnostics | 74263 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMAGE POSTPROCESSING  | All | 0 | 0 | - |
| OP Diagnostics | 76801 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, FIRST TRIMESTER (< 14 WEEKS 0 DAYS), TRANSABDOMINAL APPROACH; SINGLE OR FIRST GESTATION  | All | 0 | 0 | - |
| OP Diagnostics | 76802 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, FIRST TRIMESTER (< 14 WEEKS 0 DAYS), TRANSABDOMINAL APPROACH; EACH ADDITIONAL GESTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | All | 1 | 0 | - |
| OP Diagnostics | 76805 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, AFTER FIRST TRIMESTER (> OR = 14 WEEKS 0 DAYS), TRANSABDOMINAL APPROACH; SINGLE OR FIRST GESTATION   | All | 1 | 0 | - |
| OP Diagnostics | 76810 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, AFTER FIRST TRIMESTER (> OR = 14 WEEKS 0 DAYS), TRANSABDOMINAL APPROACH; EACH ADDITIONAL GESTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | All | 1 | 0 | - |
| OP Diagnostics | 76811 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION PLUS DETAILED FETAL ANATOMIC EXAMINATION, TRANSABDOMINAL APPROACH; SINGLE OR FIRST GESTATION  | All | 1 | 0 | - |
| OP Diagnostics | 76812 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION PLUS DETAILED FETAL ANATOMIC EXAMINATION, TRANSABDOMINAL APPROACH; EACH ADDITIONAL GESTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | All | 1 | 0 | - |
| OP Diagnostics | 76813 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT, TRANSABDOMINAL OR TRANSVAGINAL APPROACH; SINGLE OR FIRST GESTATION   | All | 1 | 0 | - |
| OP Diagnostics | 76814 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT, TRANSABDOMINAL OR TRANSVAGINAL APPROACH; EACH ADDITIONAL GESTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | All | 1 | 0 | - |

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| OP Diagnostics | 76815 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (EG, FETAL HEART BEAT, PLACENTAL LOCATION, FETAL POSITION AND/OR QUALITATIVE AMNIOTIC FLUID VOLUME), 1 OR MORE FETUSES   | All | 1 | 0 | - |
| OP Diagnostics | 76816 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLOW-UP (EG, RE-EVALUATION OF FETAL SIZE BY MEASURING STANDARD GROWTH PARAMETERS AND AMNIOTIC FLUID VOLUME, RE-EVALUATION OF ORGAN SYSTEM(S) SUSPECTED OR CONFIRMED TO BE ABNORMAL ON A PREVIOUS SCAN), TRANSABDOMINAL APPROACH, PER FETUS | All | 1 | 0 | - |
| OP Diagnostics | 76817 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL   | All | 1 | 0 | - |
| OP Diagnostics | 76818 | FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING  | All | 0 | 0 | - |
| OP Diagnostics | 76819 | FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING   | All | 0 | 0 | - |
| OP Diagnostics | 76820 | DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY  | All | 0 | 0 | - |
| OP Diagnostics | 76821 | DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY  | All | 0 | 0 | - |
| OP Diagnostics | 76825 | ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-MODE RECORDING;  | All | 0 | 0 | - |
| OP Diagnostics | 76826 | ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-MODE RECORDING; FOLLOW-UP OR REPEAT STUDY  | All | 0 | 0 | - |
| OP Diagnostics | 76970 | ULTRASOUND STUDY FOLLOW-UP (SPECIFY)  | All | 0 | 0 | - |
| OP Diagnostics | 78140 | LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE (EG, SPLENIC AND/OR HEPATIC)  | All | 0 | 0 | - |
| OP Diagnostics | 78267 | UREA BREATH TEST, C-14 (ISOTOPIC); ACQUISITION FOR ANALYSIS   | All | 0 | 0 | - |
| OP Diagnostics | 78268 | UREA BREATH TEST, C-14 (ISOTOPIC); ANALYSIS   | All | 0 | 0 | - |
| OP Diagnostics | 78282 | GASTROINTESTINAL PROTEIN LOSS   | All | 0 | 0 | - |
| OP Diagnostics | 78428 | CARDIAC SHUNT DETECTION   | All | 0 | 0 | - |
| OP Diagnostics | 78808 | INJECTION PROCEDURE FOR RADIOPHARMACEUTICAL LOCALIZATION BY NON-IMAGING PROBE STUDY, INTRAVENOUS (EG, PARATHYROID ADENOMA)  | All | 0 | 0 | - |
| OP Diagnostics | 90911 | BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER, INCLUDING EMG AND/OR MANOMETRY   | All | 0 | 0 | - |
| OP Diagnostics | 91034 | ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETER PH ELECTRODE(S) PLACEMENT, RECORDING, ANALYSIS AND INTERPRETATION  | All | 0 | 0 | - |
| OP Diagnostics | 91035 | ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMETRY PH ELECTRODE PLACEMENT, RECORDING, ANALYSIS AND INTERPRETATION   | All | 0 | 0 | - |
| OP Diagnostics | 91037 | ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER INTRALUMINAL IMPEDANCE ELECTRODE(S) PLACEMENT, RECORDING, ANALYSIS AND INTERPRETATION;   | All | 0 | 0 | - |
| OP Diagnostics | 91038 | ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER INTRALUMINAL IMPEDANCE ELECTRODE(S) PLACEMENT, RECORDING, ANALYSIS AND INTERPRETATION; PROLONGED (GREATER THAN 1 HOUR, UP TO 24 HOURS)   | All | 0 | 0 | - |
| OP Diagnostics | 91040 | ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY   | All | 0 | 0 | - |
| OP Diagnostics | 91065 | BREATH HYDROGEN OR METHANE TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY, FRUCTOSE INTOLERANCE, BACTERIAL OVERGROWTH, OR ORO-CECAL GASTROINTESTINAL TRANSIT)  | All | 0 | 0 | - |
| OP Diagnostics | 91120 | RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GRADED BALLOON DISTENTION)   | All | 0 | 0 | - |
| OP Diagnostics | 91122 | ANORECTAL MANOMETRY   | All | 0 | 0 | - |
| OP Diagnostics | 91132 | ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS;  | All | 0 | 0 | - |
| OP Diagnostics | 91133 | ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS; WITH PROVOCATIVE TESTING   | All | 0 | 0 | - |
| OP Diagnostics | 93895 | QUANTITATIVE CAROTID INTIMA MEDIA THICKNESS AND CAROTID ATHEROMA EVALUATION, BILATERAL  | All | 0 | 0 | - |
| OP Diagnostics | 94013 | MEASUREMENT OF LUNG VOLUMES (IE, FUNCTIONAL RESIDUAL CAPACITY [FRC], FORCED VITAL CAPACITY [FVC], AND EXPIRATORY RESERVE VOLUME [ERV]) IN AN INFANT OR CHILD THROUGH 2 YEARS OF AGE   | All | 0 | 0 | - |
| OP Diagnostics | 94014 | PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; INCLUDES REINFORCED EDUCATION, TRANSMISSION OF SPIROMETRIC TRACING, DATA CAPTURE, ANALYSIS OF TRANSMITTED DATA, PERIODIC RECALIBRATION AND REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL            | All | 0 | 0 | - |
| OP Diagnostics | 94015 | PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; RECORDING (INCLUDES HOOK-UP, REINFORCED EDUCATION, DATA TRANSMISSION, DATA CAPTURE, TREND ANALYSIS, AND PERIODIC RECALIBRATION)  | All | 0 | 0 | - |
| OP Diagnostics | 94016 | PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; REVIEW AND INTERPRETATION ONLY BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL  | All | 0 | 0 | - |
| OP Diagnostics | 94610 | INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL THROUGH ENDOTRACHEAL TUBE   | All | 0 | 0 | - |
| OP Diagnostics | 94620 | PULMONARY STRESS TESTING; SIMPLE (EG, 6-MINUTE WALK TEST, PROLONGED EXERCISE TEST FOR BRONCHOSPASM WITH PRE- AND POST-SPIROMETRY AND OXIMETRY)  | All | 0 | 0 | - |
| OP Diagnostics | 94621 | PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS OF CO2 PRODUCTION, O2 UPTAKE, AND ELECTROCARDIOGRAPHIC RECORDINGS)  | All | 0 | 0 | - |

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| OP Diagnostics | 94640 | PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION OR FOR SPUTUM INDUCTION FOR DIAGNOSTIC PURPOSES (EG, WITH AN AEROSOL GENERATOR, NEBULIZER, METERED DOSE INHALER OR INTERMITTENT POSITIVE PRESSURE BREATHING [IPPB] DEVICE)   | All | 0 | 0 | - |
| OP Diagnostics | 94774 | PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30-DAY PERIOD OF TIME; INCLUDES MONITOR ATTACHMENT, DOWNLOAD OF DATA, REVIEW, INTERPRETATION, AND PREPARATION OF A REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL                                    | All | 0 | 0 | - |
| OP Diagnostics | 94775 | PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30-DAY PERIOD OF TIME; MONITOR ATTACHMENT ONLY (INCLUDES HOOK-UP, INITIATION OF RECORDING AND DISCONNECTION)  | All | 0 | 0 | - |
| OP Diagnostics | 94776 | PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30-DAY PERIOD OF TIME; MONITORING, DOWNLOAD OF INFORMATION, RECEIPT OF TRANSMISSION(S) AND ANALYSES BY COMPUTER ONLY  | All | 0 | 0 | - |
| OP Diagnostics | 94777 | PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30-DAY PERIOD OF TIME; REVIEW, INTERPRETATION AND PREPARATION OF REPORT ONLY BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL   | All | 0 | 0 | - |
| OP Diagnostics | 94780 | CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING OBSERVATION AND CONTINUOUS RECORDING OF PULSE OXIMETRY, HEART RATE AND RESPIRATORY RATE, WITH INTERPRETATION AND REPORT; 60 MINUTES   | All | 0 | 0 | - |
| OP Diagnostics | 94781 | CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING OBSERVATION AND CONTINUOUS RECORDING OF PULSE OXIMETRY, HEART RATE AND RESPIRATORY RATE, WITH INTERPRETATION AND REPORT; EACH ADDITIONAL FULL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)                                | All | 0 | 0 | - |
| OP Diagnostics | 95250 | AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBCUTANEOUS SENSOR FOR A MINIMUM OF 72 HOURS; SENSOR PLACEMENT, HOOK-UP, CALIBRATION OF MONITOR, PATIENT TRAINING, REMOVAL OF SENSOR, AND PRINTOUT OF RECORDING   | All | 0 | 0 | - |
| OP Diagnostics | 95251 | AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBCUTANEOUS SENSOR FOR A MINIMUM OF 72 HOURS; INTERPRETATION AND REPORT   | All | 0 | 0 | - |
| OP Diagnostics | 95860 | NEEDLE ELECTROMYOGRAPHY; 1 EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS  | All | 0 | 0 | - |
| OP Diagnostics | 95861 | NEEDLE ELECTROMYOGRAPHY; 2 EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS  | All | 0 | 0 | - |
| OP Diagnostics | 95863 | NEEDLE ELECTROMYOGRAPHY; 3 EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS  | All | 0 | 0 | - |
| OP Diagnostics | 95864 | NEEDLE ELECTROMYOGRAPHY; 4 EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS  | All | 0 | 0 | - |
| OP Diagnostics | 95867 | NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLE(S), UNILATERAL  | All | 0 | 0 | - |
| OP Diagnostics | 95868 | NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLES, BILATERAL   | All | 0 | 0 | - |
| OP Diagnostics | 95869 | NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES (EXCLUDING T1 OR T12)   | All | 0 | 0 | - |
| OP Diagnostics | 95870 | NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN 1 EXTREMITY OR NON-LIMB (AXIAL) MUSCLES (UNILATERAL OR BILATERAL), OTHER THAN THORACIC PARASPINAL, CRANIAL NERVE SUPPLIED MUSCLES, OR SPHINCTERS  | All | 0 | 0 | - |
| OP Diagnostics | 95872 | NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QUANTITATIVE MEASUREMENT OF JITTER, BLOCKING AND/OR FIBER DENSITY, ANY/ALL SITES OF EACH MUSCLE STUDIED   | All | 0 | 0 | - |
| OP Diagnostics | 95874 | NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | All | 0 | 0 | - |
| OP Diagnostics | 95875 | ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION FOR MUSCLE(S) METABOLITE(S)  | All | 0 | 0 | - |
| OP Diagnostics | 95885 | NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY; LIMITED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | All | 0 | 0 | - |
| OP Diagnostics | 95886 | NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY; COMPLETE, FIVE OR MORE MUSCLES STUDIED, INNERVATED BY THREE OR MORE NERVES OR FOUR OR MORE SPINAL LEVELS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | All | 0 | 0 | - |
| OP Diagnostics | 95887 | NEEDLE ELECTROMYOGRAPHY, NON-EXTREMITY (CRANIAL NERVE SUPPLIED OR AXIAL) MUSCLE(S) DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | All | 0 | 0 | - |



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| OP Diagnostics           | 95905 | MOTOR AND/OR SENSORY NERVE CONDUCTION, USING PRECONFIGURED ELECTRODE ARRAY(S), AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH LIMB, INCLUDES F-WAVE STUDY WHEN PERFORMED, WITH INTERPRETATION AND REPORT  | All | 0 | 0 | - |
| OP Diagnostics           | 95907 | NERVE CONDUCTION STUDIES; 1-2 STUDIES   | All | 0 | 0 | - |
| OP Diagnostics           | 95908 | NERVE CONDUCTION STUDIES; 3-4 STUDIES   | All | 0 | 0 | - |
| OP Diagnostics           | 95909 | NERVE CONDUCTION STUDIES; 5-6 STUDIES   | All | 0 | 0 | - |
| OP Diagnostics           | 95910 | NERVE CONDUCTION STUDIES; 7-8 STUDIES   | All | 0 | 0 | - |
| OP Diagnostics           | 95911 | NERVE CONDUCTION STUDIES; 9-10 STUDIES  | All | 0 | 0 | - |
| OP Diagnostics           | 95912 | NERVE CONDUCTION STUDIES; 11-12 STUDIES   | All | 0 | 0 | - |
| OP Diagnostics           | 95913 | NERVE CONDUCTION STUDIES; 13 OR MORE STUDIES  | All | 0 | 0 | - |
| OP Diagnostics           | 96567 | PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT AND/OR MALIGNANT LESIONS OF THE SKIN AND ADJACENT MUCOSA (EG, LIP) BY ACTIVATION OF PHOTSENSITIVE DRUG(S), EACH PHOTOTHERAPY EXPOSURE SESSION   | All | 0 | 0 | - |
| OP Diagnostics           | 96570 | PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSUE VIA ACTIVATION OF PHOTSENSITIVE DRUG(S); FIRST 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR ENDOSCOPY OR BRONCHOSCOPY PROCEDURES OF LUNG AND GASTROINTESTINAL TRACT)           | All | 0 | 0 | - |
| OP Diagnostics           | 96571 | PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSUE VIA ACTIVATION OF PHOTSENSITIVE DRUG(S); EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR ENDOSCOPY OR BRONCHOSCOPY PROCEDURES OF LUNG AND GASTROINTESTINAL TRACT) | All | 0 | 0 | - |
| OP Diagnostics           | 96900 | ACTINOTHERAPY (ULTRAVIOLET LIGHT)   | All | 0 | 0 | - |
| OP Diagnostics           | 96902 | MICROSCOPIC EXAMINATION OF HAIRS PLUCKED OR CLIPPED BY THE EXAMINER (EXCLUDING HAIR COLLECTED BY THE PATIENT) TO DETERMINE TELOGEN AND ANAGEN COUNTS, OR STRUCTURAL HAIR SHAFT ABNORMALITY  | All | 0 | 0 | - |
| OP Diagnostics           | 96910 | PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM AND ULTRAVIOLET B   | All | 0 | 0 | - |
| OP Diagnostics           | 96912 | PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)   | All | 0 | 0 | - |
| OP Diagnostics           | 96913 | PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE DERMATOSES REQUIRING AT LEAST 4-8 HOURS OF CARE UNDER DIRECT SUPERVISION OF THE PHYSICIAN (INCLUDES APPLICATION OF MEDICATION AND DRESSINGS)  | All | 0 | 0 | - |
| OP Diagnostics           | 96920 | LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA LESS THAN 250 SQ CM   | All | 0 | 0 | - |
| OP Diagnostics           | 96921 | LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM TO 500 SQ CM   | All | 0 | 0 | - |
| OP Diagnostics           | 96922 | LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500 SQ CM   | All | 0 | 0 | - |
| OP Diagnostics           | 96999 | UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE  | All | 0 | 0 | - |
| OP Diagnostics           | 97750 | PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL CAPACITY), WITH WRITTEN REPORT, EACH 15 MINUTES   | All | 4 | 0 | - |
| OP Diagnostics           | 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                                   | All | 4 | 0 | - |
| OP Diagnostics           | G0255 | CURRENT PERCEPTION THRESHOLD/SENSORY NERVE CONDUCTION TEST, (SNCT) PER LIMB, ANY NERVE  | All | 0 | 0 | - |
| OP Diagnostics           | G0259 | INJECTION PROCEDURE FOR SACROILIAC JOINT; ARTHROGRAPY   | All | 0 | 0 | - |
| OP Diagnostics           | R0070 | TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME, PER TRIP TO FACILITY OR LOCATION, ONE PATIENT SEEN  | All | 0 | 0 | - |
| OP Diagnostics           | R0075 | TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME, PER TRIP TO FACILITY OR LOCATION, MORE THAN ONE PATIENT SEEN  | All | 0 | 0 | - |
| OP Diagnostics           | S8040 | TOPOGRAPHIC BRAIN MAPPING   | All | 0 | 0 | - |
| OP Diagnostics           | S8080 | SCINTIMAMMOGRAPHY (RADIOIMMUNOSCINTIGRAPHY OF THE BREAST), UNILATERAL, INCLUDING SUPPLY OF RADIOPHARMACEUTICAL  | All | 0 | 0 | - |
| OP Diagnostics           | S8085 | FLUORINE-18 FLUORODEOXYGLUCOSE (F-18 FDG) IMAGING USING DUAL-HEAD COINCIDENCE DETECTION SYSTEM (NON-DEDICATED PET SCAN)   | All | 0 | 0 | - |
| Oral Surgical Procedures | 41599 | UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH  | All | 0 | 0 | - |
| Oral Surgical Procedures | 42821 | TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER   | All | 0 | 0 | - |
| Oral Surgical Procedures | 42826 | TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER   | All | 0 | 0 | - |
| Oral Surgical Procedures | 40840 | VESTIBULOPLASTY; ANTERIOR   | All | 0 | 0 | - |
| Oral Surgical Procedures | 40842 | VESTIBULOPLASTY; POSTERIOR, UNILATERAL  | All | 0 | 0 | - |
| Oral Surgical Procedures | 40843 | VESTIBULOPLASTY; POSTERIOR, BILATERAL   | All | 0 | 0 | - |
| Oral Surgical Procedures | 40844 | VESTIBULOPLASTY; ENTIRE ARCH  | All | 0 | 0 | - |
| Oral Surgical Procedures | 40845 | VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)  | All | 0 | 0 | - |
| Oral Surgical Procedures | 40899 | UNLISTED PROCEDURE, VESTIBULE OF MOUTH  | All | 0 | 0 | - |

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|--------------------------|-------|---|-----|---|---|---|
| Oral Surgical Procedures | 41870 | PERIODONTAL MUCOSAL GRAFTING  | All | 0 | 0 | - |
| Oral Surgical Procedures | 41872 | GINGIVOPLASTY, EACH QUADRANT (SPECIFY)  | All | 0 | 0 | - |
| Oral Surgical Procedures | 41874 | ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)  | All | 0 | 0 | - |
| Oral Surgical Procedures | 41899 | UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES  | All | 0 | 0 | - |
| Oral Surgical Procedures | 42820 | TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE 12  | All | 0 | 0 | - |
| Oral Surgical Procedures | 42825 | TONSILLECTOMY, PRIMARY OR SECONDARY; YOUNGER THAN AGE 12  | All | 0 | 0 | - |
| Oral Surgical Procedures | 42830 | ADENOIDECTOMY, PRIMARY; YOUNGER THAN AGE 12   | All | 0 | 0 | - |
| Oral Surgical Procedures | 42835 | ADENOIDECTOMY, SECONDARY; YOUNGER THAN AGE 12   | All | 0 | 0 | - |
| Oral Surgical Procedures | 42999 | UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS   | All | 0 | 0 | - |
| Orthognathic Surgery     | 21159 | RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITHOUT LEFORT I  | All | 0 | 0 | - |
| Orthognathic Surgery     | 21160 | RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITH LEFORT I   | All | 0 | 0 | - |
| Orthognathic Surgery     | 21181 | RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL   | All | 0 | 0 | - |
| Orthognathic Surgery     | 21182 | RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION OF BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA), WITH MULTIPLE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS); TOTAL AREA OF BONE GRAFTING LESS THAN 40 SQ CM                           | All | 0 | 0 | - |
| Orthognathic Surgery     | 21183 | RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION OF BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA), WITH MULTIPLE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS); TOTAL AREA OF BONE GRAFTING GREATER THAN 40 SQ CM BUT LESS THAN 80 SQ CM | All | 0 | 0 | - |
| Orthognathic Surgery     | 21184 | RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION OF BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA), WITH MULTIPLE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS); TOTAL AREA OF BONE GRAFTING GREATER THAN 80 SQ CM                        | All | 0 | 0 | - |
| Orthognathic Surgery     | 21188 | RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)  | All | 0 | 0 | - |
| Orthognathic Surgery     | 21208 | OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)   | All | 0 | 0 | - |
| Orthognathic Surgery     | 21209 | OSTEOPLASTY, FACIAL BONES; REDUCTION  | All | 0 | 0 | - |
| Orthognathic Surgery     | 21210 | GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)   | All | 0 | 0 | - |
| Orthognathic Surgery     | 21215 | GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)  | All | 0 | 0 | - |
| Orthognathic Surgery     | 21230 | GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)   | All | 0 | 0 | - |
| Orthognathic Surgery     | 21235 | GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)   | All | 0 | 0 | - |
| Orthognathic Surgery     | 21255 | RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCLUDES OBTAINING AUTOGRAFTS)  | All | 0 | 0 | - |
| Orthognathic Surgery     | 21275 | SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION   | All | 0 | 0 | - |
| Orthognathic Surgery     | 21295 | REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH  | All | 0 | 0 | - |
| Orthognathic Surgery     | 21296 | REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH  | All | 0 | 0 | - |
| Orthognathic Surgery     | 20605 | ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST, ELBOW OR ANKLE, OLECRANON BURSA); WITHOUT ULTRASOUND GUIDANCE  | All | 0 | 0 | - |
| Orthognathic Surgery     | 21010 | ARTHROTOMY, TEMPOROMANDIBULAR JOINT   | All | 0 | 0 | - |
| Orthognathic Surgery     | 21050 | CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)  | All | 0 | 0 | - |
| Orthognathic Surgery     | 21060 | MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)   | All | 0 | 0 | - |
| Orthognathic Surgery     | 21070 | CORONOIDECTOMY (SEPARATE PROCEDURE)   | All | 0 | 0 | - |
| Orthognathic Surgery     | 21073 | MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANESTHESIA SERVICE (IE, GENERAL OR MONITORED ANESTHESIA CARE)   | All | 0 | 0 | - |
| Orthognathic Surgery     | 21240 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)   | All | 0 | 0 | - |
| Orthognathic Surgery     | 21242 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT   | All | 0 | 0 | - |
| Orthognathic Surgery     | 21243 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT  | All | 0 | 0 | - |

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| Orthognathic Surgery | 21480 | CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUENT   | All | 0 | 0 | -   |
| Orthognathic Surgery | 21485 | CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRENT REQUIRING INTERMAXILLARY FIXATION OR SPLINTING), INITIAL OR SUBSEQUENT   | All | 0 | 0 | -   |
| Orthognathic Surgery | 21490 | OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION  | All | 0 | 0 | -   |
| Orthognathic Surgery | 29800 | ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)   | All | 0 | 0 | -   |
| Orthognathic Surgery | 29804 | ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL   | All | 0 | 0 | -   |
| Orthognathic Surgery | 21270 | MALAR AUGMENTATION, PROSTHETIC MATERIAL  | All | 0 | 0 | Q87.40, Q87.41, Q87.410, Q87.418, Q87.42, Q87.43, S00, S01, S02, S03, S04, S05, S06, S07, S08, S09, T14, T15, T16, T17, T18, T19, T20, T21, T22, T23, T24, T25, T26, T27, T28, T30, T31, T32, T33, T34, T36, T37, T38, T39, T40, T41, T42, T43, T44, T45, T46, T47, T48, T49, T50, T51, T52, T53, T54, T55, T56, T57, T58, T59, T60, T61, T62, T63, T64, T65, T66, T67, T68, T69, T70, T71, T72, T73, T74, T75, T76, T77, T78, T79, T80, T81, T82, T83, T84, T85, T86, T87, T88 |
| Orthognathic Surgery | 21125 | AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL  | All | 0 | 0 | -   |
| Orthognathic Surgery | 21127 | AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT)   | All | 0 | 0 | -   |
| Orthognathic Surgery | 21299 | UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE  | All | 0 | 0 | -   |
| Orthognathic Surgery | 30465 | REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)   | All | 0 | 0 | -   |
| Orthopedic Surgeries | 0095T | REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | All | 0 | 0 | -   |
| Orthopedic Surgeries | 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)   | All | 0 | 0 | -   |
| Orthopedic Surgeries | 0164T | REMOVAL OF TOTAL DISC ARTHROPLASTY, (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | All | 0 | 0 | -   |
| Orthopedic Surgeries | 0375T | TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION), CERVICAL, THREE OR MORE LEVELS | All | 0 | 0 | -   |
| Orthopedic Surgeries | 22100 | PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTEBRAL SEGMENT; CERVICAL   | All | 0 | 0 | -   |
| Orthopedic Surgeries | 22101 | PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTEBRAL SEGMENT; THORACIC   | All | 0 | 0 | -   |
| Orthopedic Surgeries | 22102 | PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTEBRAL SEGMENT; LUMBAR   | All | 0 | 0 | -   |
| Orthopedic Surgeries | 22110 | PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), SINGLE VERTEBRAL SEGMENT; CERVICAL   | All | 0 | 0 | -   |
| Orthopedic Surgeries | 22112 | PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), SINGLE VERTEBRAL SEGMENT; THORACIC   | All | 0 | 0 | -   |
| Orthopedic Surgeries | 22114 | PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), SINGLE VERTEBRAL SEGMENT; LUMBAR   | All | 0 | 0 | -   |
| Orthopedic Surgeries | 22206 | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, 3 COLUMNS, 1 VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTRACTION); THORACIC  | All | 0 | 0 | -   |
| Orthopedic Surgeries | 22207 | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, 3 COLUMNS, 1 VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTRACTION); LUMBAR  | All | 0 | 0 | -   |
| Orthopedic Surgeries | 22210 | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, 1 VERTEBRAL SEGMENT; CERVICAL  | All | 0 | 0 | -   |
| Orthopedic Surgeries | 22212 | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, 1 VERTEBRAL SEGMENT; THORACIC  | All | 0 | 0 | -   |
| Orthopedic Surgeries | 22214 | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, 1 VERTEBRAL SEGMENT; LUMBAR  | All | 0 | 0 | -   |
| Orthopedic Surgeries | 22220 | OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; CERVICAL  | All | 0 | 0 | -   |
| Orthopedic Surgeries | 22224 | OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; LUMBAR  | All | 0 | 0 | -   |
| Orthopedic Surgeries | 22532 | ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); THORACIC  | All | 0 | 0 | -   |
| Orthopedic Surgeries | 22533 | ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR  | All | 0 | 0 | -   |
| Orthopedic Surgeries | 22548 | ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT EXCISION OF ODONTOID PROCESS  | All | 0 | 0 | -   |
| Orthopedic Surgeries | 22551 | ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2  | All | 0 | 0 | -   |

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| Orthopedic Surgeries | 22554 | ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2   | All | 0 | 0 | - |
| Orthopedic Surgeries | 22556 | ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); THORACIC  | All | 0 | 0 | - |
| Orthopedic Surgeries | 22558 | ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR  | All | 0 | 0 | - |
| Orthopedic Surgeries | 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  | All | 0 | 0 | - |
| Orthopedic Surgeries | 22590 | ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)   | All | 0 | 0 | - |
| Orthopedic Surgeries | 22595 | ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)  | All | 0 | 0 | - |
| Orthopedic Surgeries | 22600 | ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT   | All | 0 | 0 | - |
| Orthopedic Surgeries | 22610 | ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THORACIC (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)  | All | 0 | 0 | - |
| Orthopedic Surgeries | 22612 | ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)  | All | 0 | 0 | - |
| Orthopedic Surgeries | 22630 | ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR   | All | 0 | 0 | - |
| Orthopedic Surgeries | 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   | All | 0 | 0 | - |
| Orthopedic Surgeries | 22800 | ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; UP TO 6 VERTEBRAL SEGMENTS  | All | 0 | 0 | - |
| Orthopedic Surgeries | 22802 | ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS  | All | 0 | 0 | - |
| Orthopedic Surgeries | 22804 | ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS   | All | 0 | 0 | - |
| Orthopedic Surgeries | 22808 | ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 VERTEBRAL SEGMENTS  | All | 0 | 0 | - |
| Orthopedic Surgeries | 22810 | ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 TO 7 VERTEBRAL SEGMENTS  | All | 0 | 0 | - |
| Orthopedic Surgeries | 22812 | ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MORE VERTEBRAL SEGMENTS   | All | 0 | 0 | - |
| Orthopedic Surgeries | 22818 | KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND POSTERIOR ELEMENTS); SINGLE OR 2 SEGMENTS   | All | 0 | 0 | - |
| Orthopedic Surgeries | 22819 | KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND POSTERIOR ELEMENTS); 3 OR MORE SEGMENTS   | All | 0 | 0 | - |
| Orthopedic Surgeries | 22830 | EXPLORATION OF SPINAL FUSION  | All | 0 | 0 | - |
| Orthopedic Surgeries | 22849 | REINSERTION OF SPINAL FIXATION DEVICE   | All | 0 | 0 | - |
| Orthopedic Surgeries | 22850 | REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)  | All | 0 | 0 | - |
| Orthopedic Surgeries | 22852 | REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION  | All | 0 | 0 | - |
| Orthopedic Surgeries | 22855 | REMOVAL OF ANTERIOR INSTRUMENTATION   | All | 0 | 0 | - |
| Orthopedic Surgeries | 22856 | TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL  | All | 0 | 0 | - |
| Orthopedic Surgeries | 22858 | TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | All | 0 | 0 | - |
| Orthopedic Surgeries | 22861 | REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL   | All | 0 | 0 | - |
| Orthopedic Surgeries | 22864 | REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL  | All | 0 | 0 | - |
| Orthopedic Surgeries | 22865 | REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; LUMBAR  | All | 0 | 0 | - |
| Orthopedic Surgeries | 22899 | UNLISTED PROCEDURE, SPINE   | All | 0 | 0 | - |
| Orthopedic Surgeries | 23470 | ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY  | All | 0 | 0 | - |
| Orthopedic Surgeries | 23472 | ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT (EG, TOTAL SHOULDER))  | All | 0 | 0 | - |
| Orthopedic Surgeries | 23473 | REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT   | All | 0 | 0 | - |
| Orthopedic Surgeries | 23474 | REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT  | All | 0 | 0 | - |

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| Orthopedic Surgeries | 24360 | ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)   | All | 0 | 0 | - |
| Orthopedic Surgeries | 24361 | ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT  | All | 0 | 0 | - |
| Orthopedic Surgeries | 24362 | ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION  | All | 0 | 0 | - |
| Orthopedic Surgeries | 24363 | ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT (EG, TOTAL ELBOW)   | All | 0 | 0 | - |
| Orthopedic Surgeries | 24370 | REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR ULNAR COMPONENT   | All | 0 | 0 | - |
| Orthopedic Surgeries | 24371 | REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND ULNAR COMPONENT  | All | 0 | 0 | - |
| Orthopedic Surgeries | 27120 | ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)  | All | 0 | 0 | - |
| Orthopedic Surgeries | 27122 | ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PROCEDURE)   | All | 0 | 0 | - |
| Orthopedic Surgeries | 27125 | HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLASTY)   | All | 0 | 0 | - |
| Orthopedic Surgeries | 27130 | ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY), WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT  | All | 0 | 0 | - |
| Orthopedic Surgeries | 27132 | CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT   | All | 0 | 0 | - |
| Orthopedic Surgeries | 27134 | REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT  | All | 0 | 0 | - |
| Orthopedic Surgeries | 27137 | REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT  | All | 0 | 0 | - |
| Orthopedic Surgeries | 27138 | REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT ALLOGRAFT  | All | 0 | 0 | - |
| Orthopedic Surgeries | 27412 | AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE  | All | 0 | 0 | - |
| Orthopedic Surgeries | 27446 | ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT   | All | 0 | 0 | - |
| Orthopedic Surgeries | 27447 | ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)   | All | 0 | 0 | - |
| Orthopedic Surgeries | 27486 | REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; 1 COMPONENT  | All | 0 | 0 | - |
| Orthopedic Surgeries | 27487 | REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT  | All | 0 | 0 | - |
| Orthopedic Surgeries | 29866 | ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF THE AUTOGRAFT[S])   | All | 0 | 0 | - |
| Orthopedic Surgeries | 29867 | ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)  | All | 0 | 0 | - |
| Orthopedic Surgeries | 29868 | ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR MENISCAL INSERTION), MEDIAL OR LATERAL  | All | 0 | 0 | - |
| Orthopedic Surgeries | 29914 | ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)  | All | 0 | 0 | - |
| Orthopedic Surgeries | 29915 | ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)  | All | 0 | 0 | - |
| Orthopedic Surgeries | 29916 | ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR   | All | 0 | 0 | - |
| Orthopedic Surgeries | 63001 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCECTOMY (EG, SPINAL STENOSIS), 1 OR 2 VERTEBRAL SEGMENTS; CERVICAL                             | All | 0 | 0 | - |
| Orthopedic Surgeries | 63003 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCECTOMY (EG, SPINAL STENOSIS), 1 OR 2 VERTEBRAL SEGMENTS; THORACIC                             | All | 0 | 0 | - |
| Orthopedic Surgeries | 63005 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCECTOMY (EG, SPINAL STENOSIS), 1 OR 2 VERTEBRAL SEGMENTS; LUMBAR, EXCEPT FOR SPONDYLOLISTHESIS | All | 0 | 0 | - |
| Orthopedic Surgeries | 63011 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCECTOMY (EG, SPINAL STENOSIS), 1 OR 2 VERTEBRAL SEGMENTS; SACRAL                               | All | 0 | 0 | - |
| Orthopedic Surgeries | 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)   | All | 0 | 0 | - |
| Orthopedic Surgeries | 63015 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCECTOMY (EG, SPINAL STENOSIS), MORE THAN 2 VERTEBRAL SEGMENTS; CERVICAL                        | All | 0 | 0 | - |
| Orthopedic Surgeries | 63016 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCECTOMY (EG, SPINAL STENOSIS), MORE THAN 2 VERTEBRAL SEGMENTS; THORACIC                        | All | 0 | 0 | - |

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| Orthopedic Surgeries | 63017 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCECTOMY (EG, SPINAL STENOSIS), MORE THAN 2 VERTEBRAL SEGMENTS; LUMBAR   | All | 0 | 0 | - |
| Orthopedic Surgeries | 63020 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, CERVICAL   | All | 0 | 0 | - |
| Orthopedic Surgeries | 63030 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR   | All | 0 | 0 | - |
| Orthopedic Surgeries | 63040 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION, SINGLE INTERSPACE; CERVICAL   | All | 0 | 0 | - |
| Orthopedic Surgeries | 63042 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION, SINGLE INTERSPACE; LUMBAR   | All | 0 | 0 | - |
| Orthopedic Surgeries | 63045 | LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; CERVICAL   | All | 0 | 0 | - |
| Orthopedic Surgeries | 63046 | LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; THORACIC   | All | 0 | 0 | - |
| Orthopedic Surgeries | 63047 | LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; LUMBAR   | All | 0 | 0 | - |
| Orthopedic Surgeries | 63050 | LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, 2 OR MORE VERTEBRAL SEGMENTS;  | All | 0 | 0 | - |
| Orthopedic Surgeries | 63055 | TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISC), SINGLE SEGMENT; THORACIC  | All | 0 | 0 | - |
| Orthopedic Surgeries | 63056 | TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISC), SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH) (EG, FAR LATERAL HERNIATED INTERVERTEBRAL DISC) | All | 0 | 0 | - |
| Orthopedic Surgeries | 63064 | COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISC), THORACIC; SINGLE SEGMENT  | All | 0 | 0 | - |
| Orthopedic Surgeries | 63075 | DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERVICAL, SINGLE INTERSPACE  | All | 0 | 0 | - |
| Orthopedic Surgeries | 63077 | DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; THORACIC, SINGLE INTERSPACE  | All | 0 | 0 | - |
| Orthopedic Surgeries | 63081 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT  | All | 0 | 0 | - |
| Orthopedic Surgeries | 63085 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSTHORACIC APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); THORACIC, SINGLE SEGMENT   | All | 0 | 0 | - |
| Orthopedic Surgeries | 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  | All | 0 | 0 | - |
| Orthopedic Surgeries | 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                         | All | 0 | 0 | - |
| Orthopedic Surgeries | 63101 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATERAL EXTRACAVITARY APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S) (EG, FOR TUMOR OR RETROPULSED BONE FRAGMENTS); THORACIC, SINGLE SEGMENT                           | All | 0 | 0 | - |
| Orthopedic Surgeries | 63102 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATERAL EXTRACAVITARY APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S) (EG, FOR TUMOR OR RETROPULSED BONE FRAGMENTS); LUMBAR, SINGLE SEGMENT                             | All | 0 | 0 | - |
| Orthopedic Surgeries | 63170 | LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVICAL, THORACIC, OR THORACOLUMBAR   | All | 0 | 0 | - |
| Orthopedic Surgeries | 63172 | LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO SUBARACHNOID SPACE  | All | 0 | 0 | - |
| Orthopedic Surgeries | 63173 | LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO PERITONEAL OR PLEURAL SPACE   | All | 0 | 0 | - |
| Orthopedic Surgeries | 63180 | LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT, CERVICAL; 1 OR 2 SEGMENTS  | All | 0 | 0 | - |



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| Orthopedic Surgeries    | 63182 | LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT, CERVICAL; MORE THAN 2 SEGMENTS   | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63191 | LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE  | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63194 | LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF 1 SPINOTHALAMIC TRACT, 1 STAGE; CERVICAL  | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63195 | LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF 1 SPINOTHALAMIC TRACT, 1 STAGE; THORACIC  | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63196 | LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, 1 STAGE; CERVICAL  | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63198 | LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, 2 STAGES WITHIN 14 DAYS; CERVICAL   | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63199 | LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, 2 STAGES WITHIN 14 DAYS; THORACIC   | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63200 | LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR   | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63250 | LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; CERVICAL  | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63251 | LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; THORACIC  | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63252 | LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; THORACOLUMBAR   | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63265 | LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; CERVICAL  | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63267 | LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR  | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63268 | LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; SACRAL  | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63270 | LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; CERVICAL  | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63271 | LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; THORACIC  | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63272 | LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; LUMBAR  | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63286 | LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULLARY, THORACIC   | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63300 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; EXTRADURAL, CERVICAL  | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63301 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; EXTRADURAL, THORACIC BY TRANSTHORACIC APPROACH                                    | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63302 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; EXTRADURAL, THORACIC BY THORACOLUMBAR APPROACH                                    | All | 0 | 0 | - |
| Orthopedic Surgeries    | 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       | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63304 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; INTRADURAL, CERVICAL  | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63305 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; INTRADURAL, THORACIC BY TRANSTHORACIC APPROACH                                    | All | 0 | 0 | - |
| Orthopedic Surgeries    | 63306 | VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT; INTRADURAL, THORACIC BY THORACOLUMBAR APPROACH                                    | All | 0 | 0 | - |
| Orthopedic Surgeries    | 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       | All | 0 | 0 | - |
| Orthopedic Surgeries    | 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) | All | 0 | 0 | - |
| Orthopedic Surgeries    | S2112 | ARTHROSCOPY, KNEE, SURGICAL FOR HARVESTING OF CARTILAGE (CHONDROCYTE CELLS)   | All | 0 | 0 | - |
| Orthotripsy/Lithotripsy | 50590 | LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE  | All | 0 | 0 | - |
| Orthotripsy/Lithotripsy | 52353 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY (URETERAL CATHETERIZATION IS INCLUDED)   | All | 0 | 0 | - |
| Orthotripsy/Lithotripsy | 52356 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY INCLUDING INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)  | All | 0 | 0 | - |
| Orthotripsy/Lithotripsy | 0019T | EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM, NOT OTHERWISE SPECIFIED, LOW ENERGY   | All | 0 | 0 | - |
| Orthotripsy/Lithotripsy | 0101T | EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM, NOT OTHERWISE SPECIFIED, HIGH ENERGY  | All | 0 | 0 | - |



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| Orthotripsy/Lithotripsy                     | 0102T | EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL, INVOLVING LATERAL HUMERAL EPICONDYLE   | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 64620 | DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE  | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 64633 | DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT  | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 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)   | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 64635 | DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT  | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 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)   | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 0213T | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; SINGLE LEVEL  | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 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)  | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 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)   | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 0278T | TRANSCUTANEOUS ELECTRICAL MODULATION PAIN REPROCESSING (EG, SCRAMBLER THERAPY), EACH TREATMENT SESSION (INCLUDES PLACEMENT OF ELECTRODES)   | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 20550 | INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR "FASCIA")   | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 20551 | INJECTION(S); SINGLE TENDON ORIGIN/INSERTION  | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 20552 | INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 1 OR 2 MUSCLE(S)   | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 20553 | INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 3 OR MORE MUSCLE(S)  | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 62280 | INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC SUBSTANCE; SUBARACHNOID  | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 62281 | INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC SUBSTANCE; EPIDURAL, CERVICAL OR THORACIC  | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 62282 | INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC SUBSTANCE; EPIDURAL, LUMBAR, SACRAL (CAUDAL)   | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 62310 | INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (INCLUDING ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INCLUDES CONTRAST FOR LOCALIZATION WHEN PERFORMED, EPIDURAL OR SUBARACHNOID; CERVICAL OR THORACIC      | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 62311 | INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (INCLUDING ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INCLUDES CONTRAST FOR LOCALIZATION WHEN PERFORMED, EPIDURAL OR SUBARACHNOID; LUMBAR OR SACRAL (CAUDAL) | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 64479 | INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE LEVEL   | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 64480 | INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | All | 0 | 0 | - |

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| Pain Management: Includes Pump Implantation | 64483 | INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL   | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 64484 | INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)        | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 64486 | TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) UNILATERAL; BY INJECTION(S) (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)  | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 64487 | TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) UNILATERAL; BY CONTINUOUS INFUSION(S) (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)  | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 64488 | TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) BILATERAL; BY INJECTIONS (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)   | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 64489 | TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) BILATERAL; BY CONTINUOUS INFUSIONS (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)   | All | 0 | 0 | - |
| Pain Managemtn Injections                   | 64490 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic: Single Level                       | All | 0 | 0 | - |
| Pain Managemtn Injections                   | 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                       | All | 0 | 0 | - |
| Pain Managemtn Injections                   | 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). | All | 0 | 0 | - |
| Pain Managemtn Injections                   | 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: Singel Level                           | All | 0 | 0 | - |
| Pain Managemtn Injections                   | 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                           | All | 0 | 0 | - |
| Pain Managemtn Injections                   | 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)      | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 64611 | CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL  |     |   |   |   |
| Pain Management: Includes Pump Implantation | 64612 | CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE, UNILATERAL (EG, FOR BLEPHAROSPASM, HEMIFACIAL SPASM)   |     |   |   |   |
| Pain Management: Includes Pump Implantation | 64615 | CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL (EG, FOR CHRONIC MIGRAINE)   | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 64616 | CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX, UNILATERAL (EG, FOR CERVICAL DYSTONIA, SPASMODIC TORTICOLLIS)   | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 64630 | DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE   | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 64632 | DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE   | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 64640 | DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH   | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 64642 | CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)  | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 64643 | CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 1-4 MUSCLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 64644 | CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLES  | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 64645 | CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 5 OR MORE MUSCLES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | All | 0 | 0 | - |

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| Pain Management: Includes Pump Implantation | 64646 | CHEMODENERVATION OF TRUNK MUSCLE(S); 1-5 MUSCLE(S)  | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | 64647 | CHEMODENERVATION OF TRUNK MUSCLE(S); 6 OR MORE MUSCLES  | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | C1772 | INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)   | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | C1891 | INFUSION PUMP, NON-PROGRAMMABLE, PERMANENT (IMPLANTABLE)  | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | C2626 | INFUSION PUMP, NON-PROGRAMMABLE, TEMPORARY (IMPLANTABLE)  | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | C8957 | INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS; INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF PORTABLE OR IMPLANTABLE PUMP   | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | E0782 | INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS, ETC.)  | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | E0783 | INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS, ETC.)   | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | E0785 | IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE INFUSION PUMP, REPLACEMENT  | All | 0 | 0 | - |
| Pain Management: Includes Pump Implantation | E0786 | IMPLANTABLE PROGRAMMABLE INFUSION PUMP, REPLACEMENT (EXCLUDES IMPLANTABLE INTRASPINAL CATHETER)   | All | 0 | 0 | - |
| Potentially Unproven Services               | 0262T | IMPLANTATION OF CATHETER-DELIVERED PROSTHETIC PULMONARY VALVE, ENDOVASCULAR APPROACH  | All | 0 | 0 | - |
| Potentially Unproven Services               | 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)                         | All | 0 | 0 | - |
| Potentially Unproven Services               | 0270T | REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; LEAD ONLY, UNILATERAL (INCLUDES INTRA-OPERATIVE INTERROGATION, PROGRAMMING, AND REPOSITIONING, WHEN PERFORMED)   | All | 0 | 0 | - |
| Potentially Unproven Services               | 0271T | REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; PULSE GENERATOR ONLY (INCLUDES INTRA-OPERATIVE INTERROGATION, PROGRAMMING, AND REPOSITIONING, WHEN PERFORMED)  | All | 0 | 0 | - |
| Potentially Unproven Services               | 0284T | REVISION OR REMOVAL OF PULSE GENERATOR OR ELECTRODES, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED, INCLUDING ADDITION OF NEW ELECTRODES, WHEN PERFORMED  | All | 0 | 0 | - |
| Potentially Unproven Services               | 0285T | ELECTRONIC ANALYSIS OF IMPLANTED PERIPHERAL SUBCUTANEOUS FIELD STIMULATION PULSE GENERATOR, WITH REPROGRAMMING WHEN PERFORMED   | All | 0 | 0 | - |
| Potentially Unproven Services               | 0345T | TRANSCATHETER MITRAL VALVE REPAIR PERCUTANEOUS APPROACH VIA THE CORONARY SINUS  | All | 0 | 0 | - |
| Potentially Unproven Services               | 26340 | MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT  | All | 0 | 0 | - |
| Potentially Unproven Services               | 33361 | TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; PERCUTANEOUS FEMORAL ARTERY APPROACH  | All | 0 | 0 | - |
| Potentially Unproven Services               | 33362 | TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; OPEN FEMORAL ARTERY APPROACH  | All | 0 | 0 | - |
| Potentially Unproven Services               | 33363 | TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; OPEN AXILLARY ARTERY APPROACH   | All | 0 | 0 | - |
| Potentially Unproven Services               | 33364 | TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH  | All | 0 | 0 | - |
| Potentially Unproven Services               | 33365 | TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; TRANSAORTIC APPROACH (EG, MEDIAN STERNOTOMY, MEDIASTINOTOMY)  | All | 0 | 0 | - |
| Potentially Unproven Services               | 33366 | TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; TRANSAPICAL EXPOSURE (EG, LEFT THORACOTOMY)   | All | 0 | 0 | - |
| Potentially Unproven Services               | 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) | All | 0 | 0 | - |
| Potentially Unproven Services               | 33418 | TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED; INITIAL PROSTHESIS   | All | 0 | 0 | - |

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| Potentially Unproven Services | 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)  | All | 0 | 0 | - |
| Potentially Unproven Services | 36514 | THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS  | All | 0 | 0 | - |
| Potentially Unproven Services | 54240 | PENILE PLETHYSMOGRAPHY  | All | 0 | 0 | - |
| Potentially Unproven Services | 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  | All | 0 | 0 | - |
| Potentially Unproven Services | 61864 | 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; EACH ADDITIONAL ARRAY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE) | All | 0 | 0 | - |
| Potentially Unproven Services | 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   | All | 0 | 0 | - |
| Potentially Unproven Services | 61868 | 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; EACH ADDITIONAL ARRAY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)    | All | 0 | 0 | - |
| Potentially Unproven Services | 61886 | INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING; WITH CONNECTION TO 2 OR MORE ELECTRODE ARRAYS  | All | 0 | 0 | - |
| Potentially Unproven Services | 62292 | INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISCOGRAPHY, INTERVERTEBRAL DISC, SINGLE OR MULTIPLE LEVELS, LUMBAR   | All | 0 | 0 | - |
| Potentially Unproven Services | 64595 | REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER  | All | 0 | 0 | - |
| Potentially Unproven Services | 64722 | DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)   | All | 0 | 0 | - |
| Potentially Unproven Services | 65765 | KERATOPHAKIA  | All | 0 | 0 | - |
| Potentially Unproven Services | 65767 | EPIKERATOPLASTY   | All | 0 | 0 | - |
| Potentially Unproven Services | 86849 | UNLISTED IMMUNOLOGY PROCEDURE   | All | 0 | 0 | - |
| Potentially Unproven Services | 91299 | UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE  | All | 0 | 0 | - |
| Potentially Unproven Services | A9274 | EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES  | All | 0 | 0 | - |
| Potentially Unproven Services | A9276 | SENSOR; INVASIVE (E.G. SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY   | All | 0 | 0 | - |
| Potentially Unproven Services | A9277 | TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM   | All | 0 | 0 | - |
| Potentially Unproven Services | A9278 | RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM  | All | 0 | 0 | - |
| Potentially Unproven Services | S1040 | CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)   | All | 0 | 0 | - |
| Potentially Unproven Services | S3652 | SALIVA TEST, HORMONE LEVEL; TO ASSESS PRETERM LABOR RISK  | All | 0 | 0 | - |
| Potentially Unproven Services | S8262 | Mandibular Orthopedic Repositioning Device, Each (Code deleted 1/7/2015)  | All | 0 | 0 | - |
| Prosthetics                   | L8049 | REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE INCREMENTS, PROVIDED BY A NON-PHYSICIAN  | All | 0 | 0 | - |
| Prosthetics                   | V2629 | PROSTHETIC EYE, OTHER TYPE  | All | 0 | 0 | - |
| Prosthetics/Orthotics         | L0112 | CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTION JOINT, CUSTOM FABRICATED  | All | 0 | 0 | - |

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| Prosthetics/Orthotics | L0130 | CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L0180 | CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L0190 | CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L0200 | CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L0480 | TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED                           | All | 0 | 0 | - |
| Prosthetics/Orthotics | L0482 | TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED                                   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L0484 | TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED | All | 0 | 0 | - |
| Prosthetics/Orthotics | L0486 | TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED         | All | 0 | 0 | - |
| Prosthetics/Orthotics | L0624 | SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS PLACED OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L0629 | LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L0632 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L0634 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L0636 | LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED         | All | 0 | 0 | - |
| Prosthetics/Orthotics | L0638 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED  | All | 0 | 0 | - |

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| Prosthetics/Orthotics | L0640 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED            | All | 0 | 0 | - |
| Prosthetics/Orthotics | L0650 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L0651 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF | All | 0 | 0 | - |
| Prosthetics/Orthotics | L0700 | CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, (MINERVA TYPE)   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L0710 | CTLSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1005 | TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1200 | THORACIC-LUMBAR-SACRAL-ORTHOSES (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1300 | OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1310 | OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1499 | SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1680 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM FABRICATED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1685 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1700 | LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM-FABRICATED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1710 | LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1720 | LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM-FABRICATED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1730 | LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM-FABRICATED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1755 | LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM-FABRICATED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1832 | KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1834 | KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM-FABRICATED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1840 | KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1844 | KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1846 | KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1860 | KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM-FABRICATED (SK)  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1904 | ANKLE ORTHOSIS, ANKLE GAUNTLET, CUSTOM-FABRICATED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1940 | ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1945 | ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM-FABRICATED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1950 | ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM-FABRICATED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1960 | ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L1970 | ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED  | All | 0 | 0 | - |

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| Prosthetics/Orthotics | L2000 | KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L2005 | KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, ANY TYPE ACTIVATION, INCLUDES ANKLE JOINT, ANY TYPE, CUSTOM FABRICATED | All | 0 | 0 | - |
| Prosthetics/Orthotics | L2010 | KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM-FABRICATED                                | All | 0 | 0 | - |
| Prosthetics/Orthotics | L2020 | KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L2030 | KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS, (DOUBLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED                               | All | 0 | 0 | - |
| Prosthetics/Orthotics | L2034 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED                  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L2036 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L2037 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L2038 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L2050 | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L2060 | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L2106 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L2108 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L2126 | KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L2128 | KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L2350 | ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO' ORTHOSES)  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L2510 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, MOLDED TO PATIENT MODEL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L2525 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L2526 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L2570 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION JOINT, EACH   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L2627 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L2628 | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L2999 | LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3031 | FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, EACH  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3201 | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3202 | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3203 | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3204 | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3206 | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3207 | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3230 | ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3250 | ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3251 | FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3252 | FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3253 | FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3254 | NON-STANDARD SIZE OR WIDTH   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3255 | NON-STANDARD SIZE OR LENGTH  | All | 0 | 0 | - |



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| Prosthetics/Orthotics | L3257 | ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3485 | HEEL, PAD, REMOVABLE FOR SPUR  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3671 | SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3674 | SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/TURNBuckle, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3677 | SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE                                 | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3720 | ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM-FABRICATED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3730 | ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION ASSIST, CUSTOM-FABRICATED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3740 | ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM-FABRICATED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3763 | ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3764 | ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBuckles, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3765 | ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3766 | ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBuckles, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3808 | WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3900 | WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM-FABRICATED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3901 | WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM-FABRICATED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3904 | WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM-FABRICATED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3961 | SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3967 | SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3971 | SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBuckles, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3973 | SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBuckles, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT        | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3975 | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3976 | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3977 | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBuckles, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3978 | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBuckles, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | All | 0 | 0 | - |
| Prosthetics/Orthotics | L3999 | UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED   | All | 0 | 0 | - |

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| Prosthetics/Orthotics | L4631 | ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, INCLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5000 | PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5010 | PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5020 | PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5050 | ANKLE, SYMES, MOLDED SOCKET, SACH FOOT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5060 | ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5100 | BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5105 | BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5150 | KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5160 | KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5200 | ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5210 | ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5220 | ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5230 | ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5250 | HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5270 | HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5280 | HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5301 | BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5312 | KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5321 | ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5331 | HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5341 | HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5400 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION, AND ONE CAST CHANGE, BELOW KNEE   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5420 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE 'AK' OR KNEE DISARTICULATION  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5500 | INITIAL, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5505 | INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5510 | PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5520 | PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5530 | PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5540 | PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5560 | PREPARATORY, ABOVE KNEE- KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5570 | PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5580 | PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5585 | PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED ADJUSTABLE OPEN END SOCKET   | All | 0 | 0 | - |

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|-----------------------|-------|---|-----|---|---|---|
| Prosthetics/Orthotics | L5590 | PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5595 | PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5600 | PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5610 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5611 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5613 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5614 | ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5616 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5638 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5639 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5640 | ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5642 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5643 | ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5644 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5645 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5646 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5647 | ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5648 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5649 | ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5650 | ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5651 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5652 | ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5653 | ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5661 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5665 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5670 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION ('PTS' OR SIMILAR)   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5671 | ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5672 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5673 | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5676 | ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5677 | ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5678 | ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5679 | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5680 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NONMOLDED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5681 | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L5673 OR L5679) | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5682 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED   | All | 0 | 0 | - |

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| Prosthetics/Orthotics | L5683 | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L5673 OR L5679) | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5684 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5685 | ADDITION TO LOWER EXTREMITY PROsthESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5686 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5688 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5690 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5692 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5694 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5695 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5696 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5697 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5698 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIA BANDAGE   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5699 | ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5700 | REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5701 | REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5702 | REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5703 | ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5704 | CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5705 | CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5706 | CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5707 | CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5711 | ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5716 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5718 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5722 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5724 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5726 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID SWING PHASE CONTROL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5728 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5780 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5781 | ADDITION TO LOWER LIMB PROsthESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5782 | ADDITION TO LOWER LIMB PROsthESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM, HEAVY DUTY   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5790 | ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5795 | ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5810 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5811 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5812 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5814 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5816 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5818 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5822 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5824 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL  | All | 0 | 0 | - |

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| Prosthetics/Orthotics | L5826 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5828 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5830 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5840 | ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5845 | ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5848 | ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5856 | ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5857 | ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE       | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5858 | ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE      | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5930 | ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5950 | ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5960 | ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5961 | ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH OR WITHOUT FLEXION AND/OR EXTENSION CONTROL               | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5962 | ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5964 | ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5966 | ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5968 | ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5976 | ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5979 | ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5980 | ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5981 | ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5982 | ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5984 | ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5985 | ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, DYNAMIC PROSTHETIC PYLON  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5986 | ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ('MCP' OR EQUAL)   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5987 | ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5988 | ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5990 | ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L5999 | LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6000 | PARTIAL HAND, THUMB REMAINING  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6010 | PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6020 | PARTIAL HAND, NO FINGER REMAINING  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6050 | WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6055 | WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6100 | BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6110 | BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6120 | BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6130 | BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6200 | ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6205 | ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6250 | ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM  | All | 0 | 0 | - |

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| Prosthetics/Orthotics | L6300 | SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6310 | SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6320 | SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6350 | INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6360 | INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6370 | INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6380 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, WRIST DISARTICULATION OR BELOW ELBOW                                      | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6382 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, ELBOW DISARTICULATION OR ABOVE ELBOW                                       | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6384 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC                         | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6400 | BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6450 | ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6500 | ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6550 | SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6570 | INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6580 | PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6582 | PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED                   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6584 | PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL                    | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6586 | PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED                                      | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6588 | PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6590 | PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED                    | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6621 | UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT FRICTION, FOR USE WITH EXTERNAL POWERED TERMINAL DEVICE  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6623 | UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6624 | UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6625 | UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6638 | UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE WITH MANUALLY POWERED ELBOW  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6646 | UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION, ADJUSTABLE ABDUCTION FRICTION CONTROL, FOR USE WITH BODY POWERED OR EXTERNAL POWERED SYSTEM   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6648 | UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6686 | UPPER EXTREMITY ADDITION, SUCTION SOCKET  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6687 | UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6688 | UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6689 | UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6690 | UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC   | All | 0 | 0 | - |

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| Prosthetics/Orthotics | L6691 | UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6692 | UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6693 | UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6694 | ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6695 | ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6696 | ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L6694 OR L6695)            | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6697 | ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L6694 OR L6695) | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6698 | ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK MECHANISM, EXCLUDES SOCKET INSERT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6704 | TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6706 | TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6707 | TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6708 | TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6709 | TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6881 | AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL DEVICE   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6882 | MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6883 | REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6884 | REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6885 | REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6900 | HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6905 | HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAINING   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6910 | HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6915 | HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6920 | WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL, SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6925 | WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6930 | BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6935 | BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6940 | ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6945 | ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE  | All | 0 | 0 | - |



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| Prosthetics/Orthotics | L6950 | ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6955 | ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6960 | SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE            | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6965 | SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6970 | INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE              | All | 0 | 0 | - |
| Prosthetics/Orthotics | L6975 | INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L7007 | ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L7008 | ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L7009 | ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L7040 | PREHENSILE ACTUATOR, SWITCH CONTROLLED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L7045 | ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L7170 | ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L7180 | ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L7181 | ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L7185 | ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L7186 | ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L7190 | ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L7191 | ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L7405 | ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ACRYLIC MATERIAL  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L7499 | UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L7510 | REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8035 | CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8039 | BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8040 | NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8041 | MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8042 | ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8043 | UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8044 | HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8045 | AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8046 | PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8047 | NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8048 | UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8499 | UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8500 | ARTIFICIAL LARYNX, ANY TYPE  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8600 | IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8609 | ARTIFICIAL CORNEA  | All | 0 | 0 | - |

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| Prosthetics/Orthotics | L8610 | OCULAR IMPLANT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8612 | AQUEOUS SHUNT  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8614 | COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8619 | COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8631 | METACARPAL PHALANGEAL JOINT REPLACEMENT, TWO OR MORE PIECES, METAL (E.G., STAINLESS STEEL OR COBALT CHROME), CERAMIC-LIKE MATERIAL (E.G., PYROCARBON), FOR SURGICAL IMPLANTATION (ALL SIZES, INCLUDES ENTIRE SYSTEM) | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8659 | INTERPHALANGEAL FINGER JOINT REPLACEMENT, 2 OR MORE PIECES, METAL (E.G., STAINLESS STEEL OR COBALT CHROME), CERAMIC-LIKE MATERIAL (E.G., PYROCARBON) FOR SURGICAL IMPLANTATION, ANY SIZE                             | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8681 | PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR, REPLACEMENT ONLY  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8682 | IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8683 | RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8684 | RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEUROSTIMULATOR RECEIVER FOR BOWEL AND BLADDER MANAGEMENT, REPLACEMENT  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8685 | IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDES EXTENSION  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8686 | IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8687 | IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8688 | IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8689 | EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8690 | AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8691 | AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8692 | AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8693 | AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY   | All | 0 | 0 | - |
| Prosthetics/Orthotics | L8699 | PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED  | All | 0 | 0 | - |
| Prosthetics/Orthotics | L9900 | ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS "L" CODE  | All | 0 | 0 | - |
| Proton Beam Therapy   | 77520 | PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION  | All | 0 | 0 | - |
| Proton Beam Therapy   | 77522 | PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION   | All | 0 | 0 | - |
| Proton Beam Therapy   | 77523 | PROTON TREATMENT DELIVERY; INTERMEDIATE  | All | 0 | 0 | - |
| Proton Beam Therapy   | 77525 | PROTON TREATMENT DELIVERY; COMPLEX   | All | 0 | 0 | - |
| Radiology             | 70450 | Computed tomography, head or brain; without contrast material  | All | 0 | 0 | - |
| Radiology             | 70460 | Computed tomography, head or brain; with contrast material(s)  | All | 0 | 0 | - |
| Radiology             | 70470 | Computed tomography, head or brain; without contrast material(s) and further sections  | All | 0 | 0 | - |
| Radiology             | 78350 | BONE DENSITY (BONE MINERAL CONTENT) STUDY, 1 OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY   | All | 0 | 0 | - |
| Radiology             | 78351 | BONE DENSITY (BONE MINERAL CONTENT) STUDY, 1 OR MORE SITES; DUAL PHOTON ABSORPTIOMETRY, 1 OR MORE SITES  | All | 0 | 0 | - |
| Radiology             | 74290 | CHOLECYSTOGRAPHY, ORAL CONTRAST  | All | 0 | 0 | - |
| Radiology             | 74300 | CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION  | All | 0 | 0 | - |
| Radiology             | 74301 | CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRAOPERATIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)                                       | All | 0 | 0 | - |
| Radiology             | 74305 | CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; THROUGH EXISTING CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION   | All | 0 | 0 | - |
| Radiology             | 74320 | CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION   | All | 0 | 0 | - |
| Radiology             | 74327 | POSTOPERATIVE BILIARY DUCT CALCULUS REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET, OR SNARE (EG, BURHENNE TECHNIQUE), RADIOLOGICAL SUPERVISION AND INTERPRETATION   | All | 0 | 0 | - |
| Radiology             | 74328 | ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION   | All | 0 | 0 | - |
| Radiology             | 74329 | ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION  | All | 0 | 0 | - |
| Radiology             | 74330 | COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND INTERPRETATION  | All | 0 | 0 | - |

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|-----------|-------|--|-----|---|---|---|
| Radiology | 74355 | PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION   | All | 0 | 0 | - |
| Radiology | 74360 | INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRETATION   | All | 0 | 0 | - |
| Radiology | 74363 | PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICAL SUPERVISION AND INTERPRETATION   | All | 0 | 0 | - |
| Radiology | 75962 | TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY OTHER THAN RENAL, OR OTHER VISCERAL ARTERY, ILIAC OR LOWER EXTREMITY, RADIOLOGICAL SUPERVISION AND INTERPRETATION  | All | 0 | 0 | - |
| Radiology | 75964 | TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY OTHER THAN RENAL OR OTHER VISCERAL ARTERY, ILIAC OR LOWER EXTREMITY, RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | All | 0 | 0 | - |
| Radiology | 75966 | TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION  | All | 0 | 0 | - |
| Radiology | 75968 | TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | All | 0 | 0 | - |
| Radiology | 75970 | TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION  | All | 0 | 0 | - |
| Radiology | 75978 | TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATION  | All | 0 | 0 | - |
| Radiology | 75980 | PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATION   | All | 0 | 0 | - |
| Radiology | 75982 | PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAINAGE STENT FOR INTERNAL BILIARY DRAINAGE IN PATIENTS WITH AN INOPERABLE MECHANICAL BILIARY OBSTRUCTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION  | All | 0 | 0 | - |
| Radiology | 75989 | RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED TOMOGRAPHY), FOR PERCUTANEOUS DRAINAGE (EG, ABSCESS, SPECIMEN COLLECTION), WITH PLACEMENT OF CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION   | All | 0 | 0 | - |
| Radiology | 76000 | FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME, OTHER THAN 71023 OR 71034 (EG, CARDIAC FLUOROSCOPY)   | All | 0 | 0 | - |
| Radiology | 76001 | FLUOROSCOPY, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME MORE THAN 1 HOUR, ASSISTING A NONRADIOLOGIC PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (EG, NEPHROSTOLITHOTOMY, ERCP, BRONCHOSCOPY, TRANSBRONCHIAL BIOPSY)  | All | 0 | 0 | - |
| Radiology | 76101 | RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER THAN WITH UROGRAPHY; UNILATERAL   | All | 0 | 0 | - |
| Radiology | 76102 | RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER THAN WITH UROGRAPHY; BILATERAL  | All | 0 | 0 | - |
| Radiology | 76120 | CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED   | All | 0 | 0 | - |
| Radiology | 76125 | CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | All | 0 | 0 | - |
| Radiology | 76376 | 3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY WITH IMAGE POSTPROCESSING UNDER CONCURRENT SUPERVISION; NOT REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION  | All | 0 | 0 | - |
| Radiology | 76377 | 3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY WITH IMAGE POSTPROCESSING UNDER CONCURRENT SUPERVISION; REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION  | All | 0 | 0 | - |
| Radiology | 76496 | UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)   | All | 0 | 0 | - |
| Radiology | 76497 | UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)  | All | 0 | 0 | - |
| Radiology | 76499 | UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE   | All | 0 | 0 | - |
| Radiology | 77001 | FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT (CATHETER ONLY OR COMPLETE), OR REMOVAL (INCLUDES FLUOROSCOPIC GUIDANCE FOR VASCULAR ACCESS AND CATHETER MANIPULATION, ANY NECESSARY CONTRAST INJECTIONS THROUGH ACCESS SITE OR CATHETER WITH RELATED VENOGRAPHY RADIOLOGIC SUPERVISION AND INTERPRETATION, AND RADIOGRAPHIC DOCUMENTATION OF FINAL CATHETER POSITION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | All | 0 | 0 | - |
| Radiology | 77002 | FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE)  | All | 0 | 0 | - |

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|-----------|-------|--|-----|---|---|---|
| Radiology | 77003 | FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC OR THERAPEUTIC INJECTION PROCEDURES (EPIDURAL OR SUBARACHNOID)      | All | 0 | 0 | - |
| Radiology | 77061 | DIGITAL BREAST TOMOSYNTHESIS; UNILATERAL   | All | 0 | 0 | - |
| Radiology | 77062 | DIGITAL BREAST TOMOSYNTHESIS; BILATERAL  | All | 0 | 0 | - |
| Radiology | 77063 | SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | All | 0 | 0 | - |
| Radiology | 77078 | COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)   | All | 0 | 0 | - |
| Radiology | 77080 | DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)  | All | 0 | 0 | - |
| Radiology | 77081 | DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR SKELETON (PERIPHERAL) (EG, RADIUS, WRIST, HEEL)                                | All | 0 | 0 | - |
| Radiology | 77084 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY  | All | 0 | 0 | - |
| Radiology | 77085 | DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE), INCLUDING VERTEBRAL FRACTURE ASSESSMENT           | All | 0 | 0 | - |
| Radiology | 77086 | VERTEBRAL FRACTURE ASSESSMENT VIA DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA)   | All | 0 | 0 | - |
| Radiology | 77331 | SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN  | All | 0 | 0 | - |
| Radiology | 77422 | HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA USING A SINGLE PORT OR PARALLEL-OPPOSED PORTS WITH NO BLOCKS OR SIMPLE BLOCKING                  | All | 0 | 0 | - |
| Radiology | 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)        | All | 0 | 0 | - |
| Radiology | 77424 | INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION   | All | 0 | 0 | - |
| Radiology | 77425 | INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION   | All | 0 | 0 | - |
| Radiology | 77427 | RADIATION TREATMENT MANAGEMENT, 5 TREATMENTS   | All | 0 | 0 | - |
| Radiology | 77431 | RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF 1 OR 2 FRACTIONS ONLY   | All | 0 | 0 | - |
| Radiology | 77432 | STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CRANIAL LESION(S) (COMPLETE COURSE OF TREATMENT CONSISTING OF 1 SESSION)  | All | 0 | 0 | - |
| Radiology | 77435 | STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS | All | 0 | 0 | - |
| Radiology | 77469 | INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT  | All | 0 | 0 | - |
| Radiology | 77470 | SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)   | All | 0 | 0 | - |
| Radiology | 77499 | UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT   | All | 0 | 0 | - |
| Radiology | 77600 | HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)   | All | 0 | 0 | - |
| Radiology | 77605 | HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)   | All | 0 | 0 | - |
| Radiology | 77610 | HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS   | All | 0 | 0 | - |
| Radiology | 77615 | HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS  | All | 0 | 0 | - |
| Radiology | 77620 | HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)   | All | 0 | 0 | - |
| Radiology | 77750 | INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES 3-MONTH FOLLOW-UP CARE)  | All | 0 | 0 | - |
| Radiology | 77761 | INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE   | All | 0 | 0 | - |
| Radiology | 77762 | INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMEDIATE   | All | 0 | 0 | - |
| Radiology | 77763 | INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLEX  | All | 0 | 0 | - |
| Radiology | 77776 | INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE  | All | 0 | 0 | - |
| Radiology | 77777 | INTERSTITIAL RADIATION SOURCE APPLICATION; INTERMEDIATE  | All | 0 | 0 | - |
| Radiology | 77778 | INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX   | All | 0 | 0 | - |
| Radiology | 77785 | REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 1 CHANNEL   | All | 0 | 0 | - |
| Radiology | 77786 | REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 2-12 CHANNELS   | All | 0 | 0 | - |
| Radiology | 77787 | REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; OVER 12 CHANNELS  | All | 0 | 0 | - |
| Radiology | 77789 | SURFACE APPLICATION OF RADIATION SOURCE  | All | 0 | 0 | - |
| Radiology | 77799 | UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY   | All | 0 | 0 | - |
| Radiology | 78102 | BONE MARROW IMAGING; LIMITED AREA  | All | 0 | 0 | - |
| Radiology | 78103 | BONE MARROW IMAGING; MULTIPLE AREAS  | All | 0 | 0 | - |
| Radiology | 78104 | BONE MARROW IMAGING; WHOLE BODY  | All | 0 | 0 | - |
| Radiology | 78110 | PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING   | All | 0 | 0 | - |
| Radiology | 78111 | PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS  | All | 0 | 0 | - |
| Radiology | 78120 | RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING  | All | 0 | 0 | - |
| Radiology | 78121 | RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS   | All | 0 | 0 | - |

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|-----------|-------|---|-----|---|---|---|
|           |       | WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE)   |     |   |   |   |
| Radiology | 78122 |   | All | 0 | 0 | - |
| Radiology | 78130 | RED CELL SURVIVAL STUDY;  | All | 0 | 0 | - |
| Radiology | 78135 | RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)  | All | 0 | 0 | - |
| Radiology | 78190 | KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION  | All | 0 | 0 | - |
| Radiology | 78191 | PLATELET SURVIVAL STUDY   | All | 0 | 0 | - |
| Radiology | 78195 | LYMPHATICS AND LYMPH NODES IMAGING  | All | 0 | 0 | - |
| Radiology | 78199 | UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE  | All | 0 | 0 | - |
| Radiology | 78205 | LIVER IMAGING (SPECT);  | All | 0 | 0 | - |
| Radiology | 78206 | LIVER IMAGING (SPECT); WITH VASCULAR FLOW   | All | 0 | 0 | - |
| Radiology | 78270 | VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR  | All | 0 | 0 | - |
| Radiology | 78271 | VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR   | All | 0 | 0 | - |
| Radiology | 78272 | VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR   | All | 0 | 0 | - |
| Radiology | 78299 | UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE  | All | 0 | 0 | - |
| Radiology | 78306 | BONE AND/OR JOINT IMAGING; WHOLE BODY   | All | 0 | 0 | - |
| Radiology | 78315 | BONE AND/OR JOINT IMAGING; 3 PHASE STUDY  | All | 0 | 0 | - |
| Radiology | 78320 | BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)  | All | 0 | 0 | - |
| Radiology | 78399 | UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE   | All | 0 | 0 | - |
| Radiology | 78445 | NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)   | All | 0 | 0 | - |
| Radiology | 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)   | All | 2 | 0 | - |
| Radiology | 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 | All | 2 | 0 | - |
| Radiology | 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)  | All | 2 | 0 | - |
| Radiology | 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                                      | All | 2 | 0 | - |
| Radiology | 78459 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION  | All | 0 | 0 | - |
| Radiology | 78491 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS   | All | 0 | 0 | - |
| Radiology | 78492 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS   | All | 0 | 0 | - |
| Radiology | 78499 | UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE  | All | 0 | 0 | - |
| Radiology | 78599 | UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE   | All | 0 | 0 | - |
| Radiology | 78600 | BRAIN IMAGING, LESS THAN 4 STATIC VIEWS;  | All | 0 | 0 | - |
| Radiology | 78601 | BRAIN IMAGING, LESS THAN 4 STATIC VIEWS; WITH VASCULAR FLOW   | All | 0 | 0 | - |
| Radiology | 78605 | BRAIN IMAGING, MINIMUM 4 STATIC VIEWS;  | All | 0 | 0 | - |
| Radiology | 78606 | BRAIN IMAGING, MINIMUM 4 STATIC VIEWS; WITH VASCULAR FLOW   | All | 0 | 0 | - |
| Radiology | 78607 | BRAIN IMAGING, TOMOGRAPHIC (SPECT)  | All | 0 | 0 | - |
| Radiology | 78608 | BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION   | All | 0 | 0 | - |
| Radiology | 78609 | BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATION   | All | 0 | 0 | - |
| Radiology | 78610 | BRAIN IMAGING, VASCULAR FLOW ONLY   | All | 0 | 0 | - |
| Radiology | 78630 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY  | All | 0 | 0 | - |
| Radiology | 78635 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY  | All | 0 | 0 | - |
| Radiology | 78645 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION  | All | 0 | 0 | - |
| Radiology | 78647 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); TOMOGRAPHIC (SPECT)   | All | 0 | 0 | - |
| Radiology | 78650 | CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION  | All | 0 | 0 | - |
| Radiology | 78660 | RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY   | All | 0 | 0 | - |
| Radiology | 78699 | UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE  | All | 0 | 0 | - |
| Radiology | 78709 | KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, MULTIPLE STUDIES, WITH AND WITHOUT PHARMACOLOGICAL INTERVENTION (EG, ANGIOTENSIN CONVERTING ENZYME INHIBITOR AND/OR DIURETIC)   | All | 0 | 0 | - |
| Radiology | 78710 | KIDNEY IMAGING MORPHOLOGY; TOMOGRAPHIC (SPECT)  | All | 0 | 0 | - |

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|--------------------------------------|-------|---|-----|---|---|---|
| Radiology                            | 78725 | KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY  | All | 0 | 0 | - |
| Radiology                            | 78799 | UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE   | All | 0 | 0 | - |
| Radiology                            | 78800 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); LIMITED AREA   | All | 0 | 0 | - |
| Radiology                            | 78801 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); MULTIPLE AREAS   | All | 0 | 0 | - |
| Radiology                            | 78802 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); WHOLE BODY, SINGLE DAY IMAGING   | All | 0 | 0 | - |
| Radiology                            | 78803 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); TOMOGRAPHIC (SPECT)  | All | 0 | 0 | - |
| Radiology                            | 78804 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); WHOLE BODY, REQUIRING 2 OR MORE DAYS IMAGING   | All | 0 | 0 | - |
| Radiology                            | 78805 | RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIMITED AREA  | All | 0 | 0 | - |
| Radiology                            | 78806 | RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; WHOLE BODY  | All | 0 | 0 | - |
| Radiology                            | 78807 | RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; TOMOGRAPHIC (SPECT)   | All | 0 | 0 | - |
| Radiology                            | 78811 | POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (EG, CHEST, HEAD/NECK)   | All | 0 | 0 | - |
| Radiology                            | 78812 | POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH   | All | 0 | 0 | - |
| Radiology                            | 78813 | POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY  | All | 0 | 0 | - |
| Radiology                            | 78814 | POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; LIMITED AREA (EG, CHEST, HEAD/NECK)                            | All | 0 | 0 | - |
| Radiology                            | 78815 | POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; SKULL BASE TO MID-THIGH  | All | 0 | 0 | - |
| Radiology                            | 78816 | POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; WHOLE BODY   | All | 0 | 0 | - |
| Radiology                            | 78999 | UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE   | All | 0 | 0 | - |
| Radiology                            | 79005 | RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION   | All | 0 | 0 | - |
| Radiology                            | 79101 | RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION  | All | 0 | 0 | - |
| Radiology                            | 79200 | RADIOPHARMACEUTICAL THERAPY, BY INTRACAVITARY ADMINISTRATION  | All | 0 | 0 | - |
| Radiology                            | 79300 | RADIOPHARMACEUTICAL THERAPY, BY INTERSTITIAL RADIOACTIVE COLLOID ADMINISTRATION   | All | 0 | 0 | - |
| Radiology                            | 79403 | RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INFUSION   | All | 0 | 0 | - |
| Radiology                            | 79440 | RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION  | All | 0 | 0 | - |
| Radiology                            | 79445 | RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION   | All | 0 | 0 | - |
| Radiology                            | 79999 | RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE   | All | 0 | 0 | - |
| Radiology                            | A4641 | RADIOPHARMACEUTICAL, DIAGNOSTIC, NOT OTHERWISE CLASSIFIED   | All | 0 | 0 | - |
| Radiology                            | G0204 | DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT 2-D DIGITAL IMAGE, BILATERAL, ALL VIEWS  | All | 0 | 0 | - |
| Radiology                            | G0206 | DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT 2-D DIGITAL IMAGE, UNILATERAL, ALL VIEWS   | All | 0 | 0 | - |
| Rhizotomy                            | 63185 | LAMINECTOMY WITH RHIZOTOMY; 1 OR 2 SEGMENTS   | All | 0 | 0 | - |
| Rhizotomy                            | 63190 | LAMINECTOMY WITH RHIZOTOMY; MORE THAN 2 SEGMENTS  | All | 0 | 0 | - |
| Sleep Apnea Procedures and Surgeries | 21685 | HYOID MYOTOMY AND SUSPENSION  | All | 0 | 0 | - |
| Sleep Study                          | 95805 | MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE RIALS TO ASSESS SLEEPINESS                                | All | 0 | 0 | - |
| Sleep Study                          | 95806 | SLEEP STUDY, UNATTENDED, STMULTANEOUS RECORDING OF, HEART RATE, OXYGEN SATURATION, RESPIRATORY AIRFLOW, AND RESTIRATORY EFFORT (EG, THORACOABDOMINAL MOVEMENT)  | All | 0 | 0 | - |
| Sleep Study                          | 95810 | POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST  | All | 0 | 0 | - |
| Sleep Study                          | 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 | All | 0 | 0 | - |
| Sterilization Procedures             | 55250 | VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE SEMEN EXAMINATION(S)   | All | 0 | 0 | - |
| Sterilization Procedures             | 58541 | LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;  | All | 0 | 0 | - |
| Sterilization Procedures             | 58542 | LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)  | All | 0 | 0 | - |

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| Sterilization Procedures   | 58543 | LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;   | All | 0 | 0 | - |
| Sterilization Procedures   | 58548 | LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING (BIOPSY), WITH REMOVAL OF TUBE(S) AND OVARY(S), IF PERFORMED  | All | 0 | 0 | - |
| Sterilization Procedures   | 58550 | LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;   | All | 0 | 0 | - |
| Sterilization Procedures   | 58552 | LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)   | All | 0 | 0 | - |
| Sterilization Procedures   | 58553 | LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;  | All | 0 | 0 | - |
| Sterilization Procedures   | 58554 | LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)  | All | 0 | 0 | - |
| Sterilization Procedures   | 58565 | HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION BY PLACEMENT OF PERMANENT IMPLANTS  | All | 0 | 0 | - |
| Sterilization Procedures   | 58570 | LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;   | All | 0 | 0 | - |
| Sterilization Procedures   | 58571 | LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)   | All | 0 | 0 | - |
| Sterilization Procedures   | 58572 | LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;  | All | 0 | 0 | - |
| Sterilization Procedures   | 58573 | LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)  | All | 0 | 0 | - |
| Stimulators: Spinal Cord, Bone, Bladder, Peripheral nerve, other | 63650 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL  | All | 0 | 0 | - |
| Stimulators: Spinal Cord, Bone, Bladder, Peripheral nerve, other | 63655 | LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL  | All | 0 | 0 | - |
| Stimulators: Spinal Cord, Bone, Bladder, Peripheral nerve, other | 63685 | INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING  | All | 0 | 0 | - |
| Stimulators: Spinal Cord, Bone, Bladder, Peripheral nerve, other | 64553 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; CRANIAL NERVE   | All | 0 | 0 | - |
| Stimulators: Spinal Cord, Bone, Bladder, Peripheral nerve, other | 64555 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)  | All | 0 | 0 | - |
| Stimulators: Spinal Cord, Bone, Bladder, Peripheral nerve, other | 64566 | POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATMENT, INCLUDES PROGRAMMING  | All | 0 | 0 | - |
| Stimulators: Spinal Cord, Bone, Bladder, Peripheral nerve, other | 64568 | INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR  | All | 0 | 0 | - |
| Stimulators: Spinal Cord, Bone, Bladder, Peripheral nerve, other | 64570 | REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR  | All | 0 | 0 | - |
| Stimulators: Spinal Cord, Bone, Bladder, Peripheral nerve, other | 64590 | INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING   | All | 0 | 0 | - |
| Stimulators: Spinal Cord, Bone, Bladder, Peripheral nerve, other | 95978 | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE AND DURATION, BATTERY STATUS, ELECTRODE SELECTABILITY AND POLARITY, IMPEDANCE AND PATIENT COMPLIANCE MEASUREMENTS), COMPLEX DEEP BRAIN NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER, WITH INITIAL OR SUBSEQUENT PROGRAMMING; FIRST HOUR   | All | 0 | 0 | - |
| Stimulators: Spinal Cord, Bone, Bladder, Peripheral nerve, other | 95980 | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM, BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION, CYCLING, IMPEDANCE AND PATIENT MEASUREMENTS) GASTRIC NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER; INTRAOPERATIVE, WITH PROGRAMMING | All | 0 | 0 | - |



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| Stimulators: Spinal Cord, Bone, Bladder, Peripheral nerve, other | 95981 | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM, BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION, CYCLING, IMPEDANCE AND PATIENT MEASUREMENTS) GASTRIC NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER; SUBSEQUENT, WITHOUT REPROGRAMMING | All | 0 | 0 | - |
| Stimulators: Spinal Cord, Bone, Bladder, Peripheral nerve, other | 95982 | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM, BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION, CYCLING, IMPEDANCE AND PATIENT MEASUREMENTS) GASTRIC NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER; SUBSEQUENT, WITH REPROGRAMMING    | All | 0 | 0 | - |
| Stimulators: Spinal Cord, Bone, Bladder, Peripheral nerve, other | 0282T | PERCUTANEOUS OR OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY(S), SUBCUTANEOUS (PERIPHERAL SUBCUTANEOUS FIELD STIMULATION), INCLUDING IMAGING GUIDANCE, WHEN PERFORMED, CERVICAL, THORACIC OR LUMBAR; FOR TRIAL, INCLUDING REMOVAL AT THE CONCLUSION OF TRIAL PERIOD  | All | 0 | 0 | - |
| Stimulators: Spinal Cord, Bone, Bladder, Peripheral nerve, other | 0283T | PERCUTANEOUS OR OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY(S), SUBCUTANEOUS (PERIPHERAL SUBCUTANEOUS FIELD STIMULATION), INCLUDING IMAGING GUIDANCE, WHEN PERFORMED, CERVICAL, THORACIC OR LUMBAR; PERMANENT, WITH IMPLANTATION OF A PULSE GENERATOR   | All | 0 | 0 | - |
| Stimulators: Spinal Cord, Bone, Bladder, Peripheral nerve, other | E0745 | NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT  | All | 0 | 0 | - |
| Stimulators: Spinal Cord, Bone, Bladder, Peripheral nerve, other | 64550 | APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR  | All | 0 | 0 | - |
| Stimulators: Spinal Cord, Bone, Bladder, Peripheral nerve, other | 64561 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT) INCLUDING IMAGE GUIDANCE, IF PERFORMED   | All | 0 | 0 | - |
| Stimulators: Spinal Cord, Bone, Bladder, Peripheral nerve, other | 64565 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; NEUROMUSCULAR  | All | 0 | 0 | - |
| Stimulators: Spinal Cord, Bone, Bladder, Peripheral nerve, other | E0720 | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION   | All | 0 | 0 | - |
| Stimulators: Spinal Cord, Bone, Bladder, Peripheral nerve, other | E0730 | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION  | All | 0 | 0 | - |
| Stimulators: Spinal Cord, Bone, Bladder, Peripheral nerve, other | E0731 | FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)  | All | 0 | 0 | - |
| Supplemental Feeds (via tube or IV)                              | E0791 | PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL  | All | 0 | 0 | - |
| Supplemental Feeds (via tube or IV)                              | A4211 | SUPPLIES FOR SELF-ADMINISTERED INJECTIONS  | All | 0 | 0 | - |
| Therapies (OT/PT/ST)   | 92507 | TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL   | All | 0 | 0 | - |
| Therapies (OT/PT/ST)   | 92508 | TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; GROUP, 2 OR MORE INDIVIDUALS   | All | 0 | 0 | - |
| Therapies (OT/PT/ST)   | 97001 | PHYSICAL THERAPY EVALUATION  | All | 0 | 0 | - |
| Therapies (OT/PT/ST)   | 97002 | PHYSICAL THERAPY RE-EVALUATION   | All | 0 | 0 | - |
| Therapies (OT/PT/ST)   | 97003 | OCCUPATIONAL THERAPY EVALUATION  | All | 0 | 0 | - |
| Therapies (OT/PT/ST)   | 97004 | OCCUPATIONAL THERAPY RE-EVALUATION   | All | 0 | 0 | - |
| Therapies (OT/PT/ST)   | 97010 | APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS  | All | 0 | 0 | - |
| Therapies (OT/PT/ST)   | 97012 | APPLICATION OF A MODALITY TO 1 OR MORE AREAS; TRACTION, MECHANICAL   | All | 0 | 0 | - |
| Therapies (OT/PT/ST)   | 97014 | APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED)  | All | 0 | 0 | - |
| Therapies (OT/PT/ST)   | 97016 | APPLICATION OF A MODALITY TO 1 OR MORE AREAS; VASOPNEUMATIC DEVICES  | All | 0 | 0 | - |
| Therapies (OT/PT/ST)   | 97018 | APPLICATION OF A MODALITY TO 1 OR MORE AREAS; PARAFFIN BATH  | All | 0 | 0 | - |
| Therapies (OT/PT/ST)   | 97022 | APPLICATION OF A MODALITY TO 1 OR MORE AREAS; WHIRLPOOL  | All | 0 | 0 | - |

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| Therapies<br>(OT/PT/ST)    | 97024 | APPLICATION OF A MODALITY TO 1 OR MORE AREAS; DIATHERMY (EG, MICROWAVE)   | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97026 | APPLICATION OF A MODALITY TO 1 OR MORE AREAS; INFRARED  | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97028 | APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRAVIOLET   | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97032 | APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES  | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97033 | APPLICATION OF A MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES  | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97034 | APPLICATION OF A MODALITY TO 1 OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES   | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97035 | APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES   | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97036 | APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES   | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97039 | UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)  | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97110 | THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY   | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97112 | THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION, KINESTHETIC SENSE, POSTURE, AND/OR PROPRIOCEPTION FOR SITTING AND/OR STANDING ACTIVITIES   | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97113 | THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES   | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97116 | THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)  | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97124 | THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT (STROKING, COMPRESSION, PERCUSSION)  | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97139 | UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)  | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97140 | MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), 1 OR MORE REGIONS, EACH 15 MINUTES   | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97150 | THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)   | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 93797 | PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITHOUT CONTINUOUS ECG MONITORING (PER SESSION)   | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 93799 | UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE  | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 94799 | UNLISTED PULMONARY SERVICE OR PROCEDURE   | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97546 | WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97530 | THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES  | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97532 | DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING (INCLUDES COMPENSATORY TRAINING), DIRECT (ONE-ON-ONE) PATIENT CONTACT, EACH 15 MINUTES  | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97533 | SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL DEMANDS, DIRECT (ONE-ON-ONE) PATIENT CONTACT, EACH 15 MINUTES  | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97535 | SELF-CARE/HOME MANAGEMENT TRAINING (EG, 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, EACH 15 MINUTES                     | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97537 | COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAGEMENT, AVOCATIONAL ACTIVITIES AND/OR WORK ENVIRONMENT/MODIFICATION ANALYSIS, WORK TASK ANALYSIS, USE OF ASSISTIVE TECHNOLOGY DEVICE/ADAPTIVE EQUIPMENT), DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97542 | WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES  | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | 97545 | WORK HARDENING/CONDITIONING; INITIAL 2 HOURS  | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | G0422 | INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER SESSION  | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | G0423 | INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING; WITHOUT EXERCISE, PER SESSION  | All | 0 | 0 | - |
| Therapies<br>(OT/PT/ST)    | G0424 | PULMONARY REHABILITATION, INCLUDING EXERCISE (INCLUDES MONITORING), ONE HOUR, PER SESSION, UP TO TWO SESSIONS PER DAY   | All | 0 | 0 | - |
| TMJ Disorders<br>Treatment | 20606 | ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST, ELBOW OR ANKLE, OLECRANON BURSA); WITH ULTRASOUND GUIDANCE, WITH PERMANENT RECORDING AND REPORTING   | All | 0 | 0 | - |
| TMJ Disorders<br>Treatment | 70328 | RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL  | All | 0 | 0 | - |

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| TMJ Disorders Treatment         | 70330 | RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL   | All | 0 | 0 | - |
| TMJ Disorders Treatment         | 70332 | TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION   | All | 0 | 0 | - |
| TMJ Disorders Treatment         | 21116 | INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY  | All | 0 | 0 | - |
| Tonsillectomy and Adenoidectomy | 42831 | ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER  | All | 0 | 0 | - |
| Tonsillectomy and Adenoidectomy | 42836 | ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER  | All | 0 | 0 | - |
| Transplant                      | 38205 | BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; ALLOGENEIC  | All | 0 | 0 | - |
| Transplant                      | 38206 | BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; AUTOLOGOUS  | All | 0 | 0 | - |
| Transplant                      | 38220 | BONE MARROW; ASPIRATION ONLY  | All | 0 | 0 | - |
| Transplant                      | 38221 | BONE MARROW; BIOPSY, NEEDLE OR TROCAR   | All | 0 | 0 | - |
| Transplant                      | 38230 | BONE MARROW HARVESTING FOR TRANSPLANTATION; ALLOGENEIC  | All | 0 | 0 | - |
| Transplant                      | 38232 | BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS  | All | 0 | 0 | - |
| Transplant                      | 38240 | HEMATOPOIETIC PROGENITOR CELL (HPC); ALLOGENEIC TRANSPLANTATION PER DONOR   | All | 0 | 0 | - |
| Transplant                      | 38241 | HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION   | All | 0 | 0 | - |
| Transplant                      | 38242 | ALLOGENEIC LYMPHOCYTE INFUSIONS   | All | 0 | 0 | - |
| Transplant                      | 38243 | HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST  | All | 0 | 0 | - |
| Transplant                      | 33930 | DONOR CARDIECTOMY-PNEUMONECTOMY (INCLUDING COLD PRESERVATION)   | All | 0 | 0 | - |
| Transplant                      | 33933 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART/LUNG ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES TO PREPARE AORTA, SUPERIOR VENA CAVA, INFERIOR VENA CAVA, AND TRACHEA FOR IMPLANTATION   | All | 0 | 0 | - |
| Transplant                      | 33935 | HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY  | All | 0 | 0 | - |
| Transplant                      | 33944 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES TO PREPARE AORTA, SUPERIOR VENA CAVA, INFERIOR VENA CAVA, PULMONARY ARTERY, AND LEFT ATRIUM FOR IMPLANTATION  | All | 0 | 0 | - |
| Transplant                      | 33945 | HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY   | All | 0 | 0 | - |
| Transplant                      | 44132 | DONOR ENTERECTOMY (INCLUDING COLD PRESERVATION), OPEN; FROM CADAVER DONOR   | All | 0 | 0 | - |
| Transplant                      | 44135 | INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR  | All | 0 | 0 | - |
| Transplant                      | 44137 | REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE  | All | 0 | 0 | - |
| Transplant                      | 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  | All | 0 | 0 | - |
| Transplant                      | 44720 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION; VENOUS ANASTOMOSIS, EACH  | All | 0 | 0 | - |
| Transplant                      | 44721 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION; ARTERIAL ANASTOMOSIS, EACH  | All | 0 | 0 | - |
| Transplant                      | 47133 | DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR   | All | 0 | 0 | - |
| Transplant                      | 47135 | LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING DONOR, ANY AGE  | All | 0 | 0 | - |
| Transplant                      | 47136 | LIVER ALLOTRANSPLANTATION; HETEROTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING DONOR, ANY AGE   | All | 0 | 0 | - |
| Transplant                      | 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 TRISEGMENT OR LOBE SPLIT  | All | 0 | 0 | - |
| Transplant                      | 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 TRISEGMENT SPLIT OF WHOLE LIVER GRAFT INTO 2 PARTIAL LIVER GRAFTS (IE, LEFT LATERAL SEGMENT [SEGMENTS II AND III] AND RIGHT TRISEGMENT [SEGMENTS I AND IV THROUGH VIII]) | All | 0 | 0 | - |
| Transplant                      | 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])                    | All | 0 | 0 | - |

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| Transplant                     | 47146 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION; VENOUS ANASTOMOSIS, EACH  | All | 0 | 0 | - |
| Transplant                     | 47147 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION; ARTERIAL ANASTOMOSIS, EACH  | All | 0 | 0 | - |
| Transplant                     | 48550 | DONOR PANCREATECTOMY (INCLUDING COLD PRESERVATION), WITH OR WITHOUT DUODENAL SEGMENT FOR TRANSPLANTATION  | All | 0 | 0 | - |
| Transplant                     | 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 | All | 0 | 0 | - |
| Transplant                     | 48552 | BACKBENCH RECONSTRUCTION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO TRANSPLANTATION, VENOUS ANASTOMOSIS, EACH   | All | 0 | 0 | - |
| Transplant                     | 48554 | TRANSPLANTATION OF PANCREATIC ALLOGRAFT   | All | 0 | 0 | - |
| Transplant                     | 48556 | REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT  | All | 0 | 0 | - |
| Transplant                     | 50300 | DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); FROM CADAVER DONOR, UNILATERAL OR BILATERAL  | All | 0 | 0 | - |
| Transplant                     | 50323 | BACKBENCH STANDARD PREPARATION OF CADAVER DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION AND REMOVAL OF PERINEPHRIC FAT, DIAPHRAGMATIC AND RETROPERITONEAL ATTACHMENTS, EXCISION OF ADRENAL GLAND, AND PREPARATION OF URETER(S), RENAL VEIN(S), AND RENAL ARTERY(S), LIGATING BRANCHES, AS NECESSARY                            | All | 0 | 0 | - |
| Transplant                     | 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   | All | 0 | 0 | - |
| Transplant                     | 50327 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; VENOUS ANASTOMOSIS, EACH  | All | 0 | 0 | - |
| Transplant                     | 50328 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; ARTERIAL ANASTOMOSIS, EACH  | All | 0 | 0 | - |
| Transplant                     | 50329 | BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; URETERAL ANASTOMOSIS, EACH  | All | 0 | 0 | - |
| Transplant                     | 50340 | RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)  | All | 0 | 0 | - |
| Transplant                     | 50360 | RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NEPHRECTOMY   | All | 0 | 0 | - |
| Transplant                     | 50365 | RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOMY  | All | 0 | 0 | - |
| Transplant                     | 50370 | REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT   | All | 0 | 0 | - |
| Transplant                     | 50547 | LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR   | All | 0 | 0 | - |
| Transplant                     | 59012 | CORDOCENTESIS (INTRAUTERINE), ANY METHOD  | All | 0 | 0 | - |
| Transplant                     | G0364 | BONE MARROW ASPIRATION PERFORMED WITH BONE MARROW BIOPSY THROUGH THE SAME INCISION ON THE SAME DATE OF SERVICE  | All | 0 | 0 | - |
| Transplant                     | G0341 | PERCUTANEOUS ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION   | All | 0 | 0 | - |
| Transplant                     | G0342 | LAPAROSCOPY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION  | All | 0 | 0 | - |
| Transplant                     | G0343 | LAPAROTOMY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION   | All | 0 | 0 | - |
| Transplant                     | S2053 | TRANSPLANTATION OF SMALL INTESTINE AND LIVER ALLOGRAFTS   | All | 0 | 0 | - |
| Transplant                     | S2054 | TRANSPLANTATION OF MULTIVISCERAL ORGANS   | All | 0 | 0 | - |
| Transplant                     | S2055 | HARVESTING OF DONOR MULTIVISCERAL ORGANS, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFTS; FROM CADAVER DONOR  | All | 0 | 0 | - |
| Transplant                     | S2060 | LOBAR LUNG TRANSPLANTATION  | All | 0 | 0 | - |
| Transplant                     | S2061 | DONOR LOBECTOMY (LUNG) FOR TRANSPLANTATION, LIVING DONOR  | All | 0 | 0 | - |
| Transplant                     | S2065 | SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION  | All | 0 | 0 | - |
| Transplant: Travel and Lodging | A0180 | NON-EMERGENCY TRANSPORTATION: ANCILLARY: LODGING-RECIPIENT  | All | 0 | 0 | - |
| Transplant: Travel and Lodging | A0190 | NON-EMERGENCY TRANSPORTATION: ANCILLARY: MEALS-RECIPIENT  | All | 0 | 0 | - |
| Transplant: Travel and Lodging | A0200 | NON-EMERGENCY TRANSPORTATION: ANCILLARY: LODGING ESCORT   | All | 0 | 0 | - |
| Transplant: Travel and Lodging | A0210 | NON-EMERGENCY TRANSPORTATION: ANCILLARY: MEALS-ESCORT   | All | 0 | 0 | - |
| Urologic Procedures            | 52005 | CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;   | All | 0 | 0 | - |
| Urologic Procedures            | 52260 | CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL OR CONDUCTION (SPINAL) ANESTHESIA  | All | 0 | 0 | - |
| Urologic Procedures            | 52281 | CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR STENOSIS, WITH OR WITHOUT MEATOTOMY, WITH OR WITHOUT INJECTION PROCEDURE FOR CYSTOGRAPHY, MALE OR FEMALE   | All | 0 | 0 | - |

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| Urologic Procedures            | 52332 | CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)  | All | 0 | 0 | - |
| Urologic Procedures            | 52352 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL OR MANIPULATION OF CALCULUS (URETERAL CATHETERIZATION IS INCLUDED)  | All | 0 | 0 | - |
| Urologic Procedures            | 57288 | SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)  | All | 0 | 0 | - |
| Uvulopalatopharynoplaty (UPPP) | S2080 | LASER-ASSISTED UVULOPALATOPLASTY (LAUP)  | All | 0 | 0 | - |
| Vagus Nerve Stimulation        | 61885 | INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING; WITH CONNECTION TO A SINGLE ELECTRODE ARRAY   | All | 0 | 0 | - |
| Varicose Vein Procedures       | 36475 | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED   | All | 0 | 0 | - |
| Varicose Vein Procedures       | 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)  | All | 0 | 0 | - |
| Varicose Vein Procedures       | 36478 | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; FIRST VEIN TREATED  | All | 0 | 0 | - |
| Varicose Vein Procedures       | 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)   | All | 0 | 0 | - |
| Varicose Vein Procedures       | 37500 | VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VEINS, SUBFASCIAL (SEPS)   | All | 0 | 0 | - |
| Varicose Vein Procedures       | 37700 | LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS   | All | 0 | 0 | - |
| Varicose Vein Procedures       | 37718 | LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN  | All | 0 | 0 | - |
| Varicose Vein Procedures       | 37722 | LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW  | All | 0 | 0 | - |
| Varicose Vein Procedures       | 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  | All | 0 | 0 | - |
| Varicose Vein Procedures       | 37760 | LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLUDING SKIN GRAFT, WHEN PERFORMED, OPEN,1 LEG  | All | 0 | 0 | - |
| Varicose Vein Procedures       | 37761 | LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, 1 LEG   | All | 0 | 0 | - |
| Varicose Vein Procedures       | 37765 | STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS  | All | 0 | 0 | - |
| Varicose Vein Procedures       | 37766 | STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; MORE THAN 20 INCISIONS  | All | 0 | 0 | - |
| Varicose Vein Procedures       | 37780 | LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)  | All | 0 | 0 | - |
| Varicose Vein Procedures       | 37785 | LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG   | All | 0 | 0 | - |
| Wound Care                     | 97605 | NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTILIZING DURABLE MEDICAL EQUIPMENT (DME), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION; TOTAL WOUND(S) SURFACE AREA LESS THAN OR EQUAL TO 50 SQUARE CENTIMETERS  | All | 0 | 0 | - |
| Wound Care                     | 97606 | NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTILIZING DURABLE MEDICAL EQUIPMENT (DME), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION; TOTAL WOUND(S) SURFACE AREA GREATER THAN 50 SQUARE CENTIMETERS   | All | 0 | 0 | - |
| Wound Care                     | 97607 | NEGATIVE PRESSURE WOUND THERAPY, (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTILIZING DISPOSABLE, NON-DURABLE MEDICAL EQUIPMENT INCLUDING PROVISION OF EXUDATE MANAGEMENT COLLECTION SYSTEM, TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCTIONS FOR ONGOING CARE, PER SESSION; TOTAL WOUND(S) SURFACE AREA LESS THAN OR EQUAL TO 50 SQUARE CENTIMETERS | All | 0 | 0 | - |
| Wound Care                     | 97608 | NEGATIVE PRESSURE WOUND THERAPY, (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTILIZING DISPOSABLE, NON-DURABLE MEDICAL EQUIPMENT INCLUDING PROVISION OF EXUDATE MANAGEMENT COLLECTION SYSTEM, TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCTIONS FOR ONGOING CARE, PER SESSION; TOTAL WOUND(S) SURFACE AREA GREATER THAN 50 SQUARE CENTIMETERS          | All | 0 | 0 | - |
| Wound Care                     | A6550 | WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES   | All | 0 | 0 | - |
| Wound Care                     | A9272 | WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL ACCESSORIES AND COMPONENTS, ANY TYPE, EACH   | All | 0 | 0 | - |

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| Wound Care | C9363 | SKIN SUBSTITUTE, INTEGRA MESHED BILAYER WOUND MATRIX, PER SQUARE CENTIMETER   | All | 0 | 0 | - |
| Wound Care | G0168 | WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY   | All | 0 | 0 | - |
| Wound Care | G0281 | ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR CHRONIC STAGE III AND STAGE IV PRESSURE ULCERS, ARTERIAL ULCERS, DIABETIC ULCERS, AND VENOUS STATSIS ULCERS NOT DEMONSTRATING MEASURABLE SIGNS OF HEALING AFTER 30 DAYS OF CONVENTIONAL CARE, AS PART OF A THERAPY PLAN OF CARE | All | 0 | 0 | - |
| Wound Care | G0282 | ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR WOUND CARE OTHER THAN DESCRIBED IN G0281  | All | 0 | 0 | - |
| Wound Care | G0295 | ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS, FOR WOUND CARE OTHER THAN DESCRIBED IN G0329 OR FOR OTHER USES   | All | 0 | 0 | - |
| Wound Care | G0329 | ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS FOR CHRONIC STAGE III AND STAGE IV PRESSURE ULCERS, ARTERIAL ULCERS, DIABETIC ULCERS AND VENOUS STASIS ULCERS NOT DEMONSTRATING MEASURABLE SIGNS OF HEALING AFTER 30 DAYS OF CONVENTIONAL CARE AS PART OF A THERAPY PLAN OF CARE                  | All | 0 | 0 | - |
| Wound Care | 0183T | LOW FREQUENCY, NON-CONTACT, NON-THERMAL ULTRASOUND, INCLUDING TOPICAL APPLICATION(S), WHEN PERFORMED, WOUND ASSESSMENT, AND INSTRUCTION(S) FOR ONGOING CARE, PER DAY  | All | 0 | 0 | - |
| Wound Care | 97610 | LOW FREQUENCY, NON-CONTACT, NON-THERMAL ULTRASOUND, INCLUDING TOPICAL APPLICATION(S), WHEN PERFORMED, WOUND ASSESSMENT, AND INSTRUCTION(S) FOR ONGOING CARE, PER DAY  | All | 0 | 0 | - |