Medical Items and Services Requiring Prior Authorization	
PROCEDURE CODE	**DESCRIPTION**
0531U	INFECTIOUS DISEASE (ACID-FAST BACTERIA AND INVASIVE FUNGI) DNA (673 ORGANISMS) NEXT-GENERATION SEQUENCING PLASMA
0532U	RARE DISEASES (CONSTITUTIONAL DISEASE HEREDITARY DISORDERS) RAPID WHOLE GENOME AND MITOCHONDRIAL DNA SEQUENCING FOR SINGLE-NUCLEOTIDE VARIANTS INSERTIONS DELETIONS COPY NUMBER VARIATIONS PERIPHERAL BLOOD BUFFY COAT SALIVA BUCCAL OR TISSUE SAMPLE RESULTS REPORTED AS POSITIVE OR NEGATIVE
0533U	DRUG METABOLISM (ADVERSE DRUG REACTIONS AND DRUG RESPONSE) GENOTYPING OF 16 GENES (IE ABCG2 CYP2B6 CYP2C9 CYP2C19 CYP2C CYP2D6 CYP3A5 CYP4F2 DPYD G6PD GGCX NUDT15 SLCO1B1 TPMT UGT1A1 VKORC1) REPORTED AS METABOLIZER STATUS AND TRANSPORTER FUNCTION
0534U	ONCOLOGY (PROSTATE) MICRORNA SINGLE-NUCLEOTIDE POLYMORPHISMS (SNPS) ANALYSIS BY RT-PCR OF 32 VARIANTS USING BUCCAL SWAB ALGORITHM REPORTED AS A RISK SCORE
0535U	PERFLUOROALKYL SUBSTANCES (PFAS) (EG PERFLUOROOCTANOIC ACID PERFLUOROOCTANE SULFONIC ACID) BY LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS MS) PLASMA OR SERUM QUANTITATIVE
0536U	RED BLOOD CELL ANTIGEN (FETAL RHD) PCR ANALYSIS OF EXON 4 OF RHD GENE AND HOUSEKEEPING CONTROL GENE GAPDH FROM WHOLE BLOOD IN PREGNANT INDIVIDUALS AT 10+ WEEKS GESTATION KNOWN TO BE RHD NEGATIVE REPORTED AS FETAL RHD STATUS
0537U	ONCOLOGY (COLORECTAL CANCER) ANALYSIS OF CELL-FREE DNA FOR EPIGENOMIC PATTERNS NEXT-GENERATION SEQUENCING 2500 DIFFERENTIALLY METHYLATED REGIONS (DMRS) PLASMA ALGORITHM REPORTED AS POSITIVE OR NEGATIVE
0538U	ONCOLOGY (SOLID TUMOR) NEXT-GENERATION TARGETED SEQUENCING ANALYSIS FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TUMOR TISSUE DNA ANALYSIS OF 600 GENES INTERROGATION FOR SINGLE-NUCLEOTIDE VARIANTS INSERTIONS DELETIONS GENE REARRANGEMENTS AND COPY NUMBER ALTERATIONS MICROSATELLITE INSTABILITY TUMOR MUTATION BURDEN REPORTED AS ACTIONABLE VARIANT
0539U	ONCOLOGY (SOLID TUMOR) CELL-FREE CIRCULATING TUMOR DNA (CTDNA) 152 GENES NEXT-GENERATION SEQUENCING INTERROGATION FOR SINGLE-NUCLEOTIDE VARIANTS INSERTIONS DELETIONS GENE REARRANGEMENTS COPY NUMBER ALTERATIONS AND MICROSATELLITE INSTABILITY USING WHOLE-BLOOD SAMPLES MUTATIONS WITH CLINICAL ACTIONABILITY REPORTED AS ACTIONABLE VARIANT
0540U	TRANSPLANTATION MEDICINE QUANTIFICATION OF DONOR-DERIVED CELL-FREE DNA USING NEXT-GENERATION SEQUENCING ANALYSIS OF PLASMA REPORTED AS PERCENTAGE OF DONOR-DERIVED CELL-FREE DNA TO DETERMINE PROBABILITY OF REJECTION

0541U	CARDIOVASCULAR DISEASE (HDL REVERSE CHOLESTEROL TRANSPORT) CHOLESTEROL EFFLUX CAPACITY LC-MS MS QUANTITATIVE MEASUREMENT OF 5 DISTINCT HDL-BOUND APOLIPOPROTEINS (APOLIPOPROTEINS A1 C1 C2 C3 AND C4) SERUM ALGORITHM REPORTED AS PREDICTION OF CORONARY ARTERY DISEASE (PCAD) SCORE
0542U	NEPHROLOGY (RENAL TRANSPLANT) URINE NUCLEAR MAGNETIC RESONANCE (NMR) SPECTROSCOPY MEASUREMENT OF 84 URINARY METABOLITES COMBINED WITH PATIENT DATA QUANTIFICATION OF BK VIRUS (HUMAN POLYOMAVIRUS 1) USING REAL-TIME PCR AND SERUM CREATININE ALGORITHM REPORTED AS A PROBABILITY SCORE FOR ALLOGRAFT INJURY STATUS
0543U	ONCOLOGY (SOLID TUMOR) NEXT-GENERATION SEQUENCING OF DNA FROM FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE OF 517 GENES INTERROGATION FOR SINGLE- NUCLEOTIDE VARIANTS MULTI-NUCLEOTIDE VARIANTS INSERTIONS AND DELETIONS FROM DNA FUSIONS IN 24 GENES AND SPLICE VARIANTS IN 1 GENE FROM RNA AND TUMOR MUTATION BURDEN
0545U	ACETYLCHOLINE RECEPTOR (ACHR) ANTIBODY IDENTIFICATION BY IMMUNOFLUORESCENCE USING LIVE CELLS REPORTED AS POSITIVE OR NEGATIVE
0546U	LOW-DENSITY LIPOPROTEIN RECEPTOR-RELATED PROTEIN 4 (LRP4) ANTIBODY IDENTIFICATION BY IMMUNOFLUORESCENCE USING LIVE CELLS REPORTED AS POSITIVE OR NEGATIVE
0547U	NEUROFILAMENT LIGHT CHAIN (NFL) CHEMILUMINESCENT ENZYME IMMUNOASSAY PLASMA QUANTITATIVE
0548U	GLIAL FIBRILLARY ACIDIC PROTEIN (GFAP) CHEMILUMINESCENT ENZYME IMMUNOASSAY USING PLASMA
0549U	ONCOLOGY (UROTHELIAL) DNA QUANTITATIVE METHYLATED REAL-TIME PCR OF TRNA-CYS SIM2 AND NKX1-1 USING URINE DIAGNOSTIC ALGORITHM REPORTED AS A PROBABILITY INDEX FOR BLADDER CANCER AND OR UPPER TRACT UROTHELIAL CARCINOMA (UTUC)
0552U	REPRODUCTIVE MEDICINE (PREIMPLANTATION GENETIC ASSESSMENT) ANALYSIS FOR KNOWN GENETIC DISORDERS FROM TROPHECTODERM BIOPSY LINKAGE ANALYSIS OF DISEASE-CAUSING LOCUS AND WHEN POSSIBLE TARGETED MUTATION ANALYSIS FOR KNOWN FAMILIAL VARIANT REPORTED AS LOW-RISK OR HIGH-RISK FOR FAMILIAL GENETIC DISORDER
0553U	REPRODUCTIVE MEDICINE (PREIMPLANTATION GENETIC ASSESSMENT) ANALYSIS OF 24 CHROMOSOMES USING DNA GENOMIC SEQUENCE ANALYSIS FROM EMBRYONIC TROPHECTODERM FOR STRUCTURAL REARRANGEMENTS ANEUPLOIDY AND A MITOCHONDRIAL DNA SCORE RESULTS REPORTED AS NORMAL BALANCED (EUPLOIDY BALANCED) UNBALANCED STRUCTURAL REARRANGEMENT MONOSOMY TRISOMY SEGMENTAL ANEUPLOIDY OR MOSAIC PER EMBRYO TESTED

0554U	REPRODUCTIVE MEDICINE (PREIMPLANTATION GENETIC ASSESSMENT) ANALYSIS OF 24 CHROMOSOMES USING DNA GENOMIC SEQUENCE ANALYSIS FROM TROPHECTODERM BIOPSY FOR ANEUPLOIDY PLOIDY A MITOCHONDRIAL DNA SCORE AND EMBRYO QUALITY CONTROL RESULTS REPORTED AS NORMAL (EUPLOIDY) MONOSOMY TRISOMY SEGMENTAL ANEUPLOIDY TRIPLOID HAPLOID OR MOSAIC WITH QUALITY CONTROL RESULTS REPORTED AS CONTAMINATION DETECTED OR INCONSISTENT COHORT WHEN APPLICABLE PER EMBRYO TESTED
0555U	REPRODUCTIVE MEDICINE (PREIMPLANTATION GENETIC ASSESSMENT) ANALYSIS OF 24 CHROMOSOMES USING DNA GENOMIC SEQUENCE ANALYSIS FROM EMBRYONIC TROPHECTODERM FOR STRUCTURAL REARRANGEMENTS ANEUPLOIDY PLOIDY A MITOCHONDRIAL DNA SCORE AND EMBRYO QUALITY CONTROL RESULTS REPORTED AS NORMAL BALANCED (EUPLOIDY BALANCED) UNBALANCED STRUCTURAL REARRANGEMENT MONOSOMY TRISOMY SEGMENTAL ANEUPLOIDY TRIPLOID HAPLOID OR MOSAIC WITH QUALITY CONTROL RESULTS REPORTED AS CONTAMINATION DETECTED OR INCONSISTENT COHORT WHEN APPLICABLE PER EMBRYO TESTED
0556U	INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT INFECTION) PATHOGEN-SPECIFIC DNA AND RNA BY REAL-TIME PCR 12 TARGETS NASOPHARYNGEAL OR OROPHARYNGEAL SWAB INCLUDING MULTIPLEX REVERSE TRANSCRIPTION FOR RNA TARGETS EACH ANALYTE REPORTED AS DETECTED OR NOT DETECTED
0557U	INFECTIOUS DISEASE (BACTERIAL VAGINOSIS AND VAGINITIS) REAL-TIME AMPLIFICATION OF DNA MARKERS FOR ATOPOBIUM VAGINAE GARDNERELLA VAGINALIS MEGASPHAERA TYPES 1 AND 2 BACTERIAL VAGINOSIS ASSOCIATED BACTERIA-2 AND -3 (BVAB-2 BVAB-3) MOBILUNCUS SPECIES TRICHOMONAS VAGINALIS NEISSERIA GONORRHOEAE CANDIDA SPECIES (C. ALBICANS C. TROPICALIS C. PARAPSILOSIS C. GLABRATA C. KRUSEI) HERPES SIMPLEX VIRUSES 1 AND 2 VAGINAL FLUID REPORTED AS DETECTED OR NOT DETECTED FOR EACH ORGANISM
0558U	ONCOLOGY (COLORECTAL) QUANTITATIVE ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA) FOR SECRETED COLORECTAL CANCER PROTEIN MARKER (BF7 ANTIGEN) USING SERUM RESULT REPORTED AS INDICATIVE OF RESPONSE NO RESPONSE TO THERAPY OR DISEASE PROGRESSION REGRESSION
0559U	ONCOLOGY (BREAST) QUANTITATIVE ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA) FOR SECRETED BREAST CANCER PROTEIN MARKER (BF9 ANTIGEN) SERUM RESULT REPORTED AS INDICATIVE OF RESPONSE NO RESPONSE TO THERAPY OR DISEASE PROGRESSION REGRESSION
0560U	ONCOLOGY (MINIMAL RESIDUAL DISEASE [MRD]) GENOMIC SEQUENCE ANALYSIS CELL-FREE DNA WHOLE BLOOD AND TUMOR TISSUE BASELINE ASSESSMENT FOR DESIGN AND CONSTRUCTION OF A PERSONALIZED VARIANT PANEL TO EVALUATE CURRENT MRD AND FOR COMPARISON TO SUBSEQUENT MRD ASSESSMENTS
0561U	ONCOLOGY (MINIMAL RESIDUAL DISEASE [MRD]) GENOMIC SEQUENCE ANALYSIS CELL-FREE DNA WHOLE BLOOD SUBSEQUENT ASSESSMENT WITH COMPARISON TO INITIAL ASSESSMENT TO EVALUATE FOR MRD

0562U	ONCOLOGY (SOLID TUMOR) TARGETED GENOMIC SEQUENCE ANALYSIS 33 GENES DETECTION OF SINGLE-NUCLEOTIDE VARIANTS (SNVS) INSERTIONS AND DELETIONS COPY-NUMBER AMPLIFICATIONS AND TRANSLOCATIONS IN HUMAN GENOMIC CIRCULATING CELL-FREE DNA PLASMA REPORTED AS PRESENCE OF ACTIONABLE VARIANTS
0563U	INFECTIOUS DISEASE (BACTERIAL AND OR VIRAL RESPIRATORY TRACT INFECTION) PATHOGEN-SPECIFIC NUCLEIC ACID (DNA OR RNA) 11 VIRAL TARGETS AND 4 BACTERIAL TARGETS QUALITATIVE RT-PCR UPPER RESPIRATORY SPECIMEN EACH PATHOGEN REPORTED AS POSITIVE OR NEGATIVE
0564U	INFECTIOUS DISEASE (BACTERIAL AND OR VIRAL RESPIRATORY TRACT INFECTION) PATHOGEN-SPECIFIC NUCLEIC ACID (DNA OR RNA) 10 VIRAL TARGETS AND 4 BACTERIAL TARGETS QUALITATIVE RT-PCR UPPER RESPIRATORY SPECIMEN EACH PATHOGEN REPORTED AS POSITIVE OR NEGATIVE
0565U	ONCOLOGY (HEPATOCELLULAR CARCINOMA) NEXT-GENERATION SEQUENCING METHYLATION PATTERN ASSAY TO DETECT 6626 EPIGENETIC ALTERATIONS CELL-FREE DNA PLASMA ALGORITHM REPORTED AS CANCER SIGNAL DETECTED OR NOT DETECTED
0566U	ONCOLOGY (LUNG) QPCR-BASED ANALYSIS OF 13 DIFFERENTIALLY METHYLATED REGIONS (CCDC181 HOXA7 LRRC8A MARCHF11 MIR129-2 NCOR2 PANTR1 PRKCB SLC9A3 TBR1_2 TRAP1 VWC2 ZNF781) PLEURAL FLUID ALGORITHM REPORTED AS A QUALITATIVE RESULT
0567U	RARE DISEASES (CONSTITUTIONAL HERITABLE DISORDERS) WHOLE-GENOME SEQUENCE ANALYSIS COMBINATION OF SHORT AND LONG READS FOR SINGLE-NUCLEOTIDE VARIANTS INSERTIONS DELETIONS AND CHARACTERIZED INTRONIC VARIANTS COPY-NUMBER VARIANTS DUPLICATIONS DELETIONS MOBILE ELEMENT INSERTIONS RUNS OF HOMOZYGOSITY ANEUPLOIDY AND INVERSIONS MITOCHONDRIAL DNA SEQUENCE AND DELETIONS SHORT TANDEM REPEAT GENES METHYLATION STATUS OF SELECTED REGIONS BLOOD SALIVA AMNIOCENTESIS CHORIONIC VILLUS SAMPLE OR TISSUE IDENTIFICATION AND CATEGORIZATION OF GENETIC VARIANTS
0568U	NEUROLOGY (DEMENTIA) BETA AMYLOID (AI?40 AI?42 AI?42 40 RATIO) TAU-PROTEIN PHOSPHORYLATED AT RESIDUE (EG PTAU217) NEUROFILAMENT LIGHT CHAIN (NFL) AND GLIAL FIBRILLARY ACIDIC PROTEIN (GFAP) BY ULTRA-HIGH SENSITIVITY MOLECULE ARRAY DETECTION PLASMA ALGORITHM REPORTED AS POSITIVE INTERMEDIATE OR NEGATIVE FOR ALZHEIMER PATHOLOGY
0569U	ONCOLOGY (SOLID TUMOR) NEXT-GENERATION SEQUENCING ANALYSIS OF TUMOR METHYLATION MARKERS (20000 DIFFERENTIALLY METHYLATED REGIONS) PRESENT IN CELL-FREE CIRCULATING TUMOR DNA (CTDNA) WHOLE BLOOD ALGORITHM REPORTED AS PRESENCE OR ABSENCE OF CTDNA WITH TUMOR FRACTION IF APPROPRIATE

0570U	NEUROLOGY (TRAUMATIC BRAIN INJURY) ANALYSIS OF GLIAL FIBRILLARY ACIDIC PROTEIN (GFAP) AND UBIQUITIN CARBOXYL-TERMINAL HYDROLASE L1 (UCH-L1) IMMUNOASSAY WHOLE BLOOD OR PLASMA INDIVIDUAL COMPONENTS REPORTED WITH THE OVERALL RESULT OF ELEVATED OR NON-ELEVATED BASED ON THRESHOLD COMPARISON
0571U	ONCOLOGY (SOLID TUMOR) DNA (80 GENES) AND RNA (10 GENES) BY NEXT-GENERATION SEQUENCING PLASMA INCLUDING SINGLE-NUCLEOTIDE VARIANTS INSERTIONS DELETIONS COPY-NUMBER ALTERATIONS MICROSATELLITE INSTABILITY AND FUSIONS REPORTED AS CLINICALLY ACTIONABLE VARIANTS
0572U	ONCOLOGY (PROSTATE) HIGH-THROUGHPUT TELOMERE LENGTH QUANTIFICATION BY FISH WHOLE BLOOD DIAGNOSTIC ALGORITHM REPORTED AS RISK OF PROSTATE CANCER
0573U	ONCOLOGY (PANCREAS) 3 BIOMARKERS (GLUCOSE CARCINOEMBRYONIC ANTIGEN AND GASTRICSIN) PANCREATIC CYST LESION FLUID ALGORITHM REPORTED AS CATEGORICAL MUCINOUS OR NON-MUCINOUS
0574U	MYCOBACTERIUM TUBERCULOSIS CULTURE FILTRATE PROTEIN-10-KDA (CFP-10) SERUM OR PLASMA LIQUID CHROMATOGRAPHY MASS SPECTROMETRY (LC-MS)
0948T	INTERROGATION DEVICE EVALUATION (REMOTE) UP TO 90 DAYS CARDIAC CONTRACTILITY MODULATION SYSTEM WITH INTERIM ANALYSIS REVIEW AND REPORT(S) BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
0949T	INTERROGATION DEVICE EVALUATION (REMOTE) UP TO 90 DAYS CARDIAC CONTRACTILITY MODULATION SYSTEM REMOTE DATA ACQUISITION(S) RECEIPT OF TRANSMISSIONS TECHNICIAN REVIEW TECHNICAL SUPPORT AND DISTRIBUTION OF RESULTS
0950T	ABLATION OF BENIGN PROSTATE TISSUE TRANSRECTAL WITH HIGH INTENSITYA~~FOCUSED ULTRASOUND (HIFU) INCLUDING ULTRASOUND GUIDANCE
0951T	TOTALLY IMPLANTABLE ACTIVE MIDDLE EAR HEARING IMPLANT INITIAL PLACEMENT INCLUDING MASTOIDECTOMY PLACEMENT OF AND ATTACHMENT TO SOUND PROCESSOR
0952T	TOTALLY IMPLANTABLE ACTIVE MIDDLE EAR HEARING IMPLANT REVISION OR REPLACEMENT WITH MASTOIDECTOMY AND REPLACEMENT OF SOUND PROCESSOR
0953T	TOTALLY IMPLANTABLE ACTIVE MIDDLE EAR HEARING IMPLANT REVISION OR REPLACEMENT WITHOUT MASTOIDECTOMY AND REPLACEMENT OF SOUND PROCESSOR
0954T	TOTALLY IMPLANTABLE ACTIVE MIDDLE EAR HEARING IMPLANT REPLACEMENT OF SOUND PROCESSOR ONLY WITH ATTACHMENT TO EXISTING TRANSDUCERS
0955T	TOTALLY IMPLANTABLE ACTIVE MIDDLE EAR HEARING IMPLANT REMOVAL INCLUDING REMOVAL OF SOUND PROCESSOR AND ALL IMPLANT COMPONENTS
0956T	PARTIAL CRANIECTOMY CHANNEL CREATION AND TUNNELING OF ELECTRODE FOR SUB-SCALP IMPLANTATION OF AN ELECTRODE ARRAY RECEIVER AND TELEMETRY UNIT FOR CONTINUOUS BILATERAL ELECTROENCEPHALOGRAPHY MONITORING SYSTEM INCLUDING IMAGING GUIDANCE

0957T	REVISION OF SUB-SCALP IMPLANTED ELECTRODE ARRAY RECEIVER AND TELEMETRY UNIT FOR ELECTRODE WHEN REQUIRED INCLUDING IMAGING GUIDANCE
0958T	REMOVAL OF SUB-SCALP IMPLANTED ELECTRODE ARRAY RECEIVER AND TELEMETRY UNIT FOR CONTINUOUS BILATERAL ELECTROENCEPHALOGRAPHY MONITORING SYSTEM INCLUDING IMAGING GUIDANCE
0959T	REMOVAL OR REPLACEMENT OF MAGNET FROM COIL ASSEMBLY THAT IS CONNECTED TO CONTINUOUS BILATERAL ELECTROENCEPHALOGRAPHY MONITORING SYSTEM INCLUDING IMAGING GUIDANCE
0960T	REPLACEMENT OF SUB-SCALP IMPLANTED ELECTRODE ARRAY RECEIVER AND TELEMETRY UNIT WITH TUNNELING OF ELECTRODE FOR CONTINUOUS BILATERAL ELECTROENCEPHALOGRAPHY MONITORING SYSTEM INCLUDING IMAGING GUIDANCE
0961T	SHORTWAVE INFRARED RADIATION IMAGING SURGICAL PATHOLOGY SPECIMEN TO ASSIST GROSS EXAMINATION FOR LYMPH NODE LOCALIZATION IN FIBROADIPOSE TISSUE PER SPECIMEN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0962T	ASSISTIVE ALGORITHMIC ANALYSIS OF ACOUSTIC AND ELECTROCARDIOGRAM RECORDING FOR DETECTION OF CARDIAC DYSFUNCTION (EG REDUCED EJECTION FRACTION CARDIAC MURMURS ATRIAL FIBRILLATION) WITH REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
0963T	ANOSCOPY WITH DIRECTED SUBMUCOSAL INJECTION OF BULKING AGENT INTO ANAL CANAL
0964T	IMPRESSION AND CUSTOM PREPARATION OF JAW EXPANSION ORAL PROSTHESIS FOR OBSTRUCTIVE SLEEP APNEA INCLUDING INITIAL ADJUSTMENT SINGLE ARCH WITHOUT MANDIBULAR ADVANCEMENT MECHANISM
0965T	IMPRESSION AND CUSTOM PREPARATION OF JAW EXPANSION ORAL PROSTHESIS FOR OBSTRUCTIVE SLEEP APNEA INCLUDING INITIAL ADJUSTMENT DUAL ARCH WITH ADDITIONAL MANDIBULAR ADVANCEMENT NON-FIXED HINGE MECHANISM
0966T	IMPRESSION AND CUSTOM PREPARATION OF JAW EXPANSION ORAL PROSTHESIS FOR OBSTRUCTIVE SLEEP APNEA INCLUDING INITIAL ADJUSTMENT DUAL ARCH WITH ADDITIONAL MANDIBULAR ADVANCEMENT FIXED HINGE MECHANISM
0967T	TRANSANAL INSERTION OF ENDOLUMINAL TEMPORARY COLORECTAL ANASTOMOSIS PROTECTION DEVICE INCLUDING VACUUM ANCHORING COMPONENT AND FLEXIBLE SHEATH CONNECTED TO EXTERNAL VACUUM SOURCE AND MONITORING SYSTEM
0968T	INSERTION OR REPLACEMENT OF EPICRANIAL NEUROSTIMULATOR SYSTEM INCLUDING ELECTRODE ARRAY AND PULSE GENERATOR WITH CONNECTION TO ELECTRODE ARRAY
0969T	REMOVAL OF EPICRANIAL NEUROSTIMULATOR SYSTEM
0970T	ABLATION BENIGN BREAST TUMOR (EG FIBROADENOMA) PERCUTANEOUS LASER INCLUDING IMAGING GUIDANCE WHEN PERFORMED EACH TUMOR

0971T	ABLATION MALIGNANT BREAST TUMOR(S) PERCUTANEOUS LASER INCLUDING IMAGING GUIDANCE WHEN PERFORMED UNILATERAL
0972T	ASSISTIVE ALGORITHMIC CLASSIFICATION OF BURN HEALING (IE HEALING OR NONHEALING) BY NONINVASIVE MULTISPECTRAL IMAGING INCLUDING SYSTEM SET-UP AND ACQUISITION SELECTION AND TRANSMISSION OF IMAGES WITH AUTOMATED GENERATION OF REPORT
0973T	SELECTIVE ENZYMATIC DEBRIDEMENT PARTIAL-THICKNESS AND OR FULL-THICKNESS BURN ESCHAR REQUIRING ANESTHESIA (IE GENERAL ANESTHESIA MODERATE SEDATION) INCLUDING PATIENT MONITORING TRUNK ARMS LEGS FIRST 100 SQ CM
0974T	SELECTIVE ENZYMATIC DEBRIDEMENT PARTIAL-THICKNESS AND OR FULL-THICKNESS BURN ESCHAR REQUIRING ANESTHESIA (IE GENERAL ANESTHESIA MODERATE SEDATION) INCLUDING PATIENT MONITORING TRUNK ARMS LEGS EACH ADDITIONAL 100 SQ CM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0975T	SELECTIVE ENZYMATIC DEBRIDEMENT PARTIAL-THICKNESS AND OR FULL-THICKNESS BURN ESCHAR REQUIRING ANESTHESIA (IE GENERAL ANESTHESIA MODERATE SEDATION) INCLUDING PATIENT MONITORING SCALP NECK HANDS FEET AND OR MULTIPLE DIGITS FIRST 100 SQ CM
0976T	SELECTIVE ENZYMATIC DEBRIDEMENT PARTIAL-THICKNESS AND OR FULL-THICKNESS BURN ESCHAR REQUIRING ANESTHESIA (IE GENERAL ANESTHESIA MODERATE SEDATION) INCLUDING PATIENT MONITORING SCALP NECK HANDS FEET AND OR MULTIPLE DIGITS EACH ADDITIONAL 100 SQ CM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0977T	UPPER GASTROINTESTINAL BLOOD DETECTION SENSOR CAPSULE WITH INTERPRETATION AND REPORT
0978T	SUBMUCOSAL CRYOLYSIS THERAPY SOFT PALATE BASE OF TONGUE AND LINGUAL TONSIL
0979T	SUBMUCOSAL CRYOLYSIS THERAPY SOFT PALATE ONLY
0980T	SUBMUCOSAL CRYOLYSIS THERAPY BASE OF TONGUE AND LINGUAL TONSIL ONLY
0981T	TRANSCATHETER IMPLANTATION OF WIRELESS INFERIOR VENA CAVA SENSOR FOR LONG-TERM HEMODYNAMIC MONITORING INCLUDING DEPLOYMENT OF THE SENSOR RADIOLOGICAL SUPERVISION AND INTERPRETATION RIGHT HEART CATHETERIZATION AND INFERIOR VENA CAVA VENOGRAPHY WHEN PERFORMED
0982T	REMOTE MONITORING OF IMPLANTABLE INFERIOR VENA CAVA PRESSURE SENSOR PHYSIOLOGIC PARAMETER(S) (EG WEIGHT BLOOD PRESSURE PULSE OXIMETRY RESPIRATORY FLOW RATE) INITIAL SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT
0983T	REMOTE MONITORING OF AN IMPLANTED INFERIOR VENA CAVA SENSOR FOR UP TO 30 DAYS INCLUDING AT LEAST WEEKLY DOWNLOADS OF INFERIOR VENA CAVA AREA RECORDINGS INTERPRETATION(S) TREND ANALYSIS AND REPORT(S) BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL

0984T	INTRAVASCULAR IMAGING OF EXTRACRANIAL CEREBRAL VESSELS USING OPTICAL COHERENCE TOMOGRAPHY (OCT) DURING DIAGNOSTIC EVALUATION AND OR THERAPEUTIC INTERVENTION INCLUDING ALL ASSOCIATED RADIOLOGICAL SUPERVISION INTERPRETATION AND REPORT INITIAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0985T	INTRAVASCULAR IMAGING OF EXTRACRANIAL CEREBRAL VESSELS USING OPTICAL COHERENCE TOMOGRAPHY (OCT) DURING DIAGNOSTIC EVALUATION AND OR THERAPEUTIC INTERVENTION INCLUDING ALL ASSOCIATED RADIOLOGICAL SUPERVISION INTERPRETATION AND REPORT EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0986T	INTRAVASCULAR IMAGING OF INTRACRANIAL CEREBRAL VESSELS USING OPTICAL COHERENCE TOMOGRAPHY (OCT) DURING DIAGNOSTIC EVALUATION AND OR THERAPEUTIC INTERVENTION INCLUDING ALL ASSOCIATED RADIOLOGICAL SUPERVISION INTERPRETATION AND REPORT INITIAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0987T	INTRAVASCULAR IMAGING OF INTRACRANIAL CEREBRAL VESSELS USING OPTICAL COHERENCE TOMOGRAPHY (OCT) DURING DIAGNOSTIC EVALUATION AND OR THERAPEUTIC INTERVENTION INCLUDING ALL ASSOCIATED RADIOLOGICAL SUPERVISION INTERPRETATION AND REPORT EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0988T	OPEN INSERTION OR REPLACEMENT OF INTEGRATED NEUROSTIMULATION SYSTEM FOR BLADDER DYSFUNCTION INCLUDING ELECTRODE(S) (EG ARRAY OR LEADLESS) AND PULSE GENERATOR OR RECEIVER INCLUDING ANALYSIS PROGRAMMING AND IMAGING GUIDANCE WHEN PERFORMED POSTERIOR TIBIAL NERVE SUBCUTANEOUS AND SUBFASCIAL
0989T	REVISION OR REMOVAL OF INTEGRATED NEUROSTIMULATION SYSTEM FOR BLADDER DYSFUNCTION INCLUDING ANALYSIS PROGRAMMING AND IMAGING WHEN PERFORMED POSTERIOR TIBIAL NERVE SUBCUTANEOUS AND SUBFASCIAL
0990T	TRANSCERVICAL INSTILLATION OF BIODEGRADABLE HYDROGEL MATERIALS INTRAUTERINE
0991T	CYSTOURETHROSCOPY WITH LOW-ENERGY LITHOTRIPSY AND ACOUSTICALLY ACTUATED MICROSPHERES INCLUDING IMAGING
0992T	NONINVASIVE ASSESSMENT OF CARDIAC RISK DERIVED FROM AUGMENTATIVE SOFTWARE ANALYSIS OF PERIVASCULAR FAT WITHOUT CONCURRENT COMPUTED TOMOGRAPHY (CT) SCAN OF THE HEART INCLUDING PATIENT-SPECIFIC CLINICAL FACTORS WITH INTERPRETATION AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL

0993T	NONINVASIVE ASSESSMENT OF CARDIAC RISK DERIVED FROM AUGMENTATIVE SOFTWARE ANALYSIS OF PERIVASCULAR FAT WITH CONCURRENT COMPUTED TOMOGRAPHY SCAN OF THE HEART INCLUDING PATIENT-SPECIFIC CLINICAL FACTORS WITH INTERPRETATION AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0994T	ENDOVASCULAR DELIVERY OF AORTIC WALL STABILIZATION DRUG THERAPY THROUGH A SHEATH POSITIONED WITHIN AN ABDOMINAL AORTIC ANEURYSM WITH AORTIC ROADMAPPING BALLOON OCCLUSION IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION PERCUTANEOUS
0995T	ENDOVASCULAR DELIVERY OF AORTIC WALL STABILIZATION DRUG THERAPY THROUGH A SHEATH POSITIONED WITHIN AN ABDOMINAL AORTIC ANEURYSM WITH AORTIC ROADMAPPING BALLOON OCCLUSION IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION OPEN
0996T	INSERTION AND SCLERAL FIXATION OF A CAPSULAR BAG PROSTHESIS CONTAINING AN INTRAOCULAR LENS PROSTHESIS WITH VITRECTOMY INCLUDING REMOVAL OF CRYSTALLINE LENS OR DISLOCATED INTRAOCULAR LENS PROSTHESIS WHEN PERFORMED
0997T	PRECUNEUS MAGNETIC STIMULATION TREATMENT PLANNING USING MAGNETIC RESONANCE IMAGING-GUIDED NEURONAVIGATION TO DETERMINE OPTIMAL LOCATION DOSE AND INTENSITY FOR MAGNETIC STIMULATION THERAPY DERIVED FROM EVOKED POTENTIALS FROM SINGLE PULSES OF ELECTROMAGNETIC ENERGY RECORDED BY 64-CHANNEL ELECTROENCEPHALOGRAM INCLUDING AUTOMATED DATA PROCESSING TRANSMISSION ANALYSIS GENERATION OF TREATMENT PARAMETERS WITH REVIEW INTERPRETATION AND REPORT
0998T	PRECUNEUS MAGNETIC STIMULATION PERSONALIZED TREATMENT DELIVERY OF MAGNETIC STIMULATION THERAPY TO A PRESPECIFIED TARGET AREA DERIVED FROM ANALYSIS OF EVOKED POTENTIALS WITHIN THE PRECUNEUS UTILIZING MAGNETIC RESONANCE IMAGING-BASED NEURONAVIGATION WITH MANAGEMENT PER DAY
0999T	AUTOLOGOUS MUSCLE CELL THERAPY HARVESTING OF MUSCLE PROGENITOR CELLS INCLUDING ULTRASOUND GUIDANCE WHEN PERFORMED
10004	FINE NEEDLE ASPIRATION BIOPSY WITHOUT IMAGING GUIDANCE EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
10005	FINE NEEDLE ASPIRATION BIOPSY INCLUDING ULTRASOUND GUIDANCE FIRST LESION
10006	FINE NEEDLE ASPIRATION BIOPSY INCLUDING ULTRASOUND GUIDANCE EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
10007	FINE NEEDLE ASPIRATION BIOPSY INCLUDING FLUOROSCOPIC GUIDANCE FIRST LESION
10008	FINE NEEDLE ASPIRATION BIOPSY INCLUDING FLUOROSCOPIC GUIDANCE EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

10009	FINE NEEDLE ASPIRATION BIOPSY INCLUDING CT GUIDANCE FIRST LESION
1000T	AUTOLOGOUS MUSCLE CELL THERAPY ADMINISTRATION OF MUSCLE PROGENITOR CELLS INTO THE URETHRAL SPHINCTER INCLUDING CYSTOSCOPY AND POST-VOID RESIDUAL ULTRASOUND WHEN PERFORMED
10010	FINE NEEDLE ASPIRATION BIOPSY INCLUDING CT GUIDANCE EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
10011	FINE NEEDLE ASPIRATION BIOPSY INCLUDING MR GUIDANCE FIRST LESION
10012	FINE NEEDLE ASPIRATION BIOPSY INCLUDING MR GUIDANCE EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
1001T	AUTOLOGOUS MUSCLE CELL THERAPY INJECTION OF MUSCLE PROGENITOR CELLS INTO THE EXTERNAL ANAL SPHINCTER INCLUDING ULTRASOUND GUIDANCE WHEN PERFORMED
10021	FINE NEEDLE ASPIRATION BIOPSY WITHOUT IMAGING GUIDANCE FIRST LESION
1002T	AIR DISPLACEMENT PLETHYSMOGRAPHY WHOLE-BODY COMPOSITION ASSESSMENT WITH INTERPRETATION AND REPORT
10030	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG ABSCESS HEMATOMA SEROMA LYMPHOCELE CYST) SOFT TISSUE (EG EXTREMITY ABDOMINAL WALL NECK) PERCUTANEOUS
10035	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE(S) (EG CLIP METALLIC PELLET WIRE NEEDLE RADIOACTIVE SEEDS) PERCUTANEOUS INCLUDING IMAGING GUIDANCE FIRST LESION
10036	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE(S) (EG CLIP METALLIC PELLET WIRE NEEDLE RADIOACTIVE SEEDS) PERCUTANEOUS INCLUDING IMAGING GUIDANCE EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
1003T	ARTHROPLASTY FIRST CARPOMETACARPAL JOINT WITH DISTAL TRAPEZIAL AND PROXIMAL FIRST METACARPAL PROSTHETIC REPLACEMENT (EG FIRST CARPOMETACARPAL TOTAL JOINT)
10040	EXTRACTION (EG MARSUPIALIZATION OPENING OR REMOVAL OF MULTIPLE MILIA COMEDONES CYSTS PUSTULES)
1004T	ELECTRONIC ANALYSIS OF IMPLANTED SUB-SCALP CONTINUOUS BILATERAL ELECTROENCEPHALOGRAPHY MONITORING SYSTEM (EG CONTACT GROUP[S] GAIN BANDPASS FILTERS) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WITHOUT PROGRAMMING
1005T	ELECTRONIC ANALYSIS OF IMPLANTED SUB-SCALP CONTINUOUS BILATERAL ELECTROENCEPHALOGRAPHY MONITORING SYSTEM (EG CONTACT GROUP[S] GAIN BANDPASS FILTERS) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WITH PROGRAMMING FIRST 15 MINUTES FACE-TO-FACE TIME WITH PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
10060	INCISION AND DRAINAGE OF ABSCESS (EG CARBUNCLE SUPPURATIVE HIDRADENITIS CUTANEOUS OR SUBCUTANEOUS ABSCESS CYST FURUNCLE OR PARONYCHIA) SIMPLE OR SINGLE

10061	INCISION AND DRAINAGE OF ABSCESS (EG CARBUNCLE SUPPURATIVE HIDRADENITIS CUTANEOUS OR SUBCUTANEOUS ABSCESS CYST FURUNCLE OR PARONYCHIA) COMPLICATED OR MULTIPLE
1006T	ELECTRONIC ANALYSIS OF IMPLANTED SUB-SCALP CONTINUOUS BILATERAL ELECTROENCEPHALOGRAPHY MONITORING SYSTEM (EG CONTACT GROUP[S] GAIN BANDPASS FILTERS) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WITH PROGRAMMING EACH ADDITIONAL 15 MINUTES FACE-TO-FACE TIME WITH PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
1007T	ELECTROENCEPHALOGRAM FROM IMPLANTED SUB-SCALP CONTINUOUS BILATERAL ELECTROENCEPHALOGRAPHY MONITORING SYSTEM PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS ANALYSIS OF SPIKE AND SEIZURE DETECTION INTERPRETATION AND REPORT UP TO 30 DAYS OF RECORDING WITHOUT VIDEO
10080	INCISION AND DRAINAGE OF PILONIDAL CYST SIMPLE
10081	INCISION AND DRAINAGE OF PILONIDAL CYST COMPLICATED
1008T	REMOTE MONITORING OF SUB-SCALP IMPLANTED CONTINUOUS BILATERAL ELECTROENCEPHALOGRAPHY MONITORING SYSTEM DEVICE FITTING INITIAL SET-UP AND PATIENT EDUCATION IN WEARING OF SYSTEM AND USE OF EQUIPMENT
1009T	REMOTE MONITORING OF A SUB-SCALP IMPLANTED CONTINUOUS BILATERAL ELECTROENCEPHALOGRAPHY MONITORING SYSTEM PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS ANALYSIS OF SPIKE AND SEIZURE DETECTION INTERPRETATION AND REPORT UP TO 30 DAYS OF RECORDING WITHOUT VIDEO
1010T	COMPUTERIZED OPHTHALMIC ANALYSIS OF MONOCULAR EYE MOVEMENTS USING RETINAL-BASED EYE-TRACKING WITHOUT SPATIAL CALIBRATION INCLUDING FIXATION MICROSACCADES DRIFT AND HORIZONTAL SACCADES WHEN PERFORMED UNILATERAL OR BILATERAL WITH INTERPRETATION AND REPORT
1011T	PHOTOBIOMODULATION (PBM) THERAPY OF ORAL CAVITY INCLUDING PLACEMENT OF AN ORAL DEVICE MONITORING OF PATIENT TOLERANCE TO TREATMENT AND REMOVAL OF THE ORAL DEVICE
10120	INCISION AND REMOVAL OF FOREIGN BODY SUBCUTANEOUS TISSUES SIMPLE
10121	INCISION AND REMOVAL OF FOREIGN BODY SUBCUTANEOUS TISSUES COMPLICATED
1012T	MOTORIZED AB INTERNO TREPHINATION OF SCLERA (SCLEROSTOMY) OR TRABECULAR MESHWORK (TRABECULOSTOMY) 1 OR MORE INCLUDING INJECTION OF ANTIFIBROTIC AGENTS WHEN PERFORMED
1013T	LAPAROSCOPY SURGICAL IMPLANTATION OR REPLACEMENT OF LOWER ESOPHAGEAL SPHINCTER NEUROSTIMULATOR ELECTRODE ARRAY AND NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER REQUIRING POCKET CREATION AND CONNECTION BETWEEN ELECTRODE ARRAY AND PULSE GENERATOR OR RECEIVER INCLUDING CRUROPLASTY AND OR ELECTRONIC ANALYSIS WHEN PERFORMED

10140	INCISION AND DRAINAGE OF HEMATOMA SEROMA OR FLUID COLLECTION
1014T	LAPAROSCOPIC REVISION OR REMOVAL LOWER ESOPHAGEAL SPHINCTER NEUROSTIMULATOR ELECTRODES
1015T	REVISION OR REMOVAL LOWER ESOPHAGEAL SPHINCTER NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER
10160	PUNCTURE ASPIRATION OF ABSCESS HEMATOMA BULLA OR CYST
1016T	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG RATE PULSE AMPLITUDE AND DURATION CONFIGURATION OF WAVEFORM BATTERY STATUS ELECTRODE SELECTABILITY OUTPUT MODULATION CYCLING IMPEDANCE AND PATIENT MEASUREMENTS) LOWER ESOPHAGEAL SPHINCTER NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER INTRAOPERATIVE WITH PROGRAMMING
1017T	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG RATE PULSE AMPLITUDE AND DURATION CONFIGURATION OF WAVEFORM BATTERY STATUS ELECTRODE SELECTABILITY OUTPUT MODULATION CYCLING IMPEDANCE AND PATIENT MEASUREMENTS) LOWER ESOPHAGEAL SPHINCTER NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER SUBSEQUENT WITHOUT REPROGRAMMING
10180	INCISION AND DRAINAGE COMPLEX POSTOPERATIVE WOUND INFECTION
1018T	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG RATE PULSE AMPLITUDE AND DURATION CONFIGURATION OF WAVEFORM BATTERY STATUS ELECTRODE SELECTABILITY OUTPUT MODULATION CYCLING IMPEDANCE AND PATIENT MEASUREMENTS) LOWER ESOPHAGEAL SPHINCTER NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER SUBSEQUENT WITH REPROGRAMMING
1019T	LYMPHOVENOUS BYPASS INCLUDING ROBOTIC ASSISTANCE WHEN PERFORMED PER EXTREMITY
1020T	RAMAN SPECTROSCOPY OF 1 OR MORE SKIN LESIONS WITH PROBABILITY SCORE FOR MALIGNANT RISK DERIVED BY ALGORITHMIC ANALYSIS OF DATA FROM EACH LESION
1021T	ACTIVE THORACIC IRRIGATION (SEPARATE PROCEDURE)
1022T	PERCUTANEOUS TISSUE DISPLACEMENT ANY METHOD INCLUDING IMAGING GUIDANCE INTRA-ABDOMINAL PELVIC STRUCTURES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
1023T	PERCUTANEOUS TISSUE DISPLACEMENT ANY METHOD INCLUDING IMAGING GUIDANCE INTRATHORACIC STRUCTURES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
1024T	PERCUTANEOUS TISSUE DISPLACEMENT ANY METHOD INCLUDING IMAGING GUIDANCE SOFT TISSUE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
1025T	ALTERNATING ELECTRIC FIELDS DOSIMETRY AND DELIVERY-SIMULATION MODELING CREATION AND SELECTION OF PATIENT-SPECIFIC ARRAY LAYOUTS AND PLACEMENT VERIFICATION
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN UP TO 10% OF BODY SURFACE
11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN EACH ADDITIONAL 10% OF THE BODY SURFACE OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

11004	DEBRIDEMENT OF SKIN SUBCUTANEOUS TISSUE MUSCLE AND FASCIA FOR NECROTIZING SOFT TISSUE INFECTION EXTERNAL GENITALIA AND PERINEUM
11005	DEBRIDEMENT OF SKIN SUBCUTANEOUS TISSUE MUSCLE AND FASCIA FOR NECROTIZING SOFT TISSUE INFECTION ABDOMINAL WALL W WO FASCIAL CLOSURE
11006	DEBRIDEMENT OF SKIN SUBCUTANEOUS TISSUE MUSCLE AND FASCIA FOR NECROTIZING SOFT TISSUE INFECTION EXTERNAL GENITALIA PERINEUM AND ABDOMINAL WALL W WO FASCIAL CLOSURE
11008	REMOVAL OF PROSTHETIC MATERIAL OR MESH ABDOMINAL WALL FOR INFECTION (EG FOR CHRONIC OR RECURRENT MESH INFECTION OR NECROTIZING SOFT TISSUE INFECTION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTURE AND OR AN OPEN DISLOCATION (EG EXCISIONAL DEBRIDEMENT) SKIN AND SUBCUTANEOUS TISSUES
11011	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTURE AND OR AN OPEN DISLOCATION (EG EXCISIONAL DEBRIDEMENT) SKIN SUBCUTANEOUS TISSUE MUSCLE FASCIA AND MUSCLE
11012	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTURE AND OR AN OPEN DISLOCATION (EG EXCISIONAL DEBRIDEMENT) SKIN SUBCUTANEOUS TISSUE MUSCLE FASCIA MUSCLE AND BONE
11042	DEBRIDEMENT SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS IF PERFORMED) FIRST 20 SQ CM OR LESS
11043	DEBRIDEMENT MUSCLE AND OR FASCIA (INCLUDES EPIDERMIS DERMIS AND SUBCUTANEOUS TISSUE IF PERFORMED) FIRST 20 SQ CM OR LESS
11044	DEBRIDEMENT BONE (INCLUDES EPIDERMIS DERMIS SUBCUTANEOUS TISSUE MUSCLE AND OR FASCIA IF PERFORMED) FIRST 20 SQ CM OR LESS
11045	DEBRIDEMENT SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS IF PERFORMED) EACH ADDITIONAL 20 SQ CM OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
11046	DEBRIDEMENT MUSCLE AND OR FASCIA (INCLUDES EPIDERMIS DERMIS AND SUBCUTANEOUS TISSUE IF PERFORMED) EACH ADDITIONAL 20 SQ CM OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
11047	DEBRIDEMENT BONE (INCLUDES EPIDERMIS DERMIS SUBCUTANEOUS TISSUE MUSCLE AND OR FASCIA IF PERFORMED) EACH ADDITIONAL 20 SQ CM OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG CORN OR CALLUS) SINGLE LESION
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG CORN OR CALLUS) 2 TO 4 LESIONS

11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG CORN OR CALLUS) MORE THAN 4 LESIONS
11102	TANGENTIAL BIOPSY OF SKIN (EG SHAVE SCOOP SAUCERIZE CURETTE) SINGLE LESION
11103	TANGENTIAL BIOPSY OF SKIN (EG SHAVE SCOOP SAUCERIZE CURETTE) EACH SEPARATE ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE WHEN PERFORMED) SINGLE LESION
11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE WHEN PERFORMED) EACH SEPARATE ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
11106	INCISIONAL BIOPSY OF SKIN (EG WEDGE) (INCLUDING SIMPLE CLOSURE WHEN PERFORMED) SINGLE LESION
11107	INCISIONAL BIOPSY OF SKIN (EG WEDGE) (INCLUDING SIMPLE CLOSURE WHEN PERFORMED) EACH SEPARATE ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
11200	REMOVAL OF SKIN TAGS MULTIPLE FIBROCUTANEOUS TAGS ANY AREA UP TO AND INCLUDING 15 LESIONS
11201	REMOVAL OF SKIN TAGS MULTIPLE FIBROCUTANEOUS TAGS ANY AREA EACH ADDITIONAL 10 LESIONS OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
11300	SHAVING OF EPIDERMAL OR DERMAL LESION SINGLE LESION TRUNK ARMS OR LEGS LESION DIAMETER 0.5 CM OR LESS
11301	SHAVING OF EPIDERMAL OR DERMAL LESION SINGLE LESION TRUNK ARMS OR LEGS LESION DIAMETER 0.6 TO 1.0 CM
11302	SHAVING OF EPIDERMAL OR DERMAL LESION SINGLE LESION TRUNK ARMS OR LEGS LESION DIAMETER 1.1 TO 2.0 CM
11303	SHAVING OF EPIDERMAL OR DERMAL LESION SINGLE LESION TRUNK ARMS OR LEGS LESION DIAMETER OVER 2.0 CM
11305	SHAVING OF EPIDERMAL OR DERMAL LESION SINGLE LESION SCALP NECK HANDS FEET GENITALIA LESION DIAMETER 0.5 CM OR LESS
11306	SHAVING OF EPIDERMAL OR DERMAL LESION SINGLE LESION SCALP NECK HANDS FEET GENITALIA LESION DIAMETER 0.6 TO 1.0 CM
11307	SHAVING OF EPIDERMAL OR DERMAL LESION SINGLE LESION SCALP NECK HANDS FEET GENITALIA LESION DIAMETER 1.1 TO 2.0 CM
11308	SHAVING OF EPIDERMAL OR DERMAL LESION SINGLE LESION SCALP NECK HANDS FEET GENITALIA LESION DIAMETER OVER 2.0 CM
11310	SHAVING OF EPIDERMAL OR DERMAL LESION SINGLE LESION FACE EARS EYELIDS NOSE LIPS MUCOUS MEMBRANE LESION DIAMETER 0.5 CM OR LESS
11311	SHAVING OF EPIDERMAL OR DERMAL LESION SINGLE LESION FACE EARS EYELIDS NOSE LIPS MUCOUS MEMBRANE LESION DIAMETER 0.6 TO 1.0 CM

11312	SHAVING OF EPIDERMAL OR DERMAL LESION SINGLE LESION FACE EARS EYELIDS NOSE LIPS MUCOUS MEMBRANE LESION DIAMETER 1.1 TO 2.0 CM
11313	SHAVING OF EPIDERMAL OR DERMAL LESION SINGLE LESION FACE EARS EYELIDS NOSE LIPS MUCOUS MEMBRANE LESION DIAMETER OVER 2.0 CM
11400	EXCISION BENIGN LESION INCLUDING MARGINS EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE) TRUNK ARMS OR LEGS EXCISED DIAMETER 0.5 CM OR LESS
11401	EXCISION BENIGN LESION INCLUDING MARGINS EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE) TRUNK ARMS OR LEGS EXCISED DIAMETER 0.6 TO 1.0 CM
11402	EXCISION BENIGN LESION INCLUDING MARGINS EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE) TRUNK ARMS OR LEGS EXCISED DIAMETER 1.1 TO 2.0 CM
11403	EXCISION BENIGN LESION INCLUDING MARGINS EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE) TRUNK ARMS OR LEGS EXCISED DIAMETER 2.1 TO 3.0 CM
11404	EXCISION BENIGN LESION INCLUDING MARGINS EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE) TRUNK ARMS OR LEGS EXCISED DIAMETER 3.1 TO 4.0 CM
11406	EXCISION BENIGN LESION INCLUDING MARGINS EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE) TRUNK ARMS OR LEGS EXCISED DIAMETER OVER 4.0 CM
11420	EXCISION BENIGN LESION INCLUDING MARGINS EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE) SCALP NECK HANDS FEET GENITALIA EXCISED DIAMETER 0.5 CM OR LESS
11421	EXCISION BENIGN LESION INCLUDING MARGINS EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE) SCALP NECK HANDS FEET GENITALIA EXCISED DIAMETER 0.6 TO 1.0 CM
11422	EXCISION BENIGN LESION INCLUDING MARGINS EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE) SCALP NECK HANDS FEET GENITALIA EXCISED DIAMETER 1.1 TO 2.0 CM
11423	EXCISION BENIGN LESION INCLUDING MARGINS EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE) SCALP NECK HANDS FEET GENITALIA EXCISED DIAMETER 2.1 TO 3.0 CM
11424	EXCISION BENIGN LESION INCLUDING MARGINS EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE) SCALP NECK HANDS FEET GENITALIA EXCISED DIAMETER 3.1 TO 4.0 CM
11426	EXCISION BENIGN LESION INCLUDING MARGINS EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE) SCALP NECK HANDS FEET GENITALIA EXCISED DIAMETER OVER 4.0 CM
11440	EXCISION OTHER BENIGN LESION INCLUDING MARGINS EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE) FACE EARS EYELIDS NOSE LIPS MUCOUS MEMBRANE EXCISED DIAMETER 0.5 CM OR LESS
11441	EXCISION OTHER BENIGN LESION INCLUDING MARGINS EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE) FACE EARS EYELIDS NOSE LIPS MUCOUS MEMBRANE EXCISED DIAMETER 0.6 TO 1.0 CM
11442	EXCISION OTHER BENIGN LESION INCLUDING MARGINS EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE) FACE EARS EYELIDS NOSE LIPS MUCOUS MEMBRANE EXCISED DIAMETER 1.1 TO 2.0 CM

11443	EXCISION OTHER BENIGN LESION INCLUDING MARGINS EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE) FACE EARS EYELIDS NOSE LIPS MUCOUS MEMBRANE EXCISED DIAMETER 2.1 TO 3.0 CM
11444	EXCISION OTHER BENIGN LESION INCLUDING MARGINS EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE) FACE EARS EYELIDS NOSE LIPS MUCOUS MEMBRANE EXCISED DIAMETER 3.1 TO 4.0 CM
11446	EXCISION OTHER BENIGN LESION INCLUDING MARGINS EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE) FACE EARS EYELIDS NOSE LIPS MUCOUS MEMBRANE EXCISED DIAMETER OVER 4.0 CM
11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS AXILLARY WITH SIMPLE OR INTERMEDIATE REPAIR
11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS AXILLARY WITH COMPLEX REPAIR
11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS INGUINAL WITH SIMPLE OR INTERMEDIATE REPAIR
11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS INGUINAL WITH COMPLEX REPAIR
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS PERIANAL PERINEAL OR UMBILICAL WITH SIMPLE OR INTERMEDIATE REPAIR
11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS PERIANAL PERINEAL OR UMBILICAL WITH COMPLEX REPAIR
11600	EXCISION MALIGNANT LESION INCLUDING MARGINS TRUNK ARMS OR LEGS EXCISED DIAMETER 0.5 CM OR LESS
11601	EXCISION MALIGNANT LESION INCLUDING MARGINS TRUNK ARMS OR LEGS EXCISED DIAMETER 0.6 TO 1.0 CM
11602	EXCISION MALIGNANT LESION INCLUDING MARGINS TRUNK ARMS OR LEGS EXCISED DIAMETER 1.1 TO 2.0 CM
11603	EXCISION MALIGNANT LESION INCLUDING MARGINS TRUNK ARMS OR LEGS EXCISED DIAMETER 2.1 TO 3.0 CM
11604	EXCISION MALIGNANT LESION INCLUDING MARGINS TRUNK ARMS OR LEGS EXCISED DIAMETER 3.1 TO 4.0 CM
11606	EXCISION MALIGNANT LESION INCLUDING MARGINS TRUNK ARMS OR LEGS EXCISED DIAMETER OVER 4.0 CM
11620	EXCISION MALIGNANT LESION INCLUDING MARGINS SCALP NECK HANDS FEET GENITALIA EXCISED DIAMETER 0.5 CM OR LESS
11621	EXCISION MALIGNANT LESION INCLUDING MARGINS SCALP NECK HANDS FEET GENITALIA EXCISED DIAMETER 0.6 TO 1.0 CM
11622	EXCISION MALIGNANT LESION INCLUDING MARGINS SCALP NECK HANDS FEET GENITALIA EXCISED DIAMETER 1.1 TO 2.0 CM

11623	EXCISION MALIGNANT LESION INCLUDING MARGINS SCALP NECK HANDS FEET GENITALIA EXCISED DIAMETER 2.1 TO 3.0 CM
11624	EXCISION MALIGNANT LESION INCLUDING MARGINS SCALP NECK HANDS FEET GENITALIA EXCISED DIAMETER 3.1 TO 4.0 CM
11626	EXCISION MALIGNANT LESION INCLUDING MARGINS SCALP NECK HANDS FEET GENITALIA EXCISED DIAMETER OVER 4.0 CM
11640	EXCISION MALIGNANT LESION INCLUDING MARGINS FACE EARS EYELIDS NOSE LIPS EXCISED DIAMETER 0.5 CM OR LESS
11641	EXCISION MALIGNANT LESION INCLUDING MARGINS FACE EARS EYELIDS NOSE LIPS EXCISED DIAMETER 0.6 TO 1.0 CM
11642	EXCISION MALIGNANT LESION INCLUDING MARGINS FACE EARS EYELIDS NOSE LIPS EXCISED DIAMETER 1.1 TO 2.0 CM
11643	EXCISION MALIGNANT LESION INCLUDING MARGINS FACE EARS EYELIDS NOSE LIPS EXCISED DIAMETER 2.1 TO 3.0 CM
11644	EXCISION MALIGNANT LESION INCLUDING MARGINS FACE EARS EYELIDS NOSE LIPS EXCISED DIAMETER 3.1 TO 4.0 CM
11646	EXCISION MALIGNANT LESION INCLUDING MARGINS FACE EARS EYELIDS NOSE LIPS EXCISED DIAMETER OVER 4.0 CM
11719	TRIMMING OF NONDYSTROPHIC NAILS ANY NUMBER
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S) 1 TO 5
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S) 6 OR MORE
11730	AVULSION OF NAIL PLATE PARTIAL OR COMPLETE SIMPLE SINGLE
11732	AVULSION OF NAIL PLATE PARTIAL OR COMPLETE SIMPLE EACH ADDITIONAL NAIL PLATE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
11740	EVACUATION OF SUBUNGUAL HEMATOMA
11750	EXCISION OF NAIL AND NAIL MATRIX PARTIAL OR COMPLETE (EG INGROWN OR DEFORMED NAIL) FOR PERMANENT REMOVAL
11755	BIOPSY OF NAIL UNIT (EG PLATE BED MATRIX HYPONYCHIUM PROXIMAL AND LATERAL NAIL FOLDS) (SEPARATE PROCEDURE)
11760	REPAIR OF NAIL BED
11762	RECONSTRUCTION OF NAIL BED WITH GRAFT
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG FOR INGROWN TOENAIL)
11770	EXCISION OF PILONIDAL CYST OR SINUS SIMPLE
11771	EXCISION OF PILONIDAL CYST OR SINUS EXTENSIVE

11772	EXCISION OF PILONIDAL CYST OR SINUS COMPLICATED
11900	INJECTION INTRALESIONAL UP TO AND INCLUDING 7 LESIONS
11901	INJECTION INTRALESIONAL MORE THAN 7 LESIONS
11920	TATTOOING INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN INCLUDING MICROPIGMENTATION 6.0 SQ CM OR LESS
11921	TATTOOING INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN INCLUDING MICROPIGMENTATION 6.1 TO 20.0 SQ CM
11922	TATTOOING INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN INCLUDING MICROPIGMENTATION EACH ADDITIONAL 20.0 SQ CM OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
11950	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG COLLAGEN) 1 CC OR LESS
11951	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG COLLAGEN) 1.1 TO 5.0 CC
11952	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG COLLAGEN) 5.1 TO 10.0 CC
11954	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG COLLAGEN) OVER 10.0 CC
11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST INCLUDING SUBSEQUENT EXPANSION
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT
11971	REMOVAL OF TISSUE EXPANDER WITHOUT INSERTION OF IMPLANT
11976	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES
11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPLANTATION OF ESTRADIOL AND OR TESTOSTERONE PELLETS BENEATH THE SKIN)
11981	INSERTION DRUG-DELIVERY IMPLANT (IE BIORESORBABLE BIODEGRADABLE NON-BIODEGRADABLE)
11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT
11983	REMOVAL WITH REINSERTION NON-BIODEGRADABLE DRUG DELIVERY IMPLANT
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP NECK AXILLAE EXTERNAL GENITALIA TRUNK AND OR EXTREMITIES (INCLUDING HANDS AND FEET) 2.5 CM OR LESS
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP NECK AXILLAE EXTERNAL GENITALIA TRUNK AND OR EXTREMITIES (INCLUDING HANDS AND FEET) 2.6 CM TO 7.5 CM
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP NECK AXILLAE EXTERNAL GENITALIA TRUNK AND OR EXTREMITIES (INCLUDING HANDS AND FEET) 7.6 CM TO 12.5 CM
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP NECK AXILLAE EXTERNAL GENITALIA TRUNK AND OR EXTREMITIES (INCLUDING HANDS AND FEET) 12.6 CM TO 20.0 CM
12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP NECK AXILLAE EXTERNAL GENITALIA TRUNK AND OR EXTREMITIES (INCLUDING HANDS AND FEET) 20.1 CM TO 30.0 CM

12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP NECK AXILLAE EXTERNAL GENITALIA TRUNK AND OR EXTREMITIES (INCLUDING HANDS AND FEET) OVER 30.0 CM
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE EARS EYELIDS NOSE LIPS AND OR MUCOUS MEMBRANES 2.5 CM OR LESS
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE EARS EYELIDS NOSE LIPS AND OR MUCOUS MEMBRANES 2.6 CM TO 5.0 CM
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE EARS EYELIDS NOSE LIPS AND OR MUCOUS MEMBRANES 5.1 CM TO 7.5 CM
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE EARS EYELIDS NOSE LIPS AND OR MUCOUS MEMBRANES 7.6 CM TO 12.5 CM
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE EARS EYELIDS NOSE LIPS AND OR MUCOUS MEMBRANES 12.6 CM TO 20.0 CM
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE EARS EYELIDS NOSE LIPS AND OR MUCOUS MEMBRANES 20.1 CM TO 30.0 CM
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE EARS EYELIDS NOSE LIPS AND OR MUCOUS MEMBRANES OVER 30.0 CM
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE WITH PACKING
12031	REPAIR INTERMEDIATE WOUNDS OF SCALP AXILLAE TRUNK AND OR EXTREMITIES (EXCLUDING HANDS AND FEET) 2.5 CM OR LESS
12032	REPAIR INTERMEDIATE WOUNDS OF SCALP AXILLAE TRUNK AND OR EXTREMITIES (EXCLUDING HANDS AND FEET) 2.6 CM TO 7.5 CM
12034	REPAIR INTERMEDIATE WOUNDS OF SCALP AXILLAE TRUNK AND OR EXTREMITIES (EXCLUDING HANDS AND FEET) 7.6 CM TO 12.5 CM
12035	REPAIR INTERMEDIATE WOUNDS OF SCALP AXILLAE TRUNK AND OR EXTREMITIES (EXCLUDING HANDS AND FEET) 12.6 CM TO 20.0 CM
12036	REPAIR INTERMEDIATE WOUNDS OF SCALP AXILLAE TRUNK AND OR EXTREMITIES (EXCLUDING HANDS AND FEET) 20.1 CM TO 30.0 CM
12037	REPAIR INTERMEDIATE WOUNDS OF SCALP AXILLAE TRUNK AND OR EXTREMITIES (EXCLUDING HANDS AND FEET) OVER 30.0 CM
12041	REPAIR INTERMEDIATE WOUNDS OF NECK HANDS FEET AND OR EXTERNAL GENITALIA 2.5 CM OR LESS
12042	REPAIR INTERMEDIATE WOUNDS OF NECK HANDS FEET AND OR EXTERNAL GENITALIA 2.6 CM TO 7.5 CM
12044	REPAIR INTERMEDIATE WOUNDS OF NECK HANDS FEET AND OR EXTERNAL GENITALIA 7.6 CM TO 12.5 CM
12045	REPAIR INTERMEDIATE WOUNDS OF NECK HANDS FEET AND OR EXTERNAL GENITALIA 12.6 CM TO 20.0 CM

12046	REPAIR INTERMEDIATE WOUNDS OF NECK HANDS FEET AND OR EXTERNAL GENITALIA 20.1 CM TO 30.0 CM
12047	REPAIR INTERMEDIATE WOUNDS OF NECK HANDS FEET AND OR EXTERNAL GENITALIA OVER 30.0 CM
12051	REPAIR INTERMEDIATE WOUNDS OF FACE EARS EYELIDS NOSE LIPS AND OR MUCOUS MEMBRANES 2.5 CM OR LESS
12052	REPAIR INTERMEDIATE WOUNDS OF FACE EARS EYELIDS NOSE LIPS AND OR MUCOUS MEMBRANES 2.6 CM TO 5.0 CM
12053	REPAIR INTERMEDIATE WOUNDS OF FACE EARS EYELIDS NOSE LIPS AND OR MUCOUS MEMBRANES 5.1 CM TO 7.5 CM
12054	REPAIR INTERMEDIATE WOUNDS OF FACE EARS EYELIDS NOSE LIPS AND OR MUCOUS MEMBRANES 7.6 CM TO 12.5 CM
12055	REPAIR INTERMEDIATE WOUNDS OF FACE EARS EYELIDS NOSE LIPS AND OR MUCOUS MEMBRANES 12.6 CM TO 20.0 CM
12056	REPAIR INTERMEDIATE WOUNDS OF FACE EARS EYELIDS NOSE LIPS AND OR MUCOUS MEMBRANES 20.1 CM TO 30.0 CM
12057	REPAIR INTERMEDIATE WOUNDS OF FACE EARS EYELIDS NOSE LIPS AND OR MUCOUS MEMBRANES OVER 30.0 CM
13100	REPAIR COMPLEX TRUNK 1.1 CM TO 2.5 CM
13101	REPAIR COMPLEX TRUNK 2.6 CM TO 7.5 CM
13102	REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
13120	REPAIR COMPLEX SCALP ARMS AND OR LEGS 1.1 CM TO 2.5 CM
13121	REPAIR COMPLEX SCALP ARMS AND OR LEGS 2.6 CM TO 7.5 CM
13122	REPAIR COMPLEX SCALP ARMS AND OR LEGS EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
13131	REPAIR COMPLEX FOREHEAD CHEEKS CHIN MOUTH NECK AXILLAE GENITALIA HANDS AND OR FEET 1.1 CM TO 2.5 CM
13132	REPAIR COMPLEX FOREHEAD CHEEKS CHIN MOUTH NECK AXILLAE GENITALIA HANDS AND OR FEET 2.6 CM TO 7.5 CM
13133	REPAIR COMPLEX FOREHEAD CHEEKS CHIN MOUTH NECK AXILLAE GENITALIA HANDS AND OR FEET EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
13151	REPAIR COMPLEX EYELIDS NOSE EARS AND OR LIPS 1.1 CM TO 2.5 CM
13152	REPAIR COMPLEX EYELIDS NOSE EARS AND OR LIPS 2.6 CM TO 7.5 CM
13153	REPAIR COMPLEX EYELIDS NOSE EARS AND OR LIPS EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE EXTENSIVE OR COMPLICATED
14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT TRUNK DEFECT 10 SQ CM OR LESS
14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT TRUNK DEFECT 10.1 SQ CM TO 30.0 SQ CM
14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT SCALP ARMS AND OR LEGS DEFECT 10 SQ CM OR LESS
14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT SCALP ARMS AND OR LEGS DEFECT 10.1 SQ CM TO 30.0 SQ CM
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT FOREHEAD CHEEKS CHIN MOUTH NECK AXILLAE GENITALIA HANDS AND OR FEET DEFECT 10 SQ CM OR LESS
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT FOREHEAD CHEEKS CHIN MOUTH NECK AXILLAE GENITALIA HANDS AND OR FEET DEFECT 10.1 SQ CM TO 30.0 SQ CM
14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT EYELIDS NOSE EARS AND OR LIPS DEFECT 10 SQ CM OR LESS
14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT EYELIDS NOSE EARS AND OR LIPS DEFECT 10.1 SQ CM TO 30.0 SQ CM
14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT ANY AREA DEFECT 30.1 SQ CM TO 60.0 SQ CM
14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT ANY AREA EACH ADDITIONAL 30.0 SQ CM OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
14350	FILLETED FINGER OR TOE FLAP INCLUDING PREPARATION OF RECIPIENT SITE
15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS BURN ESCHAR OR SCAR (INCLUDING SUBCUTANEOUS TISSUES) OR INCISIONAL RELEASE OF SCAR CONTRACTURE TRUNK ARMS LEGS FIRST 100 SQ CM OR 1% OF BODY AREA OF INFANTS AND CHILDREN
15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS BURN ESCHAR OR SCAR (INCLUDING SUBCUTANEOUS TISSUES) OR INCISIONAL RELEASE OF SCAR CONTRACTURE TRUNK ARMS LEGS EACH ADDITIONAL 100 SQ CM OR PART THEREOF OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS BURN ESCHAR OR SCAR (INCLUDING SUBCUTANEOUS TISSUES) OR INCISIONAL RELEASE OF SCAR CONTRACTURE FACE SCALP EYELIDS MOUTH NECK EARS ORBITS GENITALIA HANDS FEET AND OR MULTIPLE DIGITS FIRST 100 SQ CM OR 1% OF BODY AREA OF INFANTS AND CHILDREN
15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS BURN ESCHAR OR SCAR (INCLUDING SUBCUTANEOUS TISSUES) OR INCISIONAL RELEASE OF SCAR CONTRACTURE FACE SCALP EYELIDS MOUTH NECK EARS ORBITS GENITALIA HANDS FEET AND OR MULTIPLE DIGITS EACH ADDITIONAL 100 SQ CM OR PART THEREOF OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

15011	HARVEST OF SKIN FOR SKIN CELL SUSPENSION AUTOGRAFT FIRST 25 SQ CM OR LESS
15012	HARVEST OF SKIN FOR SKIN CELL SUSPENSION AUTOGRAFT EACH ADDITIONAL 25 SQ CM OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15013	PREPARATION OF SKIN CELL SUSPENSION AUTOGRAFT REQUIRING ENZYMATIC PROCESSING MANUAL MECHANICAL DISAGGREGATION OF SKIN CELLS AND FILTRATION FIRST 25 SQ CM OR LESS OF HARVESTED SKIN
15014	PREPARATION OF SKIN CELL SUSPENSION AUTOGRAFT REQUIRING ENZYMATIC PROCESSING MANUAL MECHANICAL DISAGGREGATION OF SKIN CELLS AND FILTRATION EACH ADDITIONAL 25 SQ CM OF HARVESTED SKIN OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15015	APPLICATION OF SKIN CELL SUSPENSION AUTOGRAFT TO WOUND AND DONOR SITES INCLUDING APPLICATION OF PRIMARY DRESSING TRUNK ARMS LEGS FIRST 480 SQ CM OR LESS
15016	APPLICATION OF SKIN CELL SUSPENSION AUTOGRAFT TO WOUND AND DONOR SITES INCLUDING APPLICATION OF PRIMARY DRESSING TRUNK ARMS LEGS EACH ADDITIONAL 480 SQ CM OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15017	APPLICATION OF SKIN CELL SUSPENSION AUTOGRAFT TO WOUND AND DONOR SITES INCLUDING APPLICATION OF PRIMARY DRESSING FACE SCALP EYELIDS MOUTH NECK EARS ORBITS GENITALIA HANDS FEET AND OR MULTIPLE DIGITS FIRST 480 SQ CM OR LESS
15018	APPLICATION OF SKIN CELL SUSPENSION AUTOGRAFT TO WOUND AND DONOR SITES INCLUDING APPLICATION OF PRIMARY DRESSING FACE SCALP EYELIDS MOUTH NECK EARS ORBITS GENITALIA HANDS FEET AND OR MULTIPLE DIGITS EACH ADDITIONAL 480 SQ CM OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15040	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT 100 SQ CM OR LESS
15050	PINCH GRAFT SINGLE OR MULTIPLE TO COVER SMALL ULCER TIP OF DIGIT OR OTHER MINIMAL OPEN AREA (EXCEPT ON FACE) UP TO DEFECT SIZE 2 CM DIAMETER
15100	SPLIT-THICKNESS AUTOGRAFT TRUNK ARMS LEGS FIRST 100 SQ CM OR LESS OR 1% OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)
15101	SPLIT-THICKNESS AUTOGRAFT TRUNK ARMS LEGS EACH ADDITIONAL 100 SQ CM OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15110	EPIDERMAL AUTOGRAFT TRUNK ARMS LEGS FIRST 100 SQ CM OR LESS OR 1% OF BODY AREA OF INFANTS AND CHILDREN
15111	EPIDERMAL AUTOGRAFT TRUNK ARMS LEGS EACH ADDITIONAL 100 SQ CM OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

15115	EPIDERMAL AUTOGRAFT FACE SCALP EYELIDS MOUTH NECK EARS ORBITS GENITALIA HANDS FEET AND OR MULTIPLE DIGITS FIRST 100 SQ CM OR LESS OR 1% OF BODY AREA OF INFANTS AND CHILDREN
15116	EPIDERMAL AUTOGRAFT FACE SCALP EYELIDS MOUTH NECK EARS ORBITS GENITALIA HANDS FEET AND OR MULTIPLE DIGITS EACH ADDITIONAL 100 SQ CM OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15120	SPLIT-THICKNESS AUTOGRAFT FACE SCALP EYELIDS MOUTH NECK EARS ORBITS GENITALIA HANDS FEET AND OR MULTIPLE DIGITS FIRST 100 SQ CM OR LESS OR 1% OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)
15121	SPLIT-THICKNESS AUTOGRAFT FACE SCALP EYELIDS MOUTH NECK EARS ORBITS GENITALIA HANDS FEET AND OR MULTIPLE DIGITS EACH ADDITIONAL 100 SQ CM OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15130	DERMAL AUTOGRAFT TRUNK ARMS LEGS FIRST 100 SQ CM OR LESS OR 1% OF BODY AREA OF INFANTS AND CHILDREN
15131	DERMAL AUTOGRAFT TRUNK ARMS LEGS EACH ADDITIONAL 100 SQ CM OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15135	DERMAL AUTOGRAFT FACE SCALP EYELIDS MOUTH NECK EARS ORBITS GENITALIA HANDS FEET AND OR MULTIPLE DIGITS FIRST 100 SQ CM OR LESS OR 1% OF BODY AREA OF INFANTS AND CHILDREN
15136	DERMAL AUTOGRAFT FACE SCALP EYELIDS MOUTH NECK EARS ORBITS GENITALIA HANDS FEET AND OR MULTIPLE DIGITS EACH ADDITIONAL 100 SQ CM OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15150	TISSUE CULTURED SKIN AUTOGRAFT TRUNK ARMS LEGS FIRST 25 SQ CM OR LESS
15151	TISSUE CULTURED SKIN AUTOGRAFT TRUNK ARMS LEGS ADDITIONAL 1 SQ CM TO 75 SQ CM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15152	TISSUE CULTURED SKIN AUTOGRAFT TRUNK ARMS LEGS EACH ADDITIONAL 100 SQ CM OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15155	TISSUE CULTURED SKIN AUTOGRAFT FACE SCALP EYELIDS MOUTH NECK EARS ORBITS GENITALIA HANDS FEET AND OR MULTIPLE DIGITS FIRST 25 SQ CM OR LESS
15156	TISSUE CULTURED SKIN AUTOGRAFT FACE SCALP EYELIDS MOUTH NECK EARS ORBITS GENITALIA HANDS FEET AND OR MULTIPLE DIGITS ADDITIONAL 1 SQ CM TO 75 SQ CM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

15157	TISSUE CULTURED SKIN AUTOGRAFT FACE SCALP EYELIDS MOUTH NECK EARS ORBITS GENITALIA HANDS FEET AND OR MULTIPLE DIGITS EACH ADDITIONAL 100 SQ CM OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15200	FULL THICKNESS GRAFT FREE INCLUDING DIRECT CLOSURE OF DONOR SITE TRUNK 20 SQ CM OR LESS
15201	FULL THICKNESS GRAFT FREE INCLUDING DIRECT CLOSURE OF DONOR SITE TRUNK EACH ADDITIONAL 20 SQ CM OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15220	FULL THICKNESS GRAFT FREE INCLUDING DIRECT CLOSURE OF DONOR SITE SCALP ARMS AND OR LEGS 20 SQ CM OR LESS
15221	FULL THICKNESS GRAFT FREE INCLUDING DIRECT CLOSURE OF DONOR SITE SCALP ARMS AND OR LEGS EACH ADDITIONAL 20 SQ CM OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15240	FULL THICKNESS GRAFT FREE INCLUDING DIRECT CLOSURE OF DONOR SITE FOREHEAD CHEEKS CHIN MOUTH NECK AXILLAE GENITALIA HANDS AND OR FEET 20 SQ CM OR LESS
15241	FULL THICKNESS GRAFT FREE INCLUDING DIRECT CLOSURE OF DONOR SITE FOREHEAD CHEEKS CHIN MOUTH NECK AXILLAE GENITALIA HANDS AND OR FEET EACH ADDITIONAL 20 SQ CM OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15260	FULL THICKNESS GRAFT FREE INCLUDING DIRECT CLOSURE OF DONOR SITE NOSE EARS EYELIDS AND OR LIPS 20 SQ CM OR LESS
15261	FULL THICKNESS GRAFT FREE INCLUDING DIRECT CLOSURE OF DONOR SITE NOSE EARS EYELIDS AND OR LIPS EACH ADDITIONAL 20 SQ CM OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15271	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK ARMS LEGS TOTAL WOUND SURFACE AREA UP TO 100 SQ CM FIRST 25 SQ CM OR LESS WOUND SURFACE AREA
15272	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK ARMS LEGS TOTAL WOUND SURFACE AREA UP TO 100 SQ CM EACH ADDITIONAL 25 SQ CM WOUND SURFACE AREA OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15273	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK ARMS LEGS TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM FIRST 100 SQ CM WOUND SURFACE AREA OR 1% OF BODY AREA OF INFANTS AND CHILDREN
15274	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK ARMS LEGS TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM EACH ADDITIONAL 100 SQ CM WOUND SURFACE AREA OR PART THEREOF OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE SCALP EYELIDS MOUTH NECK EARS ORBITS GENITALIA HANDS FEET AND OR MULTIPLE DIGITS TOTAL WOUND SURFACE AREA UP TO 100 SQ CM FIRST 25 SQ CM OR LESS WOUND SURFACE AREA
15276	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE SCALP EYELIDS MOUTH NECK EARS ORBITS GENITALIA HANDS FEET AND OR MULTIPLE DIGITS TOTAL WOUND SURFACE AREA UP TO 100 SQ CM EACH ADDITIONAL 25 SQ CM WOUND SURFACE AREA OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15277	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE SCALP EYELIDS MOUTH NECK EARS ORBITS GENITALIA HANDS FEET AND OR MULTIPLE DIGITS TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM FIRST 100 SQ CM WOUND SURFACE AREA OR 1% OF BODY AREA OF INFANTS AND CHILDREN
15278	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE SCALP EYELIDS MOUTH NECK EARS ORBITS GENITALIA HANDS FEET AND OR MULTIPLE DIGITS TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM EACH ADDITIONAL 100 SQ CM WOUND SURFACE AREA OR PART THEREOF OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15570	FORMATION OF DIRECT OR TUBED PEDICLE W WO TRANSFER TRUNK
15572	FORMATION OF DIRECT OR TUBED PEDICLE W WO TRANSFER SCALP ARMS OR LEGS
15574	FORMATION OF DIRECT OR TUBED PEDICLE W WO TRANSFER FOREHEAD CHEEKS CHIN MOUTH NECK AXILLAE GENITALIA HANDS OR FEET
15576	FORMATION OF DIRECT OR TUBED PEDICLE W WO TRANSFER EYELIDS NOSE EARS LIPS OR INTRAORAL
15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET) AT TRUNK
15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET) AT SCALP ARMS OR LEGS
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET) AT FOREHEAD CHEEKS CHIN NECK AXILLAE GENITALIA HANDS OR FEET
15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET) AT EYELIDS NOSE EARS OR LIPS
15650	TRANSFER INTERMEDIATE OF ANY PEDICLE FLAP (EG ABDOMEN TO WRIST WALKING TUBE) ANY LOCATION
15730	MIDFACE FLAP (IE ZYGOMATICOFACIAL FLAP) WITH PRESERVATION OF VASCULAR PEDICLE(S)
15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG AXIAL PATTERN FLAP PARAMEDIAN FOREHEAD FLAP)
15733	MUSCLE MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP HEAD AND NECK WITH NAMED VASCULAR PEDICLE (IE BUCCINATORS GENIOGLOSSUS TEMPORALIS MASSETER STERNOCLEIDOMASTOID LEVATOR SCAPULAE)
15734	MUSCLE MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP TRUNK
15736	MUSCLE MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP UPPER EXTREMITY
15738	MUSCLE MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP LOWER EXTREMITY

15740	FLAP ISLAND PEDICLE REQUIRING IDENTIFICATION AND DISSECTION OF AN ANATOMICALLY NAMED AXIAL VESSEL
15750	FLAP NEUROVASCULAR PEDICLE
15756	FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS
15757	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS
15758	FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS
15760	GRAFT COMPOSITE (EG FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA) INCLUDING PRIMARY CLOSURE DONOR AREA
15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE OTHER HARVESTED BY DIRECT EXCISION (EG FAT DERMIS FASCIA)
15770	GRAFT DERMA-FAT-FASCIA
15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK BREASTS SCALP ARMS AND OR LEGS 50 CC OR LESS INJECTATE
15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK BREASTS SCALP ARMS AND OR LEGS EACH ADDITIONAL 50 CC INJECTATE OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO FACE EYELIDS MOUTH NECK EARS ORBITS GENITALIA HANDS AND OR FEET 25 CC OR LESS INJECTATE
15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO FACE EYELIDS MOUTH NECK EARS ORBITS GENITALIA HANDS AND OR FEET EACH ADDITIONAL 25 CC INJECTATE OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15775	PUNCH GRAFT FOR HAIR TRANSPLANT 1 TO 15 PUNCH GRAFTS
15776	PUNCH GRAFT FOR HAIR TRANSPLANT MORE THAN 15 PUNCH GRAFTS
15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE BREAST TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15778	IMPLANTATION OF ABSORBABLE MESH OR OTHER PROSTHESIS FOR DELAYED CLOSURE OF DEFECT(S) (IE EXTERNAL GENITALIA PERINEUM ABDOMINAL WALL) DUE TO SOFT TISSUE INFECTION OR TRAUMA
15780	DERMABRASION TOTAL FACE (EG FOR ACNE SCARRING FINE WRINKLING RHYTIDS GENERAL KERATOSIS)
15781	DERMABRASION SEGMENTAL FACE
15782	DERMABRASION REGIONAL OTHER THAN FACE
15783	DERMABRASION SUPERFICIAL ANY SITE (EG TATTOO REMOVAL)
15786	ABRASION SINGLE LESION (EG KERATOSIS SCAR)
15787	ABRASION EACH ADDITIONAL 4 LESIONS OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15788	CHEMICAL PEEL FACIAL EPIDERMAL

15789	CHEMICAL PEEL FACIAL DERMAL
15792	CHEMICAL PEEL NONFACIAL EPIDERMAL
15793	CHEMICAL PEEL NONFACIAL DERMAL
15819	CERVICOPLASTY
15820	BLEPHAROPLASTY LOWER EYELID
15821	BLEPHAROPLASTY LOWER EYELID WITH EXTENSIVE HERNIATED FAT PAD
15822	BLEPHAROPLASTY UPPER EYELID
15823	BLEPHAROPLASTY UPPER EYELID WITH EXCESSIVE SKIN WEIGHTING DOWN LID
15824	RHYTIDECTOMY FOREHEAD
15825	RHYTIDECTOMY NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP P-FLAP)
15826	RHYTIDECTOMY GLABELLAR FROWN LINES
15828	RHYTIDECTOMY CHEEK CHIN AND NECK
15829	RHYTIDECTOMY SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP
15830	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY) ABDOMEN INFRAUMBILICAL PANNICULECTOMY
15832	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY) THIGH
15833	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY) LEG
15834	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY) HIP
15835	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY) BUTTOCK
15836	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY) ARM
15837	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY) FOREARM OR HAND
15838	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY) SUBMENTAL FAT PAD
15839	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY) OTHER AREA
15840	GRAFT FOR FACIAL NERVE PARALYSIS FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)
15841	GRAFT FOR FACIAL NERVE PARALYSIS FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)
15842	GRAFT FOR FACIAL NERVE PARALYSIS FREE MUSCLE FLAP BY MICROSURGICAL TECHNIQUE
15845	GRAFT FOR FACIAL NERVE PARALYSIS REGIONAL MUSCLE TRANSFER
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)
15851	REMOVAL OF SUTURES OR STAPLES REQUIRING ANESTHESIA (IE GENERAL ANESTHESIA MODERATE SEDATION)
15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)

15853	REMOVAL OF SUTURES OR STAPLES NOT REQUIRING ANESTHESIA (LIST SEPARATELY IN ADDITION TO E M CODE)
15854	REMOVAL OF SUTURES AND STAPLES NOT REQUIRING ANESTHESIA (LIST SEPARATELY IN ADDITION TO E M CODE)
15860	INTRAVENOUS INJECTION OF AGENT (EG FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT
15876	SUCTION ASSISTED LIPECTOMY HEAD AND NECK
15877	SUCTION ASSISTED LIPECTOMY TRUNK
15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY
15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY
15920	EXCISION COCCYGEAL PRESSURE ULCER WITH COCCYGECTOMY WITH PRIMARY SUTURE
15922	EXCISION COCCYGEAL PRESSURE ULCER WITH COCCYGECTOMY WITH FLAP CLOSURE
15931	EXCISION SACRAL PRESSURE ULCER WITH PRIMARY SUTURE
15933	EXCISION SACRAL PRESSURE ULCER WITH PRIMARY SUTURE WITH OSTECTOMY
15934	EXCISION SACRAL PRESSURE ULCER WITH SKIN FLAP CLOSURE
15935	EXCISION SACRAL PRESSURE ULCER WITH SKIN FLAP CLOSURE WITH OSTECTOMY
15936	EXCISION SACRAL PRESSURE ULCER IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE
15937	EXCISION SACRAL PRESSURE ULCER IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE WITH OSTECTOMY
15940	EXCISION ISCHIAL PRESSURE ULCER WITH PRIMARY SUTURE
15941	EXCISION ISCHIAL PRESSURE ULCER WITH PRIMARY SUTURE WITH OSTECTOMY (ISCHIECTOMY)
15944	EXCISION ISCHIAL PRESSURE ULCER WITH SKIN FLAP CLOSURE
15945	EXCISION ISCHIAL PRESSURE ULCER WITH SKIN FLAP CLOSURE WITH OSTECTOMY
15946	EXCISION ISCHIAL PRESSURE ULCER WITH OSTECTOMY IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE
15950	EXCISION TROCHANTERIC PRESSURE ULCER WITH PRIMARY SUTURE
15951	EXCISION TROCHANTERIC PRESSURE ULCER WITH PRIMARY SUTURE WITH OSTECTOMY
15952	EXCISION TROCHANTERIC PRESSURE ULCER WITH SKIN FLAP CLOSURE
15953	EXCISION TROCHANTERIC PRESSURE ULCER WITH SKIN FLAP CLOSURE WITH OSTECTOMY
15956	EXCISION TROCHANTERIC PRESSURE ULCER IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE
15958	EXCISION TROCHANTERIC PRESSURE ULCER IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE WITH OSTECTOMY
15999	UNLISTED PROCEDURE EXCISION PRESSURE ULCER

16000	INITIAL TREATMENT FIRST DEGREE BURN WHEN NO MORE THAN LOCAL TREATMENT IS REQUIRED
16020	DRESSINGS AND OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS INITIAL OR SUBSEQUENT SMALL (LESS THAN 5% TOTAL BODY SURFACE AREA)
16025	DRESSINGS AND OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS INITIAL OR SUBSEQUENT MEDIUM (EG WHOLE FACE OR WHOLE EXTREMITY OR 5% TO 10% TOTAL BODY SURFACE AREA)
16030	DRESSINGS AND OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS INITIAL OR SUBSEQUENT LARGE (EG MORE THAN 1 EXTREMITY OR GREATER THAN 10% TOTAL BODY SURFACE AREA)
16035	ESCHAROTOMY INITIAL INCISION
16036	ESCHAROTOMY EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
17000	DESTRUCTION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) PREMALIGNANT LESIONS (EG ACTINIC KERATOSES) FIRST LESION
17003	DESTRUCTION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) PREMALIGNANT LESIONS (EG ACTINIC KERATOSES) SECOND THROUGH 14 LESIONS EACH (LIST SEPARATELY IN ADDITION TO CODE FOR FIRST LESION)
17004	DESTRUCTION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) PREMALIGNANT LESIONS (EG ACTINIC KERATOSES) 15 OR MORE LESIONS
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG LASER TECHNIQUE) LESS THAN 10 SQ CM
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG LASER TECHNIQUE) 10.0 TO 50.0 SQ CM
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG LASER TECHNIQUE) OVER 50.0 SQ CM
17110	DESTRUCTION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) OF BENIGN LESIONS OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS UP TO 14 LESIONS
17111	DESTRUCTION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) OF BENIGN LESIONS OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS 15 OR MORE LESIONS
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (IE PROUD FLESH)
17260	DESTRUCTION MALIGNANT LESION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) TRUNK ARMS OR LEGS LESION DIAMETER 0.5 CM OR LESS
17261	DESTRUCTION MALIGNANT LESION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) TRUNK ARMS OR LEGS LESION DIAMETER 0.6 TO 1.0 CM

17262	DESTRUCTION MALIGNANT LESION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) TRUNK ARMS OR LEGS LESION DIAMETER 1.1 TO 2.0 CM
17263	DESTRUCTION MALIGNANT LESION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) TRUNK ARMS OR LEGS LESION DIAMETER 2.1 TO 3.0 CM
17264	DESTRUCTION MALIGNANT LESION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) TRUNK ARMS OR LEGS LESION DIAMETER 3.1 TO 4.0 CM
17266	DESTRUCTION MALIGNANT LESION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) TRUNK ARMS OR LEGS LESION DIAMETER OVER 4.0 CM
17270	DESTRUCTION MALIGNANT LESION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) SCALP NECK HANDS FEET GENITALIA LESION DIAMETER 0.5 CM OR LESS
17271	DESTRUCTION MALIGNANT LESION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) SCALP NECK HANDS FEET GENITALIA LESION DIAMETER 0.6 TO 1.0 CM
17272	DESTRUCTION MALIGNANT LESION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) SCALP NECK HANDS FEET GENITALIA LESION DIAMETER 1.1 TO 2.0 CM
17273	DESTRUCTION MALIGNANT LESION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) SCALP NECK HANDS FEET GENITALIA LESION DIAMETER 2.1 TO 3.0 CM
17274	DESTRUCTION MALIGNANT LESION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) SCALP NECK HANDS FEET GENITALIA LESION DIAMETER 3.1 TO 4.0 CM
17276	DESTRUCTION MALIGNANT LESION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) SCALP NECK HANDS FEET GENITALIA LESION DIAMETER OVER 4.0 CM
17280	DESTRUCTION MALIGNANT LESION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) FACE EARS EYELIDS NOSE LIPS MUCOUS MEMBRANE LESION DIAMETER 0.5 CM OR LESS
17281	DESTRUCTION MALIGNANT LESION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) FACE EARS EYELIDS NOSE LIPS MUCOUS MEMBRANE LESION DIAMETER 0.6 TO 1.0 CM
17282	DESTRUCTION MALIGNANT LESION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) FACE EARS EYELIDS NOSE LIPS MUCOUS MEMBRANE LESION DIAMETER 1.1 TO 2.0 CM
17283	DESTRUCTION MALIGNANT LESION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) FACE EARS EYELIDS NOSE LIPS MUCOUS MEMBRANE LESION DIAMETER 2.1 TO 3.0 CM

17284	DESTRUCTION MALIGNANT LESION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) FACE EARS EYELIDS NOSE LIPS MUCOUS MEMBRANE LESION DIAMETER 3.1 TO 4.0 CM
17286	DESTRUCTION MALIGNANT LESION (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY SURGICAL CURETTEMENT) FACE EARS EYELIDS NOSE LIPS MUCOUS MEMBRANE LESION DIAMETER OVER 4.0 CM
17311	MOHS MICROGRAPHIC TECHNIQUE INCLUDING REMOVAL OF ALL GROSS TUMOR SURGICAL EXCISION OF TISSUE SPECIMENS MAPPING COLOR CODING OF SPECIMENS MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON AND HISTOPATHOLOGIC PREPARATION INCLUDING ROUTINE STAIN(S) (EG HEMATOXYLIN AND EOSIN TOLUIDINE BLUE) HEAD NECK HANDS FEET GENITALIA OR ANY LOCATION WITH SURGERY DIRECTLY INVOLVING MUSCLE CARTILAGE BONE TENDON MAJOR NERVES OR VESSELS FIRST STAGE UP TO 5 TISSUE BLOCKS
17312	MOHS MICROGRAPHIC TECHNIQUE INCLUDING REMOVAL OF ALL GROSS TUMOR SURGICAL EXCISION OF TISSUE SPECIMENS MAPPING COLOR CODING OF SPECIMENS MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON AND HISTOPATHOLOGIC PREPARATION INCLUDING ROUTINE STAIN(S) (EG HEMATOXYLIN AND EOSIN TOLUIDINE BLUE) HEAD NECK HANDS FEET GENITALIA OR ANY LOCATION WITH SURGERY DIRECTLY INVOLVING MUSCLE CARTILAGE BONE TENDON MAJOR NERVES OR VESSELS EACH ADDITIONAL STAGE AFTER THE FIRST STAGE UP TO 5 TISSUE BLOCKS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
17313	MOHS MICROGRAPHIC TECHNIQUE INCLUDING REMOVAL OF ALL GROSS TUMOR SURGICAL EXCISION OF TISSUE SPECIMENS MAPPING COLOR CODING OF SPECIMENS MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON AND HISTOPATHOLOGIC PREPARATION INCLUDING ROUTINE STAIN(S) (EG HEMATOXYLIN AND EOSIN TOLUIDINE BLUE) OF THE TRUNK ARMS OR LEGS FIRST STAGE UP TO 5 TISSUE BLOCKS
17314	MOHS MICROGRAPHIC TECHNIQUE INCLUDING REMOVAL OF ALL GROSS TUMOR SURGICAL EXCISION OF TISSUE SPECIMENS MAPPING COLOR CODING OF SPECIMENS MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON AND HISTOPATHOLOGIC PREPARATION INCLUDING ROUTINE STAIN(S) (EG HEMATOXYLIN AND EOSIN TOLUIDINE BLUE) OF THE TRUNK ARMS OR LEGS EACH ADDITIONAL STAGE AFTER THE FIRST STAGE UP TO 5 TISSUE BLOCKS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
17315	MOHS MICROGRAPHIC TECHNIQUE INCLUDING REMOVAL OF ALL GROSS TUMOR SURGICAL EXCISION OF TISSUE SPECIMENS MAPPING COLOR CODING OF SPECIMENS MICROSCOPIC EXAMINATION OF SPECIMENS BY THE SURGEON AND HISTOPATHOLOGIC PREPARATION INCLUDING ROUTINE STAIN(S) (EG HEMATOXYLIN AND EOSIN TOLUIDINE BLUE) EACH ADDITIONAL BLOCK AFTER THE FIRST 5 TISSUE BLOCKS ANY STAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
17340	CRYOTHERAPY (CO2 SLUSH LIQUID N2) FOR ACNE

17360	CHEMICAL EXFOLIATION FOR ACNE (EG ACNE PASTE ACID)
17380	ELECTROLYSIS EPILATION EACH 30 MINUTES
17999	UNLISTED PROCEDURE SKIN MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE
19000	PUNCTURE ASPIRATION OF CYST OF BREAST
19001	PUNCTURE ASPIRATION OF CYST OF BREAST EACH ADDITIONAL CYST (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
19020	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS DEEP
19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM
19081	BIOPSY BREAST WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP METALLIC PELLET) WHEN PERFORMED AND IMAGING OF THE BIOPSY SPECIMEN WHEN PERFORMED PERCUTANEOUS FIRST LESION INCLUDING STEREOTACTIC GUIDANCE
19082	BIOPSY BREAST WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP METALLIC PELLET) WHEN PERFORMED AND IMAGING OF THE BIOPSY SPECIMEN WHEN PERFORMED PERCUTANEOUS EACH ADDITIONAL LESION INCLUDING STEREOTACTIC GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
19083	BIOPSY BREAST WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP METALLIC PELLET) WHEN PERFORMED AND IMAGING OF THE BIOPSY SPECIMEN WHEN PERFORMED PERCUTANEOUS FIRST LESION INCLUDING ULTRASOUND GUIDANCE
19084	BIOPSY BREAST WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP METALLIC PELLET) WHEN PERFORMED AND IMAGING OF THE BIOPSY SPECIMEN WHEN PERFORMED PERCUTANEOUS EACH ADDITIONAL LESION INCLUDING ULTRASOUND GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
19085	BIOPSY BREAST WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP METALLIC PELLET) WHEN PERFORMED AND IMAGING OF THE BIOPSY SPECIMEN WHEN PERFORMED PERCUTANEOUS FIRST LESION INCLUDING MAGNETIC RESONANCE GUIDANCE
19086	BIOPSY BREAST WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP METALLIC PELLET) WHEN PERFORMED AND IMAGING OF THE BIOPSY SPECIMEN WHEN PERFORMED PERCUTANEOUS EACH ADDITIONAL LESION INCLUDING MAGNETIC RESONANCE GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
19100	BIOPSY OF BREAST PERCUTANEOUS NEEDLE CORE NOT USING IMAGING GUIDANCE (SEPARATE PROCEDURE)
19101	BIOPSY OF BREAST OPEN INCISIONAL
19105	ABLATION CRYOSURGICAL OF FIBROADENOMA INCLUDING ULTRASOUND GUIDANCE EACH FIBROADENOMA
19110	NIPPLE EXPLORATION W WO EXCISION OF A SOLITARY LACTIFEROUS DUCT OR A PAPILLOMA LACTIFEROUS DUCT

19112	EXCISION OF LACTIFEROUS DUCT FISTULA
19120	EXCISION OF CYST FIBROADENOMA OR OTHER BENIGN OR MALIGNANT TUMOR ABERRANT BREAST TISSUE DUCT LESION NIPPLE OR AREOLAR LESION (EXCEPT 19300) OPEN MALE OR FEMALE 1 OR MORE LESIONS
19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKER OPEN SINGLE LESION
19126	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKER OPEN EACH ADDITIONAL LESION SEPARATELY IDENTIFIED BY A PREOPERATIVE RADIOLOGICAL MARKER (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
19281	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP METALLIC PELLET WIRE NEEDLE RADIOACTIVE SEEDS) PERCUTANEOUS FIRST LESION INCLUDING MAMMOGRAPHIC GUIDANCE
19282	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP METALLIC PELLET WIRE NEEDLE RADIOACTIVE SEEDS) PERCUTANEOUS EACH ADDITIONAL LESION INCLUDING MAMMOGRAPHIC GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
19283	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP METALLIC PELLET WIRE NEEDLE RADIOACTIVE SEEDS) PERCUTANEOUS FIRST LESION INCLUDING STEREOTACTIC GUIDANCE
19284	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP METALLIC PELLET WIRE NEEDLE RADIOACTIVE SEEDS) PERCUTANEOUS EACH ADDITIONAL LESION INCLUDING STEREOTACTIC GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
19285	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP METALLIC PELLET WIRE NEEDLE RADIOACTIVE SEEDS) PERCUTANEOUS FIRST LESION INCLUDING ULTRASOUND GUIDANCE
19286	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP METALLIC PELLET WIRE NEEDLE RADIOACTIVE SEEDS) PERCUTANEOUS EACH ADDITIONAL LESION INCLUDING ULTRASOUND GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
19287	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP METALLIC PELLET WIRE NEEDLE RADIOACTIVE SEEDS) PERCUTANEOUS FIRST LESION INCLUDING MAGNETIC RESONANCE GUIDANCE
19288	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG CLIP METALLIC PELLET WIRE NEEDLE RADIOACTIVE SEEDS) PERCUTANEOUS EACH ADDITIONAL LESION INCLUDING MAGNETIC RESONANCE GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
19294	PREPARATION OF TUMOR CAVITY WITH PLACEMENT OF A RADIATION THERAPY APPLICATOR FOR INTRAOPERATIVE RADIATION THERAPY (IORT) CONCURRENT WITH PARTIAL MASTECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY INCLUDES IMAGING GUIDANCE ON DATE SEPARATE FROM PARTIAL MASTECTOMY

19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY INCLUDES IMAGING GUIDANCE CONCURRENT WITH PARTIAL MASTECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
19298	PLACEMENT OF RADIOTHERAPY AFTER LOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE AND BUTTON TYPE) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING (AT THE TIME OF OR SUBSEQUENT TO) PARTIAL MASTECTOMY INCLUDES IMAGING GUIDANCE
19300	MASTECTOMY FOR GYNECOMASTIA
19301	MASTECTOMY PARTIAL (EG LUMPECTOMY TYLECTOMY QUADRANTECTOMY SEGMENTECTOMY)
19302	MASTECTOMY PARTIAL (EG LUMPECTOMY TYLECTOMY QUADRANTECTOMY SEGMENTECTOMY) WITH AXILLARY LYMPHADENECTOMY
19303	MASTECTOMY SIMPLE COMPLETE
19305	MASTECTOMY RADICAL INCLUDING PECTORAL MUSCLES AXILLARY LYMPH NODES
19306	MASTECTOMY RADICAL INCLUDING PECTORAL MUSCLES AXILLARY AND INTERNAL MAMMARY LYMPH NODES (URBAN TYPE OPERATION)
19307	MASTECTOMY MODIFIED RADICAL INCLUDING AXILLARY LYMPH NODES W WO PECTORALIS MINOR MUSCLE BUT EXCLUDING PECTORALIS MAJOR MUSCLE
19316	MASTOPEXY
19318	BREAST REDUCTION
19325	BREAST AUGMENTATION WITH IMPLANT
19328	REMOVAL OF INTACT BREAST IMPLANT
19330	REMOVAL OF RUPTURED BREAST IMPLANT INCLUDING IMPLANT CONTENTS (EG SALINE SILICONE GEL)
19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE IMMEDIATE)
19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY
19350	NIPPLE AREOLA RECONSTRUCTION
19355	CORRECTION OF INVERTED NIPPLES
19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION INCLUDING SUBSEQUENT EXPANSION(S)
19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP
19364	BREAST RECONSTRUCTION WITH FREE FLAP (EG FTRAM DIEP SIEA GAP FLAP)
19367	BREAST RECONSTRUCTION WITH SINGLE-PEDICLED TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS (TRAM) FLAP
19368	BREAST RECONSTRUCTION WITH SINGLE-PEDICLED TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS (TRAM) FLAP REQUIRING SEPARATE MICROVASCULAR ANASTOMOSIS (SUPERCHARGING)

19369	BREAST RECONSTRUCTION WITH BIPEDICLED TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS (TRAM) FLAP
19370	REVISION OF PERI-IMPLANT CAPSULE BREAST INCLUDING CAPSULOTOMY CAPSULORRHAPHY AND OR PARTIAL CAPSULECTOMY
19371	PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS
19380	REVISION OF RECONSTRUCTED BREAST (EG SIGNIFICANT REMOVAL OF TISSUE RE-ADVANCEMENT AND OR RE-INSET OF FLAPS IN AUTOLOGOUS RECONSTRUCTION OR SIGNIFICANT CAPSULAR REVISION COMBINED WITH SOFT TISSUE EXCISION IN IMPLANT-BASED RECONSTRUCTION)
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT
19499	UNLISTED PROCEDURE BREAST
20100	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE) NECK
20101	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE) CHEST
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE) ABDOMEN FLANK BACK
20103	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE) EXTREMITY
20150	EXCISION OF EPIPHYSEAL BAR W WO AUTOGENOUS SOFT TISSUE GRAFT OBTAINED THROUGH SAME FASCIAL INCISION
20200	BIOPSY MUSCLE SUPERFICIAL
20205	BIOPSY MUSCLE DEEP
20206	BIOPSY MUSCLE PERCUTANEOUS NEEDLE
20220	BIOPSY BONE TROCAR OR NEEDLE SUPERFICIAL (EG ILIUM STERNUM SPINOUS PROCESS RIBS)
20225	BIOPSY BONE TROCAR OR NEEDLE DEEP (EG VERTEBRAL BODY FEMUR)
20240	BIOPSY BONE OPEN SUPERFICIAL (EG STERNUM SPINOUS PROCESS RIB PATELLA OLECRANON PROCESS CALCANEUS TARSAL METATARSAL CARPAL METACARPAL PHALANX)
20245	BIOPSY BONE OPEN DEEP (EG HUMERAL SHAFT ISCHIUM FEMORAL SHAFT)
20250	BIOPSY VERTEBRAL BODY OPEN THORACIC
20251	BIOPSY VERTEBRAL BODY OPEN LUMBAR OR CERVICAL
20500	INJECTION OF SINUS TRACT THERAPEUTIC (SEPARATE PROCEDURE)
20501	INJECTION OF SINUS TRACT DIAGNOSTIC (SINOGRAM)
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH SIMPLE
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH DEEP OR COMPLICATED
20526	INJECTION THERAPEUTIC (EG LOCAL ANESTHETIC CORTICOSTEROID) CARPAL TUNNEL
20527	INJECTION ENZYME (EG COLLAGENASE) PALMAR FASCIAL CORD (IE DUPUYTREN S CONTRACTURE)
20550	INJECTION(S) SINGLE TENDON SHEATH OR LIGAMENT APONEUROSIS (EG PLANTAR FASCIA)

20551	INJECTION(S) SINGLE TENDON ORIGIN INSERTION
20552	INJECTION(S) SINGLE OR MULTIPLE TRIGGER POINT(S) 1 OR 2 MUSCLE(S)
20553	INJECTION(S) SINGLE OR MULTIPLE TRIGGER POINT(S) 3 OR MORE MUSCLES
20555	PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE AND OR SOFT TISSUE FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION (AT THE TIME OF OR SUBSEQUENT TO THE PROCEDURE)
20560	NEEDLE INSERTION(S) WITHOUT INJECTION(S) 1 OR 2 MUSCLE(S)
20561	NEEDLE INSERTION(S) WITHOUT INJECTION(S) 3 OR MORE MUSCLES
20600	ARTHROCENTESIS ASPIRATION AND OR INJECTION SMALL JOINT OR BURSA (EG FINGERS TOES) WITHOUT ULTRASOUND GUIDANCE
20604	ARTHROCENTESIS ASPIRATION AND OR INJECTION SMALL JOINT OR BURSA (EG FINGERS TOES) WITH ULTRASOUND GUIDANCE WITH PERMANENT RECORDING AND REPORTING
20605	ARTHROCENTESIS ASPIRATION AND OR INJECTION INTERMEDIATE JOINT OR BURSA (EG TEMPOROMANDIBULAR ACROMIOCLAVICULAR WRIST ELBOW OR ANKLE OLECRANON BURSA) WITHOUT ULTRASOUND GUIDANCE
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
20610	ARTHROCENTESIS ASPIRATION AND OR INJECTION MAJOR JOINT OR BURSA (EG SHOULDER HIP KNEE SUBACROMIAL BURSA) WITHOUT ULTRASOUND GUIDANCE
20611	ARTHROCENTESIS ASPIRATION AND OR INJECTION MAJOR JOINT OR BURSA (EG SHOULDER HIP KNEE SUBACROMIAL BURSA) WITH ULTRASOUND GUIDANCE WITH PERMANENT RECORDING AND REPORTING
20612	ASPIRATION AND OR INJECTION OF GANGLION CYST(S) ANY LOCATION
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION INCLUDING REMOVAL (SEPARATE PROCEDURE)
20660	APPLICATION OF CRANIAL TONGS CALIPER OR STEREOTACTIC FRAME INCLUDING REMOVAL (SEPARATE PROCEDURE)
20661	APPLICATION OF HALO INCLUDING REMOVAL CRANIAL
20662	APPLICATION OF HALO INCLUDING REMOVAL PELVIC
20663	APPLICATION OF HALO INCLUDING REMOVAL FEMORAL
20664	APPLICATION OF HALO INCLUDING REMOVAL CRANIAL 6 OR MORE PINS PLACED FOR THIN SKULL OSTEOLOGY (EG PEDIATRIC PATIENTS HYDROCEPHALUS OSTEOGENESIS IMPERFECTA)
20665	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER INDIVIDUAL
20670	REMOVAL OF IMPLANT SUPERFICIAL (EG BURIED WIRE PIN OR ROD) (SEPARATE PROCEDURE)

20680	REMOVAL OF IMPLANT DEEP (EG BURIED WIRE PIN SCREW METAL BAND NAIL ROD OR PLATE)
20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN 1 PLANE) UNILATERAL EXTERNAL FIXATION SYSTEM
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN 1 PLANE) UNILATERAL EXTERNAL FIXATION SYSTEM (EG ILIZAROV MONTICELLI TYPE)
20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG NEW PIN[S] OR WIRE[S] AND OR NEW RING[S] OR BAR[S])
20694	REMOVAL UNDER ANESTHESIA OF EXTERNAL FIXATION SYSTEM
20696	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN 1 PLANE) UNILATERAL EXTERNAL FIXATION WITH STEREOTACTIC COMPUTER-ASSISTED ADJUSTMENT (EG SPATIAL FRAME) INCLUDING IMAGING INITIAL AND SUBSEQUENT ALIGNMENT(S) ASSESSMENT(S) AND COMPUTATION(S) OF ADJUSTMENT SCHEDULE(S)
20697	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN 1 PLANE) UNILATERAL EXTERNAL FIXATION WITH STEREOTACTIC COMPUTER-ASSISTED ADJUSTMENT (EG SPATIAL FRAME) INCLUDING IMAGING EXCHANGE (IE REMOVAL AND REPLACEMENT) OF STRUT EACH
20700	MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY DEVICE(S) DEEP (EG SUBFASCIAL) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
20701	REMOVAL OF DRUG-DELIVERY DEVICE(S) DEEP (EG SUBFASCIAL) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
20702	MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY DEVICE(S) INTRAMEDULLARY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
20703	REMOVAL OF DRUG-DELIVERY DEVICE(S) INTRAMEDULLARY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
20704	MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY DEVICE(S) INTRA-ARTICULAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
20705	REMOVAL OF DRUG-DELIVERY DEVICE(S) INTRA-ARTICULAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
20802	REPLANTATION ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOINT) COMPLETE AMPUTATION
20805	REPLANTATION FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT) COMPLETE AMPUTATION
20808	REPLANTATION HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINTS) COMPLETE AMPUTATION
20816	REPLANTATION DIGIT EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOINT TO INSERTION OF FLEXOR SUBLIMIS TENDON) COMPLETE AMPUTATION

20822	REPLANTATION DIGIT EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDON INSERTION) COMPLETE AMPUTATION
20824	REPLANTATION THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT) COMPLETE AMPUTATION
20827	REPLANTATION THUMB (INCLUDES DISTAL TIP TO MP JOINT) COMPLETE AMPUTATION
20838	REPLANTATION FOOT COMPLETE AMPUTATION
20900	BONE GRAFT ANY DONOR AREA MINOR OR SMALL (EG DOWEL OR BUTTON)
20902	BONE GRAFT ANY DONOR AREA MAJOR OR LARGE
20910	CARTILAGE GRAFT COSTOCHONDRAL
20912	CARTILAGE GRAFT NASAL SEPTUM
20920	FASCIA LATA GRAFT BY STRIPPER
20922	FASCIA LATA GRAFT BY INCISION AND AREA EXPOSURE COMPLEX OR SHEET
20924	TENDON GRAFT FROM A DISTANCE (EG PALMARIS TOE EXTENSOR PLANTARIS)
20930	ALLOGRAFT MORSELIZED OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
20931	ALLOGRAFT STRUCTURAL FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
20932	ALLOGRAFT INCLUDES TEMPLATING CUTTING PLACEMENT AND INTERNAL FIXATION WHEN PERFORMED OSTEOARTICULAR INCLUDING ARTICULAR SURFACE AND CONTIGUOUS BONE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
20933	ALLOGRAFT INCLUDES TEMPLATING CUTTING PLACEMENT AND INTERNAL FIXATION WHEN PERFORMED HEMICORTICAL INTERCALARY PARTIAL (IE HEMICYLINDRICAL) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
20934	ALLOGRAFT INCLUDES TEMPLATING CUTTING PLACEMENT AND INTERNAL FIXATION WHEN PERFORMED INTERCALARY COMPLETE (IE CYLINDRICAL) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT) LOCAL (EG RIBS SPINOUS PROCESS OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT) MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT) STRUCTURAL BICORTICAL OR TRICORTICAL (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

20939	BONE MARROW ASPIRATION FOR BONE GRAFTING SPINE SURGERY ONLY THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE EG WICK CATHETER TECHNIQUE NEEDLE MANOMETER TECHNIQUE) IN DETECTION OF MUSCLE COMPARTMENT SYNDROME
20955	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS FIBULA
20956	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS ILIAC CREST
20957	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS METATARSAL
20962	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS OTHER THAN FIBULA ILIAC CREST OR METATARSAL
20969	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS OTHER THAN ILIAC CREST METATARSAL OR GREAT TOE
20970	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS ILIAC CREST
20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS METATARSAL
20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS GREAT TOE WITH WEB SPACE
20974	ELECTRICAL STIMULATION TO AID BONE HEALING NONINVASIVE (NONOPERATIVE)
20975	ELECTRICAL STIMULATION TO AID BONE HEALING INVASIVE (OPERATIVE)
20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING NONINVASIVE (NONOPERATIVE)
20982	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE BONE TUMORS (EG METASTASIS) INCLUDING ADJACENT SOFT TISSUE WHEN INVOLVED BY TUMOR EXTENSION PERCUTANEOUS INCLUDING IMAGING GUIDANCE WHEN PERFORMED RADIOFREQUENCY
20983	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE BONE TUMORS (EG METASTASIS) INCLUDING ADJACENT SOFT TISSUE WHEN INVOLVED BY TUMOR EXTENSION PERCUTANEOUS INCLUDING IMAGING GUIDANCE WHEN PERFORMED CRYOABLATION
20985	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES IMAGE-LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
20999	UNLISTED PROCEDURE MUSCULOSKELETAL SYSTEM GENERAL
21010	ARTHROTOMY TEMPOROMANDIBULAR JOINT
21011	EXCISION TUMOR SOFT TISSUE OF FACE OR SCALP SUBCUTANEOUS LESS THAN 2 CM
21012	EXCISION TUMOR SOFT TISSUE OF FACE OR SCALP SUBCUTANEOUS 2 CM OR GREATER
21013	EXCISION TUMOR SOFT TISSUE OF FACE AND SCALP SUBFASCIAL (EG SUBGALEAL INTRAMUSCULAR) LESS THAN 2 CM
21014	EXCISION TUMOR SOFT TISSUE OF FACE AND SCALP SUBFASCIAL (EG SUBGALEAL INTRAMUSCULAR) 2 CM OR GREATER
21015	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF FACE OR SCALP LESS THAN 2 CM
21016	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF FACE OR SCALP 2 CM OR GREATER

21025	EXCISION OF BONE (EG FOR OSTEOMYELITIS OR BONE ABSCESS) MANDIBLE
21026	EXCISION OF BONE (EG FOR OSTEOMYELITIS OR BONE ABSCESS) FACIAL BONE(S)
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG FIBROUS DYSPLASIA)
21030	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND CURETTAGE
21031	EXCISION OF TORUS MANDIBULARIS
21032	EXCISION OF MAXILLARY TORUS PALATINUS
21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA
21040	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE BY ENUCLEATION AND OR CURETTAGE
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE
21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE RADICAL RESECTION
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE REQUIRING INTRA-ORAL OSTEOTOMY (EG LOCALLY AGGRESSIVE OR DESTRUCTIVE LESION[S])
21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MANDIBULECTOMY (EG LOCALLY AGGRESSIVE OR DESTRUCTIVE LESION[S])
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA REQUIRING INTRA-ORAL OSTEOTOMY (EG LOCALLY AGGRESSIVE OR DESTRUCTIVE LESION[S])
21049	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MAXILLECTOMY (EG LOCALLY AGGRESSIVE OR DESTRUCTIVE LESION[S])
21050	CONDYLECTOMY TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)
21060	MENISCECTOMY PARTIAL OR COMPLETE TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ) THERAPEUTIC REQUIRING AN ANESTHESIA SERVICE (IE GENERAL OR MONITORED ANESTHESIA CARE)
21076	IMPRESSION AND CUSTOM PREPARATION SURGICAL OBTURATOR PROSTHESIS
21077	IMPRESSION AND CUSTOM PREPARATION ORBITAL PROSTHESIS
21079	IMPRESSION AND CUSTOM PREPARATION INTERIM OBTURATOR PROSTHESIS
21080	IMPRESSION AND CUSTOM PREPARATION DEFINITIVE OBTURATOR PROSTHESIS
21081	IMPRESSION AND CUSTOM PREPARATION MANDIBULAR RESECTION PROSTHESIS
21082	IMPRESSION AND CUSTOM PREPARATION PALATAL AUGMENTATION PROSTHESIS
21083	IMPRESSION AND CUSTOM PREPARATION PALATAL LIFT PROSTHESIS
21084	IMPRESSION AND CUSTOM PREPARATION SPEECH AID PROSTHESIS
21085	IMPRESSION AND CUSTOM PREPARATION ORAL SURGICAL SPLINT
21086	IMPRESSION AND CUSTOM PREPARATION AURICULAR PROSTHESIS
21087	IMPRESSION AND CUSTOM PREPARATION NASAL PROSTHESIS

21088	IMPRESSION AND CUSTOM PREPARATION FACIAL PROSTHESIS
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE
21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION INCLUDES REMOVAL (SEPARATE PROCEDURE)
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION INCLUDES REMOVAL
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY
21120	GENIOPLASTY AUGMENTATION (AUTOGRAFT ALLOGRAFT PROSTHETIC MATERIAL)
21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE
21122	GENIOPLASTY SLIDING OSTEOTOMIES 2 OR MORE OSTEOTOMIES (EG WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL CHIN)
21123	GENIOPLASTY SLIDING AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)
21125	AUGMENTATION MANDIBULAR BODY OR ANGLE PROSTHETIC MATERIAL
21127	AUGMENTATION MANDIBULAR BODY OR ANGLE WITH BONE GRAFT ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT)
21137	REDUCTION FOREHEAD CONTOURING ONLY
21138	REDUCTION FOREHEAD CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE GRAFT (INCLUDES OBTAINING AUTOGRAFT)
21139	REDUCTION FOREHEAD CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL
21141	RECONSTRUCTION MIDFACE LEFORT I SINGLE PIECE SEGMENT MOVEMENT IN ANY DIRECTION (EG FOR LONG FACE SYNDROME) WITHOUT BONE GRAFT
21142	RECONSTRUCTION MIDFACE LEFORT I 2 PIECES SEGMENT MOVEMENT IN ANY DIRECTION WITHOUT BONE GRAFT
21143	RECONSTRUCTION MIDFACE LEFORT I 3 OR MORE PIECES SEGMENT MOVEMENT IN ANY DIRECTION WITHOUT BONE GRAFT
21145	RECONSTRUCTION MIDFACE LEFORT I SINGLE PIECE SEGMENT MOVEMENT IN ANY DIRECTION REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)
21146	RECONSTRUCTION MIDFACE LEFORT I 2 PIECES SEGMENT MOVEMENT IN ANY DIRECTION REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG UNGRAFTED UNILATERAL ALVEOLAR CLEFT)
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)
21150	RECONSTRUCTION MIDFACE LEFORT II ANTERIOR INTRUSION (EG TREACHER-COLLINS SYNDROME)

21151	RECONSTRUCTION MIDFACE LEFORT II ANY DIRECTION REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)
21154	RECONSTRUCTION MIDFACE LEFORT III (EXTRACRANIAL) ANY TYPE REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) WITHOUT LEFORT I
21155	RECONSTRUCTION MIDFACE LEFORT III (EXTRACRANIAL) ANY TYPE REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) WITH LEFORT I
21159	RECONSTRUCTION MIDFACE LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG MONO BLOC) REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) WITHOUT LEFORT I
21160	RECONSTRUCTION MIDFACE LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG MONO BLOC) REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) WITH LEFORT I
21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD ADVANCEMENT OR ALTERATION W WO GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)
21175	RECONSTRUCTION BIFRONTAL SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD ADVANCEMENT OR ALTERATION (EG PLAGIOCEPHALY TRIGONOCEPHALY BRACHYCEPHALY) W WO GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)
21179	RECONSTRUCTION ENTIRE OR MAJORITY OF FOREHEAD AND OR SUPRAORBITAL RIMS WITH GRAFTS (ALLOGRAFT OR PROSTHETIC MATERIAL)
21180	RECONSTRUCTION ENTIRE OR MAJORITY OF FOREHEAD AND OR SUPRAORBITAL RIMS WITH AUTOGRAFT (INCLUDES OBTAINING GRAFTS)
21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG FIBROUS DYSPLASIA) EXTRACRANIAL
21182	RECONSTRUCTION OF ORBITAL WALLS RIMS FOREHEAD NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION OF BENIGN TUMOR OF CRANIAL BONE (EG FIBROUS DYSPLASIA) WITH MULTIPLE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS) TOTAL AREA OF BONE GRAFTING LESS THAN 40 SQ CM
21183	RECONSTRUCTION OF ORBITAL WALLS RIMS FOREHEAD NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION OF BENIGN TUMOR OF CRANIAL BONE (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
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
21188	RECONSTRUCTION MIDFACE OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)

21193	RECONSTRUCTION OF MANDIBULAR RAMI HORIZONTAL VERTICAL C OR L OSTEOTOMY WITHOUT BONE GRAFT
21194	RECONSTRUCTION OF MANDIBULAR RAMI HORIZONTAL VERTICAL C OR L OSTEOTOMY WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)
21195	RECONSTRUCTION OF MANDIBULAR RAMI AND OR BODY SAGITTAL SPLIT WITHOUT INTERNAL RIGID FIXATION
21196	RECONSTRUCTION OF MANDIBULAR RAMI AND OR BODY SAGITTAL SPLIT WITH INTERNAL RIGID FIXATION
21198	OSTEOTOMY MANDIBLE SEGMENTAL
21199	OSTEOTOMY MANDIBLE SEGMENTAL WITH GENIOGLOSSUS ADVANCEMENT
21206	OSTEOTOMY MAXILLA SEGMENTAL (EG WASSMUND OR SCHUCHARD)
21208	OSTEOPLASTY FACIAL BONES AUGMENTATION (AUTOGRAFT ALLOGRAFT OR PROSTHETIC IMPLANT)
21209	OSTEOPLASTY FACIAL BONES REDUCTION
21210	GRAFT BONE NASAL MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)
21215	GRAFT BONE MANDIBLE (INCLUDES OBTAINING GRAFT)
21230	GRAFT RIB CARTILAGE AUTOGENOUS TO FACE CHIN NOSE OR EAR (INCLUDES OBTAINING GRAFT)
21235	GRAFT EAR CARTILAGE AUTOGENOUS TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)
21240	ARTHROPLASTY TEMPOROMANDIBULAR JOINT W WO AUTOGRAFT (INCLUDES OBTAINING GRAFT)
21242	ARTHROPLASTY TEMPOROMANDIBULAR JOINT WITH ALLOGRAFT
21243	ARTHROPLASTY TEMPOROMANDIBULAR JOINT WITH PROSTHETIC JOINT REPLACEMENT
21244	RECONSTRUCTION OF MANDIBLE EXTRAORAL WITH TRANSOSTEAL BONE PLATE (EG MANDIBULAR STAPLE BONE PLATE)
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA SUBPERIOSTEAL IMPLANT PARTIAL
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA SUBPERIOSTEAL IMPLANT COMPLETE
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS) (EG FOR HEMIFACIAL MICROSOMIA)
21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA ENDOSTEAL IMPLANT (EG BLADE CYLINDER) PARTIAL
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA ENDOSTEAL IMPLANT (EG BLADE CYLINDER) COMPLETE
21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCLUDES OBTAINING AUTOGRAFTS)
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG MICRO-OPHTHALMIA)
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM WITH BONE GRAFTS EXTRACRANIAL APPROACH
21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM WITH BONE GRAFTS COMBINED INTRA- AND EXTRACRANIAL APPROACH

21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM WITH BONE GRAFTS WITH FOREHEAD ADVANCEMENT
21267	ORBITAL REPOSITIONING PERIORBITAL OSTEOTOMIES UNILATERAL WITH BONE GRAFTS EXTRACRANIAL APPROACH
21268	ORBITAL REPOSITIONING PERIORBITAL OSTEOTOMIES UNILATERAL WITH BONE GRAFTS COMBINED INTRA- AND EXTRACRANIAL APPROACH
21270	MALAR AUGMENTATION PROSTHETIC MATERIAL
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION
21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)
21282	LATERAL CANTHOPEXY
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY) EXTRAORAL APPROACH
21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY) INTRAORAL APPROACH
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE
21315	CLOSED TREATMENT OF NASAL BONE FRACTURE WITH MANIPULATION WITHOUT STABILIZATION
21320	CLOSED TREATMENT OF NASAL BONE FRACTURE WITH MANIPULATION WITH STABILIZATION
21325	OPEN TREATMENT OF NASAL FRACTURE UNCOMPLICATED
21330	OPEN TREATMENT OF NASAL FRACTURE COMPLICATED WITH INTERNAL AND OR EXTERNAL SKELETAL FIXATION
21335	OPEN TREATMENT OF NASAL FRACTURE WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM
21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE W WO STABILIZATION
21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE W WO STABILIZATION
21338	OPEN TREATMENT OF NASOETHMOID FRACTURE WITHOUT EXTERNAL FIXATION
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE WITH EXTERNAL FIXATION
21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE WITH SPLINT WIRE OR HEADCAP FIXATION INCLUDING REPAIR OF CANTHAL LIGAMENTS AND OR THE NASOLACRIMAL APPARATUS
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE
21344	OPEN TREATMENT OF COMPLICATED (EG COMMINUTED OR INVOLVING POSTERIOR WALL) FRONTAL SINUS FRACTURE VIA CORONAL OR MULTIPLE APPROACHES
21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE) WITH INTERDENTAL WIRE FIXATION OR FIXATION OF DENTURE OR SPLINT
21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE) WITH WIRING AND OR LOCAL FIXATION

21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE) REQUIRING MULTIPLE OPEN APPROACHES
21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE) WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)
21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD WITH MANIPULATION
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG GILLIES APPROACH)
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD
21365	OPEN TREATMENT OF COMPLICATED (EG COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD WITH INTERNAL FIXATION AND MULTIPLE SURGICAL APPROACHES
21366	OPEN TREATMENT OF COMPLICATED (EG COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)
21385	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION)
21386	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE PERIORBITAL APPROACH
21387	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE COMBINED APPROACH
21390	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE PERIORBITAL APPROACH WITH ALLOPLASTIC OR OTHER IMPLANT
21395	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)
21400	CLOSED TREATMENT OF FRACTURE OF ORBIT EXCEPT BLOWOUT WITHOUT MANIPULATION
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT EXCEPT BLOWOUT WITH MANIPULATION
21406	OPEN TREATMENT OF FRACTURE OF ORBIT EXCEPT BLOWOUT WITHOUT IMPLANT
21407	OPEN TREATMENT OF FRACTURE OF ORBIT EXCEPT BLOWOUT WITH IMPLANT
21408	OPEN TREATMENT OF FRACTURE OF ORBIT EXCEPT BLOWOUT WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)
21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE) WITH INTERDENTAL WIRE FIXATION OR FIXATION OF DENTURE OR SPLINT
21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE)
21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE) COMPLICATED (COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) MULTIPLE APPROACHES

21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SPLINT
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) WITH WIRING AND OR INTERNAL FIXATION
21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) COMPLICATED (EG COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) MULTIPLE SURGICAL APPROACHES
21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) COMPLICATED UTILIZING INTERNAL AND OR EXTERNAL FIXATION TECHNIQUES (EG HEAD CAP HALO DEVICE AND OR INTERMAXILLARY FIXATION)
21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) COMPLICATED MULTIPLE SURGICAL APPROACHES INTERNAL FIXATION WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)
21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)
21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITHOUT MANIPULATION
21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH MANIPULATION
21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION
21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE WITHOUT INTERDENTAL FIXATION
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE
21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPROACHES INCLUDING INTERNAL FIXATION INTERDENTAL FIXATION AND OR WIRING OF DENTURES OR SPLINTS
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION INITIAL OR SUBSEQUENT
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION COMPLICATED (EG RECURRENT REQUIRING INTERMAXILLARY FIXATION OR SPLINTING) INITIAL OR SUBSEQUENT
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION
21497	INTERDENTAL WIRING FOR CONDITION OTHER THAN FRACTURE
21499	UNLISTED MUSCULOSKELETAL PROCEDURE HEAD
21501	INCISION AND DRAINAGE DEEP ABSCESS OR HEMATOMA SOFT TISSUES OF NECK OR THORAX
21502	INCISION AND DRAINAGE DEEP ABSCESS OR HEMATOMA SOFT TISSUES OF NECK OR THORAX WITH PARTIAL RIB OSTECTOMY
21510	INCISION DEEP WITH OPENING OF BONE CORTEX (EG FOR OSTEOMYELITIS OR BONE ABSCESS) THORAX
21550	BIOPSY SOFT TISSUE OF NECK OR THORAX

21552	EXCISION TUMOR SOFT TISSUE OF NECK OR ANTERIOR THORAX SUBCUTANEOUS 3 CM OR GREATER
21554	EXCISION TUMOR SOFT TISSUE OF NECK OR ANTERIOR THORAX SUBFASCIAL (EG INTRAMUSCULAR) 5 CM OR GREATER
21555	EXCISION TUMOR SOFT TISSUE OF NECK OR ANTERIOR THORAX SUBCUTANEOUS LESS THAN 3 CM
21556	EXCISION TUMOR SOFT TISSUE OF NECK OR ANTERIOR THORAX SUBFASCIAL (EG INTRAMUSCULAR) LESS THAN 5 CM
21557	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF NECK OR ANTERIOR THORAX LESS THAN 5 CM
21558	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF NECK OR ANTERIOR THORAX 5 CM OR GREATER
21600	EXCISION OF RIB PARTIAL
21601	EXCISION OF CHEST WALL TUMOR INCLUDING RIB(S)
21602	EXCISION OF CHEST WALL TUMOR INVOLVING RIB(S) WITH PLASTIC RECONSTRUCTION WITHOUT MEDIASTINAL LYMPHADENECTOMY
21603	EXCISION OF CHEST WALL TUMOR INVOLVING RIB(S) WITH PLASTIC RECONSTRUCTION WITH MEDIASTINAL LYMPHADENECTOMY
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)
21615	EXCISION FIRST AND OR CERVICAL RIB
21616	EXCISION FIRST AND OR CERVICAL RIB WITH SYMPATHECTOMY
21620	OSTECTOMY OF STERNUM PARTIAL
21627	STERNAL DEBRIDEMENT
21630	RADICAL RESECTION OF STERNUM
21632	RADICAL RESECTION OF STERNUM WITH MEDIASTINAL LYMPHADENECTOMY
21685	HYOID MYOTOMY AND SUSPENSION
21700	DIVISION OF SCALENUS ANTICUS WITHOUT RESECTION OF CERVICAL RIB
21705	DIVISION OF SCALENUS ANTICUS WITH RESECTION OF CERVICAL RIB
21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS OPEN OPERATION WITHOUT CAST APPLICATION
21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS OPEN OPERATION WITH CAST APPLICATION
21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM OPEN
21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE) WITHOUT THORACOSCOPY
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE) WITH THORACOSCOPY
21750	CLOSURE OF MEDIAN STERNOTOMY SEPARATION W WO DEBRIDEMENT (SEPARATE PROCEDURE)

21811	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED UNILATERAL 1-3 RIBS
21812	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED UNILATERAL 4-6 RIBS
21813	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED UNILATERAL 7 OR MORE RIBS
21820	CLOSED TREATMENT OF STERNUM FRACTURE
21825	OPEN TREATMENT OF STERNUM FRACTURE W WO SKELETAL FIXATION
21899	UNLISTED PROCEDURE NECK OR THORAX
21920	BIOPSY SOFT TISSUE OF BACK OR FLANK SUPERFICIAL
21925	BIOPSY SOFT TISSUE OF BACK OR FLANK DEEP
21930	EXCISION TUMOR SOFT TISSUE OF BACK OR FLANK SUBCUTANEOUS LESS THAN 3 CM
21931	EXCISION TUMOR SOFT TISSUE OF BACK OR FLANK SUBCUTANEOUS 3 CM OR GREATER
21932	EXCISION TUMOR SOFT TISSUE OF BACK OR FLANK SUBFASCIAL (EG INTRAMUSCULAR) LESS THAN 5 CM
21933	EXCISION TUMOR SOFT TISSUE OF BACK OR FLANK SUBFASCIAL (EG INTRAMUSCULAR) 5 CM OR GREATER
21935	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF BACK OR FLANK LESS THAN 5 CM
21936	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF BACK OR FLANK 5 CM OR GREATER
22010	INCISION AND DRAINAGE OPEN OF DEEP ABSCESS (SUBFASCIAL) POSTERIOR SPINE CERVICAL THORACIC OR CERVICOTHORACIC
22015	INCISION AND DRAINAGE OPEN OF DEEP ABSCESS (SUBFASCIAL) POSTERIOR SPINE LUMBAR SACRAL OR LUMBOSACRAL
22100	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG SPINOUS PROCESS LAMINA OR FACET) FOR INTRINSIC BONY LESION SINGLE VERTEBRAL SEGMENT CERVICAL
22101	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG SPINOUS PROCESS LAMINA OR FACET) FOR INTRINSIC BONY LESION SINGLE VERTEBRAL SEGMENT THORACIC
22102	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG SPINOUS PROCESS LAMINA OR FACET) FOR INTRINSIC BONY LESION SINGLE VERTEBRAL SEGMENT LUMBAR
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG SPINOUS PROCESS LAMINA OR FACET) FOR INTRINSIC BONY LESION SINGLE VERTEBRAL SEGMENT EACH ADDITIONAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22110	PARTIAL EXCISION OF VERTEBRAL BODY FOR INTRINSIC BONY LESION WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S) SINGLE VERTEBRAL SEGMENT CERVICAL
22112	PARTIAL EXCISION OF VERTEBRAL BODY FOR INTRINSIC BONY LESION WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S) SINGLE VERTEBRAL SEGMENT THORACIC

22114	PARTIAL EXCISION OF VERTEBRAL BODY FOR INTRINSIC BONY LESION WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S) SINGLE VERTEBRAL SEGMENT LUMBAR
22116	PARTIAL EXCISION OF VERTEBRAL BODY FOR INTRINSIC BONY LESION WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S) SINGLE VERTEBRAL SEGMENT EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22206	OSTEOTOMY OF SPINE POSTERIOR OR POSTEROLATERAL APPROACH 3 COLUMNS 1 VERTEBRAL SEGMENT (EG PEDICLE VERTEBRAL BODY SUBTRACTION) THORACIC
22207	OSTEOTOMY OF SPINE POSTERIOR OR POSTEROLATERAL APPROACH 3 COLUMNS 1 VERTEBRAL SEGMENT (EG PEDICLE VERTEBRAL BODY SUBTRACTION) LUMBAR
22208	OSTEOTOMY OF SPINE POSTERIOR OR POSTEROLATERAL APPROACH 3 COLUMNS 1 VERTEBRAL SEGMENT (EG PEDICLE VERTEBRAL BODY SUBTRACTION) EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22210	OSTEOTOMY OF SPINE POSTERIOR OR POSTEROLATERAL APPROACH 1 VERTEBRAL SEGMENT CERVICAL
22212	OSTEOTOMY OF SPINE POSTERIOR OR POSTEROLATERAL APPROACH 1 VERTEBRAL SEGMENT THORACIC
22214	OSTEOTOMY OF SPINE POSTERIOR OR POSTEROLATERAL APPROACH 1 VERTEBRAL SEGMENT LUMBAR
22216	OSTEOTOMY OF SPINE POSTERIOR OR POSTEROLATERAL APPROACH 1 VERTEBRAL SEGMENT EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
22220	OSTEOTOMY OF SPINE INCLUDING DISCECTOMY ANTERIOR APPROACH SINGLE VERTEBRAL SEGMENT CERVICAL
22222	OSTEOTOMY OF SPINE INCLUDING DISCECTOMY ANTERIOR APPROACH SINGLE VERTEBRAL SEGMENT THORACIC
22224	OSTEOTOMY OF SPINE INCLUDING DISCECTOMY ANTERIOR APPROACH SINGLE VERTEBRAL SEGMENT LUMBAR
22226	OSTEOTOMY OF SPINE INCLUDING DISCECTOMY ANTERIOR APPROACH SINGLE VERTEBRAL SEGMENT EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S) WITHOUT MANIPULATION REQUIRING AND INCLUDING CASTING OR BRACING
22315	CLOSED TREATMENT OF VERTEBRAL FRACTURE(S) AND OR DISLOCATION(S) REQUIRING CASTING OR BRACING WITH AND INCLUDING CASTING AND OR BRACING BY MANIPULATION OR TRACTION
22318	OPEN TREATMENT AND OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(S) (INCLUDING OS ODONTOIDEUM) ANTERIOR APPROACH INCLUDING PLACEMENT OF INTERNAL FIXATION WITHOUT GRAFTING

22319	OPEN TREATMENT AND OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(S) (INCLUDING OS ODONTOIDEUM) ANTERIOR APPROACH INCLUDING PLACEMENT OF INTERNAL FIXATION WITH GRAFTING
22325	OPEN TREATMENT AND OR REDUCTION OF VERTEBRAL FRACTURE(S) AND OR DISLOCATION(S) POSTERIOR APPROACH 1 FRACTURED VERTEBRA OR DISLOCATED SEGMENT LUMBAR
22326	OPEN TREATMENT AND OR REDUCTION OF VERTEBRAL FRACTURE(S) AND OR DISLOCATION(S) POSTERIOR APPROACH 1 FRACTURED VERTEBRA OR DISLOCATED SEGMENT CERVICAL
22327	OPEN TREATMENT AND OR REDUCTION OF VERTEBRAL FRACTURE(S) AND OR DISLOCATION(S) POSTERIOR APPROACH 1 FRACTURED VERTEBRA OR DISLOCATED SEGMENT THORACIC
22328	OPEN TREATMENT AND OR REDUCTION OF VERTEBRAL FRACTURE(S) AND OR DISLOCATION(S) POSTERIOR APPROACH 1 FRACTURED VERTEBRA OR DISLOCATED SEGMENT EACH ADDITIONAL FRACTURED VERTEBRA OR DISLOCATED SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA ANY REGION
22510	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED) 1 VERTEBRAL BODY UNILATERAL OR BILATERAL INJECTION INCLUSIVE OF ALL IMAGING GUIDANCE CERVICOTHORACIC
22511	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED) 1 VERTEBRAL BODY UNILATERAL OR BILATERAL INJECTION INCLUSIVE OF ALL IMAGING GUIDANCE LUMBOSACRAL
22512	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED) 1 VERTEBRAL BODY UNILATERAL OR BILATERAL INJECTION INCLUSIVE OF ALL IMAGING GUIDANCE EACH ADDITIONAL CERVICOTHORACIC OR LUMBOSACRAL VERTEBRAL BODY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22513	PERCUTANEOUS VERTEBRAL AUGMENTATION INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG KYPHOPLASTY) 1 VERTEBRAL BODY UNILATERAL OR BILATERAL CANNULATION INCLUSIVE OF ALL IMAGING GUIDANCE THORACIC
22514	PERCUTANEOUS VERTEBRAL AUGMENTATION INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG KYPHOPLASTY) 1 VERTEBRAL BODY UNILATERAL OR BILATERAL CANNULATION INCLUSIVE OF ALL IMAGING GUIDANCE LUMBAR
22515	PERCUTANEOUS VERTEBRAL AUGMENTATION INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG KYPHOPLASTY) 1 VERTEBRAL BODY UNILATERAL OR BILATERAL CANNULATION INCLUSIVE OF ALL IMAGING GUIDANCE EACH ADDITIONAL THORACIC OR LUMBAR VERTEBRAL BODY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22526	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE SINGLE LEVEL

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)
22532	ARTHRODESIS LATERAL EXTRACAVITARY TECHNIQUE INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION) THORACIC
22533	ARTHRODESIS LATERAL EXTRACAVITARY TECHNIQUE INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION) LUMBAR
22534	ARTHRODESIS LATERAL EXTRACAVITARY TECHNIQUE INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION) THORACIC OR LUMBAR EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22548	ARTHRODESIS ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE CLIVUS-C1-C2 (ATLAS-AXIS) W WO EXCISION OF ODONTOID PROCESS
22551	ARTHRODESIS ANTERIOR INTERBODY INCLUDING DISC SPACE PREPARATION DISCECTOMY OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND OR NERVE ROOTS CERVICAL BELOW C2
22552	ARTHRODESIS ANTERIOR INTERBODY INCLUDING DISC SPACE PREPARATION DISCECTOMY OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND OR NERVE ROOTS CERVICAL BELOW C2 EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)
22554	ARTHRODESIS ANTERIOR INTERBODY TECHNIQUE INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION) CERVICAL BELOW C2
22556	ARTHRODESIS ANTERIOR INTERBODY TECHNIQUE INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION) THORACIC
22558	ARTHRODESIS ANTERIOR INTERBODY TECHNIQUE INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION) LUMBAR
22585	ARTHRODESIS ANTERIOR INTERBODY TECHNIQUE INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION) EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22586	ARTHRODESIS PRE-SACRAL INTERBODY TECHNIQUE INCLUDING DISC SPACE PREPARATION DISCECTOMY WITH POSTERIOR INSTRUMENTATION WITH IMAGE GUIDANCE INCLUDES BONE GRAFT WHEN PERFORMED L5-S1 INTERSPACE
22590	ARTHRODESIS POSTERIOR TECHNIQUE CRANIOCERVICAL (OCCIPUT-C2)
22595	ARTHRODESIS POSTERIOR TECHNIQUE ATLAS-AXIS (C1-C2)
22600	ARTHRODESIS POSTERIOR OR POSTEROLATERAL TECHNIQUE SINGLE INTERSPACE CERVICAL BELOW C2 SEGMENT

22610	ARTHRODESIS POSTERIOR OR POSTEROLATERAL TECHNIQUE SINGLE INTERSPACE THORACIC (WITH LATERAL TRANSVERSE TECHNIQUE WHEN PERFORMED)
22612	ARTHRODESIS POSTERIOR OR POSTEROLATERAL TECHNIQUE SINGLE INTERSPACE LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE WHEN PERFORMED)
22614	ARTHRODESIS POSTERIOR OR POSTEROLATERAL TECHNIQUE SINGLE INTERSPACE EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22630	ARTHRODESIS POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION) SINGLE INTERSPACE LUMBAR
22632	ARTHRODESIS POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION) SINGLE INTERSPACE EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22633	ARTHRODESIS COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION) SINGLE INTERSPACE AND SEGMENT LUMBAR
22634	ARTHRODESIS COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION) SINGLE INTERSPACE AND SEGMENT EACH ADDITIONAL INTERSPACE AND SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22800	ARTHRODESIS POSTERIOR FOR SPINAL DEFORMITY W WO CAST UP TO 6 VERTEBRAL SEGMENTS
22802	ARTHRODESIS POSTERIOR FOR SPINAL DEFORMITY W WO CAST 7 TO 12 VERTEBRAL SEGMENTS
22804	ARTHRODESIS POSTERIOR FOR SPINAL DEFORMITY W WO CAST 13 OR MORE VERTEBRAL SEGMENTS
22808	ARTHRODESIS ANTERIOR FOR SPINAL DEFORMITY W WO CAST 2 TO 3 VERTEBRAL SEGMENTS
22810	ARTHRODESIS ANTERIOR FOR SPINAL DEFORMITY W WO CAST 4 TO 7 VERTEBRAL SEGMENTS
22812	ARTHRODESIS ANTERIOR FOR SPINAL DEFORMITY W WO CAST 8 OR MORE VERTEBRAL SEGMENTS
22818	KYPHECTOMY CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND POSTERIOR ELEMENTS) SINGLE OR 2 SEGMENTS
22819	KYPHECTOMY CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND POSTERIOR ELEMENTS) 3 OR MORE SEGMENTS
22830	EXPLORATION OF SPINAL FUSION
22836	ANTERIOR THORACIC VERTEBRAL BODY TETHERING INCLUDING THORACOSCOPY WHEN PERFORMED UP TO 7 VERTEBRAL SEGMENTS
22837	ANTERIOR THORACIC VERTEBRAL BODY TETHERING INCLUDING THORACOSCOPY WHEN PERFORMED 8 OR MORE VERTEBRAL SEGMENTS

22838	REVISION (EG AUGMENTATION DIVISION OF TETHER) REPLACEMENT OR REMOVAL OF THORACIC VERTEBRAL BODY TETHERING INCLUDING THORACOSCOPY WHEN PERFORMED
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG HARRINGTON ROD TECHNIQUE PEDICLE FIXATION ACROSS 1 INTERSPACE ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION SUBLAMINAR WIRING AT C1 FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG PEDICLE FIXATION DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES) 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG PEDICLE FIXATION DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES) 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG PEDICLE FIXATION DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES) 13 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22845	ANTERIOR INSTRUMENTATION 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22846	ANTERIOR INSTRUMENTATION 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22847	ANTERIOR INSTRUMENTATION 8 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22849	REINSERTION OF SPINAL FIXATION DEVICE
22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG HARRINGTON ROD)
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION
22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG SYNTHETIC CAGE MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG SCREWS FLANGES) WHEN PERFORMED TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS EACH INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG SYNTHETIC CAGE MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG SCREWS FLANGES) WHEN PERFORMED TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION PARTIAL OR COMPLETE) DEFECT IN CONJUNCTION WITH INTERBODY ARTHRODESIS EACH CONTIGUOUS DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22855	REMOVAL OF ANTERIOR INSTRUMENTATION
22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC) ANTERIOR APPROACH INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION) SINGLE INTERSPACE CERVICAL
22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC) ANTERIOR APPROACH INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION) SINGLE INTERSPACE LUMBAR
22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC) ANTERIOR APPROACH INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION) SECOND LEVEL CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22859	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG SYNTHETIC CAGE MESH METHYLMETHACRYLATE) TO INTERVERTEBRAL DISC SPACE OR VERTEBRAL BODY DEFECT WITHOUT INTERBODY ARTHRODESIS EACH CONTIGUOUS DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22860	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC) ANTERIOR APPROACH INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION) SECOND INTERSPACE LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22861	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC) ANTERIOR APPROACH SINGLE INTERSPACE CERVICAL
22862	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC) ANTERIOR APPROACH SINGLE INTERSPACE LUMBAR
22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC) ANTERIOR APPROACH SINGLE INTERSPACE CERVICAL
22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC) ANTERIOR APPROACH SINGLE INTERSPACE LUMBAR
22867	INSERTION OF INTERLAMINAR INTERSPINOUS PROCESS STABILIZATION DISTRACTION DEVICE WITHOUT FUSION INCLUDING IMAGE GUIDANCE WHEN PERFORMED WITH OPEN DECOMPRESSION LUMBAR SINGLE LEVEL

22868	INSERTION OF INTERLAMINAR INTERSPINOUS PROCESS STABILIZATION DISTRACTION DEVICE WITHOUT FUSION INCLUDING IMAGE GUIDANCE WHEN PERFORMED WITH OPEN DECOMPRESSION LUMBAR SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22869	INSERTION OF INTERLAMINAR INTERSPINOUS PROCESS STABILIZATION DISTRACTION DEVICE WITHOUT OPEN DECOMPRESSION OR FUSION INCLUDING IMAGE GUIDANCE WHEN PERFORMED LUMBAR SINGLE LEVEL
22870	INSERTION OF INTERLAMINAR INTERSPINOUS PROCESS STABILIZATION DISTRACTION DEVICE WITHOUT OPEN DECOMPRESSION OR FUSION INCLUDING IMAGE GUIDANCE WHEN PERFORMED LUMBAR SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22899	UNLISTED PROCEDURE SPINE
22900	EXCISION TUMOR SOFT TISSUE OF ABDOMINAL WALL SUBFASCIAL (EG INTRAMUSCULAR) LESS THAN 5 CM
22901	EXCISION TUMOR SOFT TISSUE OF ABDOMINAL WALL SUBFASCIAL (EG INTRAMUSCULAR) 5 CM OR GREATER
22902	EXCISION TUMOR SOFT TISSUE OF ABDOMINAL WALL SUBCUTANEOUS LESS THAN 3 CM
22903	EXCISION TUMOR SOFT TISSUE OF ABDOMINAL WALL SUBCUTANEOUS 3 CM OR GREATER
22904	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF ABDOMINAL WALL LESS THAN 5 CM
22905	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF ABDOMINAL WALL 5 CM OR GREATER
22999	UNLISTED PROCEDURE ABDOMEN MUSCULOSKELETAL SYSTEM
23000	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS OPEN
23020	CAPSULAR CONTRACTURE RELEASE (EG SEVER TYPE PROCEDURE)
23030	INCISION AND DRAINAGE SHOULDER AREA DEEP ABSCESS OR HEMATOMA
23031	INCISION AND DRAINAGE SHOULDER AREA INFECTED BURSA
23035	INCISION BONE CORTEX (EG OSTEOMYELITIS OR BONE ABSCESS) SHOULDER AREA
23040	ARTHROTOMY GLENOHUMERAL JOINT INCLUDING EXPLORATION DRAINAGE OR REMOVAL OF FOREIGN BODY
23044	ARTHROTOMY ACROMIOCLAVICULAR STERNOCLAVICULAR JOINT INCLUDING EXPLORATION DRAINAGE OR REMOVAL OF FOREIGN BODY
23065	BIOPSY SOFT TISSUE OF SHOULDER AREA SUPERFICIAL
23066	BIOPSY SOFT TISSUE OF SHOULDER AREA DEEP
23071	EXCISION TUMOR SOFT TISSUE OF SHOULDER AREA SUBCUTANEOUS 3 CM OR GREATER
23073	EXCISION TUMOR SOFT TISSUE OF SHOULDER AREA SUBFASCIAL (EG INTRAMUSCULAR) 5 CM OR GREATER
23075	EXCISION TUMOR SOFT TISSUE OF SHOULDER AREA SUBCUTANEOUS LESS THAN 3 CM
23076	EXCISION TUMOR SOFT TISSUE OF SHOULDER AREA SUBFASCIAL (EG INTRAMUSCULAR) LESS THAN 5 CM
23077	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF SHOULDER AREA LESS THAN 5 CM
23078	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF SHOULDER AREA 5 CM OR GREATER

23100	ARTHROTOMY GLENOHUMERAL JOINT INCLUDING BIOPSY
23101	ARTHROTOMY ACROMIOCLAVICULAR JOINT OR STERNOCLAVICULAR JOINT INCLUDING BIOPSY AND OR EXCISION OF TORN CARTILAGE
23105	ARTHROTOMY GLENOHUMERAL JOINT WITH SYNOVECTOMY W WO BIOPSY
23106	ARTHROTOMY STERNOCLAVICULAR JOINT WITH SYNOVECTOMY W WO BIOPSY
23107	ARTHROTOMY GLENOHUMERAL JOINT WITH JOINT EXPLORATION W WO REMOVAL OF LOOSE OR FOREIGN BODY
23120	CLAVICULECTOMY PARTIAL
23125	CLAVICULECTOMY TOTAL
23130	ACROMIOPLASTY OR ACROMIONECTOMY PARTIAL W WO CORACOACROMIAL LIGAMENT RELEASE
23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA WITH ALLOGRAFT
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS WITH ALLOGRAFT
23170	SEQUESTRECTOMY (EG FOR OSTEOMYELITIS OR BONE ABSCESS) CLAVICLE
23172	SEQUESTRECTOMY (EG FOR OSTEOMYELITIS OR BONE ABSCESS) SCAPULA
23174	SEQUESTRECTOMY (EG FOR OSTEOMYELITIS OR BONE ABSCESS) HUMERAL HEAD TO SURGICAL NECK
23180	PARTIAL EXCISION (CRATERIZATION SAUCERIZATION OR DIAPHYSECTOMY) BONE (EG OSTEOMYELITIS) CLAVICLE
23182	PARTIAL EXCISION (CRATERIZATION SAUCERIZATION OR DIAPHYSECTOMY) BONE (EG OSTEOMYELITIS) SCAPULA
23184	PARTIAL EXCISION (CRATERIZATION SAUCERIZATION OR DIAPHYSECTOMY) BONE (EG OSTEOMYELITIS) PROXIMAL HUMERUS
23190	OSTECTOMY OF SCAPULA PARTIAL (EG SUPERIOR MEDIAL ANGLE)
23195	RESECTION HUMERAL HEAD
23200	RADICAL RESECTION OF TUMOR CLAVICLE
23210	RADICAL RESECTION OF TUMOR SCAPULA
23220	RADICAL RESECTION OF TUMOR PROXIMAL HUMERUS
23221	RADICAL RESECTION OF BONE TUMOR PROXIMAL HUMERUS WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)

23222	RADICAL RESECTION OF BONE TUMOR PROXIMAL HUMERUS WITH PROSTHETIC REPLACEMENT
23330	REMOVAL OF FOREIGN BODY SHOULDER SUBCUTANEOUS
23333	REMOVAL OF FOREIGN BODY SHOULDER DEEP (SUBFASCIAL OR INTRAMUSCULAR)
23334	REMOVAL OF PROSTHESIS INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED HUMERAL OR GLENOID COMPONENT
23335	REMOVAL OF PROSTHESIS INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED HUMERAL AND GLENOID COMPONENTS (EG TOTAL SHOULDER)
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY OR ENHANCED CT MRI SHOULDER ARTHROGRAPHY
23395	MUSCLE TRANSFER ANY TYPE SHOULDER OR UPPER ARM SINGLE
23397	MUSCLE TRANSFER ANY TYPE SHOULDER OR UPPER ARM MULTIPLE
23400	SCAPULOPEXY (EG SPRENGELS DEFORMITY OR FOR PARALYSIS)
23405	TENOTOMY SHOULDER AREA SINGLE TENDON
23406	TENOTOMY SHOULDER AREA MULTIPLE TENDONS THROUGH SAME INCISION
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG ROTATOR CUFF) OPEN ACUTE
23412	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG ROTATOR CUFF) OPEN CHRONIC
23415	CORACOACROMIAL LIGAMENT RELEASE W WO ACROMIOPLASTY
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION CHRONIC (INCLUDES ACROMIOPLASTY)
23430	TENODESIS OF LONG TENDON OF BICEPS
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS
23450	CAPSULORRHAPHY ANTERIOR PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION
23455	CAPSULORRHAPHY ANTERIOR WITH LABRAL REPAIR (EG BANKART PROCEDURE)
23460	CAPSULORRHAPHY ANTERIOR ANY TYPE WITH BONE BLOCK
23462	CAPSULORRHAPHY ANTERIOR ANY TYPE WITH CORACOID PROCESS TRANSFER
23465	CAPSULORRHAPHY GLENOHUMERAL JOINT POSTERIOR W WO BONE BLOCK
23466	CAPSULORRHAPHY GLENOHUMERAL JOINT ANY TYPE MULTI-DIRECTIONAL INSTABILITY
23470	ARTHROPLASTY GLENOHUMERAL JOINT HEMIARTHROPLASTY
23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT (EG TOTAL SHOULDER))
23473	REVISION OF TOTAL SHOULDER ARTHROPLASTY INCLUDING ALLOGRAFT WHEN PERFORMED HUMERAL OR GLENOID COMPONENT
23474	REVISION OF TOTAL SHOULDER ARTHROPLASTY INCLUDING ALLOGRAFT WHEN PERFORMED HUMERAL AND GLENOID COMPONENT
23480	OSTEOTOMY CLAVICLE W WO INTERNAL FIXATION

23485	OSTEOTOMY CLAVICLE W WO INTERNAL FIXATION WITH BONE GRAFT FOR NONUNION OR MALUNION (INCLUDES OBTAINING GRAFT AND OR NECESSARY FIXATION)
23490	PROPHYLACTIC TREATMENT (NAILING PINNING PLATING OR WIRING) W WO METHYLMETHACRYLATE CLAVICLE
23491	PROPHYLACTIC TREATMENT (NAILING PINNING PLATING OR WIRING) W WO METHYLMETHACRYLATE PROXIMAL HUMERUS
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE WITHOUT MANIPULATION
23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE WITH MANIPULATION
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED
23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION WITHOUT MANIPULATION
23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION WITH MANIPULATION
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION ACUTE OR CHRONIC
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION ACUTE OR CHRONIC WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)
23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION WITHOUT MANIPULATION
23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION WITH MANIPULATION
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION ACUTE OR CHRONIC
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION ACUTE OR CHRONIC WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE WITHOUT MANIPULATION
23575	CLOSED TREATMENT OF SCAPULAR FRACTURE WITH MANIPULATION W WO SKELETAL TRACTION (W WO SHOULDER JOINT INVOLVEMENT)
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY GLENOID OR ACROMION) INCLUDES INTERNAL FIXATION WHEN PERFORMED
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE WITHOUT MANIPULATION
23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE WITH MANIPULATION W WO SKELETAL TRACTION
23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED INCLUDES REPAIR OF TUBEROSITY(S) WHEN PERFORMED
23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED INCLUDES REPAIR OF TUBEROSITY(S) WHEN PERFORMED WITH PROXIMAL HUMERAL PROSTHETIC REPLACEMENT
23620	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE WITHOUT MANIPULATION

23625	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE WITH MANIPULATION
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION WITH MANIPULATION WITHOUT ANESTHESIA
23655	CLOSED TREATMENT OF SHOULDER DISLOCATION WITH MANIPULATION REQUIRING ANESTHESIA
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION
23665	CLOSED TREATMENT OF SHOULDER DISLOCATION WITH FRACTURE OF GREATER HUMERAL TUBEROSITY WITH MANIPULATION
23670	OPEN TREATMENT OF SHOULDER DISLOCATION WITH FRACTURE OF GREATER HUMERAL TUBEROSITY INCLUDES INTERNAL FIXATION WHEN PERFORMED
23675	CLOSED TREATMENT OF SHOULDER DISLOCATION WITH SURGICAL OR ANATOMICAL NECK FRACTURE WITH MANIPULATION
23680	OPEN TREATMENT OF SHOULDER DISLOCATION WITH SURGICAL OR ANATOMICAL NECK FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED
23700	MANIPULATION UNDER ANESTHESIA SHOULDER JOINT INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)
23800	ARTHRODESIS GLENOHUMERAL JOINT
23802	ARTHRODESIS GLENOHUMERAL JOINT WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)
23900	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)
23920	DISARTICULATION OF SHOULDER
23921	DISARTICULATION OF SHOULDER SECONDARY CLOSURE OR SCAR REVISION
23929	UNLISTED PROCEDURE SHOULDER
23930	INCISION AND DRAINAGE UPPER ARM OR ELBOW AREA DEEP ABSCESS OR HEMATOMA
23931	INCISION AND DRAINAGE UPPER ARM OR ELBOW AREA BURSA
23935	INCISION DEEP WITH OPENING OF BONE CORTEX (EG FOR OSTEOMYELITIS OR BONE ABSCESS) HUMERUS OR ELBOW
24000	ARTHROTOMY ELBOW INCLUDING EXPLORATION DRAINAGE OR REMOVAL OF FOREIGN BODY
24006	ARTHROTOMY OF THE ELBOW WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE PROCEDURE)
24065	BIOPSY SOFT TISSUE OF UPPER ARM OR ELBOW AREA SUPERFICIAL
24066	BIOPSY SOFT TISSUE OF UPPER ARM OR ELBOW AREA DEEP (SUBFASCIAL OR INTRAMUSCULAR)
24071	EXCISION TUMOR SOFT TISSUE OF UPPER ARM OR ELBOW AREA SUBCUTANEOUS 3 CM OR GREATER
24073	EXCISION TUMOR SOFT TISSUE OF UPPER ARM OR ELBOW AREA SUBFASCIAL (EG INTRAMUSCULAR) 5 CM OR GREATER
24075	EXCISION TUMOR SOFT TISSUE OF UPPER ARM OR ELBOW AREA SUBCUTANEOUS LESS THAN 3 CM

24076	EXCISION TUMOR SOFT TISSUE OF UPPER ARM OR ELBOW AREA SUBFASCIAL (EG INTRAMUSCULAR) LESS THAN 5 CM
24077	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF UPPER ARM OR ELBOW AREA LESS THAN 5 CM
24079	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF UPPER ARM OR ELBOW AREA 5 CM OR GREATER
24100	ARTHROTOMY ELBOW WITH SYNOVIAL BIOPSY ONLY
24101	ARTHROTOMY ELBOW WITH JOINT EXPLORATION W WO BIOPSY W WO REMOVAL OF LOOSE OR FOREIGN BODY
24102	ARTHROTOMY ELBOW WITH SYNOVECTOMY
24105	EXCISION OLECRANON BURSA
24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR HUMERUS
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR HUMERUS WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR HUMERUS WITH ALLOGRAFT
24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS WITH ALLOGRAFT
24130	EXCISION RADIAL HEAD
24134	SEQUESTRECTOMY (EG FOR OSTEOMYELITIS OR BONE ABSCESS) SHAFT OR DISTAL HUMERUS
24136	SEQUESTRECTOMY (EG FOR OSTEOMYELITIS OR BONE ABSCESS) RADIAL HEAD OR NECK
24138	SEQUESTRECTOMY (EG FOR OSTEOMYELITIS OR BONE ABSCESS) OLECRANON PROCESS
24140	PARTIAL EXCISION (CRATERIZATION SAUCERIZATION OR DIAPHYSECTOMY) BONE (EG OSTEOMYELITIS) HUMERUS
24145	PARTIAL EXCISION (CRATERIZATION SAUCERIZATION OR DIAPHYSECTOMY) BONE (EG OSTEOMYELITIS) RADIAL HEAD OR NECK
24147	PARTIAL EXCISION (CRATERIZATION SAUCERIZATION OR DIAPHYSECTOMY) BONE (EG OSTEOMYELITIS) OLECRANON PROCESS
24149	RADICAL RESECTION OF CAPSULE SOFT TISSUE AND HETEROTOPIC BONE ELBOW WITH CONTRACTURE RELEASE (SEPARATE PROCEDURE)
24150	RADICAL RESECTION OF TUMOR SHAFT OR DISTAL HUMERUS

24152	RADICAL RESECTION OF TUMOR RADIAL HEAD OR NECK
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)
24160	REMOVAL OF PROSTHESIS INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED HUMERAL AND ULNAR COMPONENTS
24164	REMOVAL OF PROSTHESIS INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED RADIAL HEAD
24200	REMOVAL OF FOREIGN BODY UPPER ARM OR ELBOW AREA SUBCUTANEOUS
24201	REMOVAL OF FOREIGN BODY UPPER ARM OR ELBOW AREA DEEP (SUBFASCIAL OR INTRAMUSCULAR)
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY
24300	MANIPULATION ELBOW UNDER ANESTHESIA
24301	MUSCLE OR TENDON TRANSFER ANY TYPE UPPER ARM OR ELBOW SINGLE (EXCLUDING 24320-24331)
24305	TENDON LENGTHENING UPPER ARM OR ELBOW EACH TENDON
24310	TENOTOMY OPEN ELBOW TO SHOULDER EACH TENDON
24320	TENOPLASTY WITH MUSCLE TRANSFER W WO FREE GRAFT ELBOW TO SHOULDER SINGLE (SEDDON-BROOKES TYPE PROCEDURE)
24330	FLEXOR-PLASTY ELBOW (EG STEINDLER TYPE ADVANCEMENT)
24331	FLEXOR-PLASTY ELBOW (EG STEINDLER TYPE ADVANCEMENT) WITH EXTENSOR ADVANCEMENT
24332	TENOLYSIS TRICEPS
24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)
24341	REPAIR TENDON OR MUSCLE UPPER ARM OR ELBOW EACH TENDON OR MUSCLE PRIMARY OR SECONDARY (EXCLUDES ROTATOR CUFF)
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON DISTAL W WO TENDON GRAFT
24343	REPAIR LATERAL COLLATERAL LIGAMENT ELBOW WITH LOCAL TISSUE
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT ELBOW WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)
24345	REPAIR MEDIAL COLLATERAL LIGAMENT ELBOW WITH LOCAL TISSUE
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT ELBOW WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)
24357	TENOTOMY ELBOW LATERAL OR MEDIAL (EG EPICONDYLITIS TENNIS ELBOW GOLFER S ELBOW) PERCUTANEOUS
24358	TENOTOMY ELBOW LATERAL OR MEDIAL (EG EPICONDYLITIS TENNIS ELBOW GOLFER S ELBOW) DEBRIDEMENT SOFT TISSUE AND OR BONE OPEN
24359	TENOTOMY ELBOW LATERAL OR MEDIAL (EG EPICONDYLITIS TENNIS ELBOW GOLFER S ELBOW) DEBRIDEMENT SOFT TISSUE AND OR BONE OPEN WITH TENDON REPAIR OR REATTACHMENT
24360	ARTHROPLASTY ELBOW WITH MEMBRANE (EG FASCIAL)

24361	ARTHROPLASTY ELBOW WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT
24362	ARTHROPLASTY ELBOW WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION
24363	ARTHROPLASTY ELBOW WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT (EG TOTAL ELBOW)
24365	ARTHROPLASTY RADIAL HEAD
24366	ARTHROPLASTY RADIAL HEAD WITH IMPLANT
24370	REVISION OF TOTAL ELBOW ARTHROPLASTY INCLUDING ALLOGRAFT WHEN PERFORMED HUMERAL OR ULNAR COMPONENT
24371	REVISION OF TOTAL ELBOW ARTHROPLASTY INCLUDING ALLOGRAFT WHEN PERFORMED HUMERAL AND ULNAR COMPONENT
24400	OSTEOTOMY HUMERUS W WO INTERNAL FIXATION
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD HUMERAL SHAFT (SOFIELD TYPE PROCEDURE)
24420	OSTEOPLASTY HUMERUS (EG SHORTENING OR LENGTHENING) (EXCLUDING 64876)
24430	REPAIR OF NONUNION OR MALUNION HUMERUS WITHOUT GRAFT (EG COMPRESSION TECHNIQUE)
24435	REPAIR OF NONUNION OR MALUNION HUMERUS WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)
24470	HEMIEPIPHYSEAL ARREST (EG CUBITUS VARUS OR VALGUS DISTAL HUMERUS)
24495	DECOMPRESSION FASCIOTOMY FOREARM WITH BRACHIAL ARTERY EXPLORATION
24498	PROPHYLACTIC TREATMENT (NAILING PINNING PLATING OR WIRING) W WO METHYLMETHACRYLATE HUMERAL SHAFT
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE WITHOUT MANIPULATION
24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE WITH MANIPULATION W WO SKELETAL TRACTION
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE SCREWS W WO CERCLAGE
24516	TREATMENT OF HUMERAL SHAFT FRACTURE WITH INSERTION OF INTRAMEDULLARY IMPLANT W WO CERCLAGE AND OR LOCKING SCREWS
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE W WO INTERCONDYLAR EXTENSION WITHOUT MANIPULATION
24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE W WO INTERCONDYLAR EXTENSION WITH MANIPULATION W WO SKIN OR SKELETAL TRACTION
24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE W WO INTERCONDYLAR EXTENSION
24539	DEBRIDEMENT SOFT TISSUE AND OR BONE OPEN WITH TENDON REPAIR OR REATTACHMENT

24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED WITHOUT INTERCONDYLAR EXTENSION
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED WITH INTERCONDYLAR EXTENSION
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE MEDIAL OR LATERAL WITHOUT MANIPULATION
24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE MEDIAL OR LATERAL WITH MANIPULATION
24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE MEDIAL OR LATERAL WITH MANIPULATION
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE MEDIAL OR LATERAL INCLUDES INTERNAL FIXATION WHEN PERFORMED
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE MEDIAL OR LATERAL WITHOUT MANIPULATION
24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE MEDIAL OR LATERAL WITH MANIPULATION
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE MEDIAL OR LATERAL INCLUDES INTERNAL FIXATION WHEN PERFORMED
24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE MEDIAL OR LATERAL WITH MANIPULATION
24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND OR PROXIMAL RADIUS)
24587	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND OR PROXIMAL RADIUS) WITH IMPLANT ARTHROPLASTY
24600	TREATMENT OF CLOSED ELBOW DISLOCATION WITHOUT ANESTHESIA
24605	TREATMENT OF CLOSED ELBOW DISLOCATION REQUIRING ANESTHESIA
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION
24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF RADIAL HEAD) WITH MANIPULATION
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF RADIAL HEAD) INCLUDES INTERNAL FIXATION WHEN PERFORMED
24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD NURSEMAID ELBOW WITH MANIPULATION
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE WITHOUT MANIPULATION
24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE WITH MANIPULATION
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE INCLUDES INTERNAL FIXATION OR RADIAL HEAD EXCISION WHEN PERFORMED
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE INCLUDES INTERNAL FIXATION OR RADIAL HEAD EXCISION WHEN PERFORMED WITH RADIAL HEAD PROSTHETIC REPLACEMENT

24670	CLOSED TREATMENT OF ULNAR FRACTURE PROXIMAL END (EG OLECRANON OR CORONOID PROCESS[ES]) WITHOUT MANIPULATION
24675	CLOSED TREATMENT OF ULNAR FRACTURE PROXIMAL END (EG OLECRANON OR CORONOID PROCESS[ES]) WITH MANIPULATION
24685	OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (EG OLECRANON OR CORONOID PROCESS[ES]) INCLUDES INTERNAL FIXATION WHEN PERFORMED
24800	ARTHRODESIS ELBOW JOINT LOCAL
24802	ARTHRODESIS ELBOW JOINT WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)
24900	AMPUTATION ARM THROUGH HUMERUS WITH PRIMARY CLOSURE
24920	AMPUTATION ARM THROUGH HUMERUS OPEN CIRCULAR (GUILLOTINE)
24925	AMPUTATION ARM THROUGH HUMERUS SECONDARY CLOSURE OR SCAR REVISION
24930	AMPUTATION ARM THROUGH HUMERUS RE-AMPUTATION
24931	AMPUTATION ARM THROUGH HUMERUS WITH IMPLANT
24935	STUMP ELONGATION UPPER EXTREMITY
24940	CINEPLASTY UPPER EXTREMITY COMPLETE PROCEDURE
24999	UNLISTED PROCEDURE HUMERUS OR ELBOW
25000	INCISION EXTENSOR TENDON SHEATH WRIST (EG DE QUERVAINS DISEASE)
25001	INCISION FLEXOR TENDON SHEATH WRIST (EG FLEXOR CARPI RADIALIS)
25020	DECOMPRESSION FASCIOTOMY FOREARM AND OR WRIST FLEXOR OR EXTENSOR COMPARTMENT WITHOUT DEBRIDEMENT OF NONVIABLE MUSCLE AND OR NERVE
25023	DECOMPRESSION FASCIOTOMY FOREARM AND OR WRIST FLEXOR OR EXTENSOR COMPARTMENT WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND OR NERVE
25024	DECOMPRESSION FASCIOTOMY FOREARM AND OR WRIST FLEXOR AND EXTENSOR COMPARTMENT WITHOUT DEBRIDEMENT OF NONVIABLE MUSCLE AND OR NERVE
25025	DECOMPRESSION FASCIOTOMY FOREARM AND OR WRIST FLEXOR AND EXTENSOR COMPARTMENT WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND OR NERVE
25028	INCISION AND DRAINAGE FOREARM AND OR WRIST DEEP ABSCESS OR HEMATOMA
25031	INCISION AND DRAINAGE FOREARM AND OR WRIST BURSA
25035	INCISION DEEP BONE CORTEX FOREARM AND OR WRIST (EG OSTEOMYELITIS OR BONE ABSCESS)
25040	ARTHROTOMY RADIOCARPAL OR MIDCARPAL JOINT WITH EXPLORATION DRAINAGE OR REMOVAL OF FOREIGN BODY
25065	BIOPSY SOFT TISSUE OF FOREARM AND OR WRIST SUPERFICIAL
25066	BIOPSY SOFT TISSUE OF FOREARM AND OR WRIST DEEP (SUBFASCIAL OR INTRAMUSCULAR)
25071	EXCISION TUMOR SOFT TISSUE OF FOREARM AND OR WRIST AREA SUBCUTANEOUS 3 CM OR GREATER

25073	EXCISION TUMOR SOFT TISSUE OF FOREARM AND OR WRIST AREA SUBFASCIAL (EG INTRAMUSCULAR) 3 CM OR GREATER
25075	EXCISION TUMOR SOFT TISSUE OF FOREARM AND OR WRIST AREA SUBCUTANEOUS LESS THAN 3 CM
25076	EXCISION TUMOR SOFT TISSUE OF FOREARM AND OR WRIST AREA SUBFASCIAL (EG INTRAMUSCULAR) LESS THAN 3 CM
25077	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF FOREARM AND OR WRIST AREA LESS THAN 3 CM
25078	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF FOREARM AND OR WRIST AREA 3 CM OR GREATER
25085	CAPSULOTOMY WRIST (EG CONTRACTURE)
25100	ARTHROTOMY WRIST JOINT WITH BIOPSY
25101	ARTHROTOMY WRIST JOINT WITH JOINT EXPLORATION W WO BIOPSY W WO REMOVAL OF LOOSE OR FOREIGN BODY
25105	ARTHROTOMY WRIST JOINT WITH SYNOVECTOMY
25107	ARTHROTOMY DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE COMPLEX
25109	EXCISION OF TENDON FOREARM AND OR WRIST FLEXOR OR EXTENSOR EACH
25110	EXCISION LESION OF TENDON SHEATH FOREARM AND OR WRIST
25111	EXCISION OF GANGLION WRIST (DORSAL OR VOLAR) PRIMARY
25112	EXCISION OF GANGLION WRIST (DORSAL OR VOLAR) RECURRENT
25115	RADICAL EXCISION OF BURSA SYNOVIA OF WRIST OR FOREARM TENDON SHEATHS (EG TENOSYNOVITIS FUNGUS TBC OR OTHER GRANULOMAS RHEUMATOID ARTHRITIS) FLEXORS
25116	RADICAL EXCISION OF BURSA SYNOVIA OF WRIST OR FOREARM TENDON SHEATHS (EG TENOSYNOVITIS FUNGUS TBC OR OTHER GRANULOMAS RHEUMATOID ARTHRITIS) EXTENSORS W WO TRANSPOSITION OF DORSAL RETINACULUM
25118	SYNOVECTOMY EXTENSOR TENDON SHEATH WRIST SINGLE COMPARTMENT
25119	SYNOVECTOMY EXTENSOR TENDON SHEATH WRIST SINGLE COMPARTMENT WITH RESECTION OF DISTAL ULNA
25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS)
25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS) WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS) WITH ALLOGRAFT
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES

25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES WITH ALLOGRAFT
25145	SEQUESTRECTOMY (EG FOR OSTEOMYELITIS OR BONE ABSCESS) FOREARM AND OR WRIST
25150	PARTIAL EXCISION (CRATERIZATION SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG FOR OSTEOMYELITIS) ULNA
25151	PARTIAL EXCISION (CRATERIZATION SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG FOR OSTEOMYELITIS) RADIUS
25170	RADICAL RESECTION OF TUMOR RADIUS OR ULNA
25210	CARPECTOMY 1 BONE
25215	CARPECTOMY ALL BONES OF PROXIMAL ROW
25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)
25240	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG DARRACH TYPE OR MATCHED RESECTION)
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY
25248	EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY FOREARM OR WRIST
25250	REMOVAL OF WRIST PROSTHESIS (SEPARATE PROCEDURE)
25251	REMOVAL OF WRIST PROSTHESIS COMPLICATED INCLUDING TOTAL WRIST
25259	MANIPULATION WRIST UNDER ANESTHESIA
25260	REPAIR TENDON OR MUSCLE FLEXOR FOREARM AND OR WRIST PRIMARY SINGLE EACH TENDON OR MUSCLE
25263	REPAIR TENDON OR MUSCLE FLEXOR FOREARM AND OR WRIST SECONDARY SINGLE EACH TENDON OR MUSCLE
25265	REPAIR TENDON OR MUSCLE FLEXOR FOREARM AND OR WRIST SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON OR MUSCLE
25270	REPAIR TENDON OR MUSCLE EXTENSOR FOREARM AND OR WRIST PRIMARY SINGLE EACH TENDON OR MUSCLE
25272	REPAIR TENDON OR MUSCLE EXTENSOR FOREARM AND OR WRIST SECONDARY SINGLE EACH TENDON OR MUSCLE
25274	REPAIR TENDON OR MUSCLE EXTENSOR FOREARM AND OR WRIST SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON OR MUSCLE
25275	REPAIR TENDON SHEATH EXTENSOR FOREARM AND OR WRIST WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) (EG FOR EXTENSOR CARPI ULNARIS SUBLUXATION)
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON FOREARM AND OR WRIST SINGLE EACH TENDON
25290	TENOTOMY OPEN FLEXOR OR EXTENSOR TENDON FOREARM AND OR WRIST SINGLE EACH TENDON

25295	TENOLYSIS FLEXOR OR EXTENSOR TENDON FOREARM AND OR WRIST SINGLE EACH TENDON
25300	TENODESIS AT WRIST FLEXORS OF FINGERS
25301	TENODESIS AT WRIST EXTENSORS OF FINGERS
25310	TENDON TRANSPLANTATION OR TRANSFER FLEXOR OR EXTENSOR FOREARM AND OR WRIST SINGLE EACH TENDON
25312	TENDON TRANSPLANTATION OR TRANSFER FLEXOR OR EXTENSOR FOREARM AND OR WRIST SINGLE WITH TENDON GRAFT(S) (INCLUDES OBTAINING GRAFT) EACH TENDON
25315	FLEXOR ORIGIN SLIDE (EG FOR CEREBRAL PALSY VOLKMANN CONTRACTURE) FOREARM AND OR WRIST
25316	FLEXOR ORIGIN SLIDE (EG FOR CEREBRAL PALSY VOLKMANN CONTRACTURE) FOREARM AND OR WRIST WITH TENDON(S) TRANSFER
25320	CAPSULORRHAPHY OR RECONSTRUCTION WRIST OPEN (EG CAPSULODESIS LIGAMENT REPAIR TENDON TRANSFER OR GRAFT) (INCLUDES SYNOVECTOMY CAPSULOTOMY AND OPEN REDUCTION) FOR CARPAL INSTABILITY
25332	ARTHROPLASTY WRIST W WO INTERPOSITION W WO EXTERNAL OR INTERNAL FIXATION
25335	CENTRALIZATION OF WRIST ON ULNA (EG RADIAL CLUB HAND)
25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JOINT SECONDARY BY SOFT TISSUE STABILIZATION (EG TENDON TRANSFER TENDON GRAFT OR WEAVE OR TENODESIS) W WO OPEN REDUCTION OF DISTAL RADIOULNAR JOINT
25350	OSTEOTOMY RADIUS DISTAL THIRD
25355	OSTEOTOMY RADIUS MIDDLE OR PROXIMAL THIRD
25360	OSTEOTOMY ULNA
25365	OSTEOTOMY RADIUS AND ULNA
25370	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE) RADIUS OR ULNA
25375	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE) RADIUS AND ULNA
25390	OSTEOPLASTY RADIUS OR ULNA SHORTENING
25391	OSTEOPLASTY RADIUS OR ULNA LENGTHENING WITH AUTOGRAFT
25392	OSTEOPLASTY RADIUS AND ULNA SHORTENING (EXCLUDING 64876)
25393	OSTEOPLASTY RADIUS AND ULNA LENGTHENING WITH AUTOGRAFT
25394	OSTEOPLASTY CARPAL BONE SHORTENING
25400	REPAIR OF NONUNION OR MALUNION RADIUS OR ULNA WITHOUT GRAFT (EG COMPRESSION TECHNIQUE)
25405	REPAIR OF NONUNION OR MALUNION RADIUS OR ULNA WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
25415	REPAIR OF NONUNION OR MALUNION RADIUS AND ULNA WITHOUT GRAFT (EG COMPRESSION TECHNIQUE)

25420	REPAIR OF NONUNION OR MALUNION RADIUS AND ULNA WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
25425	REPAIR OF DEFECT WITH AUTOGRAFT RADIUS OR ULNA
25426	REPAIR OF DEFECT WITH AUTOGRAFT RADIUS AND ULNA
25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG HORI PROCEDURE)
25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)) (INCLUDES OBTAINING GRAFT AND NECESSARY FIXATION) EACH BONE
25440	REPAIR OF NONUNION SCAPHOID CARPAL (NAVICULAR) BONE W WO RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AND NECESSARY FIXATION)
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT DISTAL RADIUS
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT DISTAL ULNA
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT SCAPHOID CARPAL (NAVICULAR)
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT LUNATE
25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT TRAPEZIUM
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS (TOTAL WRIST)
25447	ARTHROPLASTY INTERCARPAL OR CARPOMETACARPAL JOINTS INTERPOSITION (EG TENDON)
25448	ARTHROPLASTY INTERCARPAL OR CARPOMETACARPAL JOINTS SUSPENSION INCLUDING TRANSFER OR TRANSPLANT OF TENDON WITH INTERPOSITION WHEN PERFORMED
25449	REVISION OF ARTHROPLASTY INCLUDING REMOVAL OF IMPLANT WRIST JOINT
25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING DISTAL RADIUS OR ULNA
25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING DISTAL RADIUS AND ULNA
25490	PROPHYLACTIC TREATMENT (NAILING PINNING PLATING OR WIRING) W WO METHYLMETHACRYLATE RADIUS
25491	PROPHYLACTIC TREATMENT (NAILING PINNING PLATING OR WIRING) W WO METHYLMETHACRYLATE ULNA
25492	PROPHYLACTIC TREATMENT (NAILING PINNING PLATING OR WIRING) W WO METHYLMETHACRYLATE RADIUS AND ULNA
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE WITHOUT MANIPULATION
25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE WITH MANIPULATION
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED
25520	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE AND CLOSED TREATMENT OF DISLOCATION OF DISTAL RADIOULNAR JOINT (GALEAZZI FRACTURE DISLOCATION)

25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED AND CLOSED TREATMENT OF DISTAL RADIOULNAR JOINT DISLOCATION (GALEAZZI FRACTURE DISLOCATION) INCLUDES PERCUTANEOUS SKELETAL FIXATION WHEN PERFORMED
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED AND OPEN TREATMENT OF DISTAL RADIOULNAR JOINT DISLOCATION (GALEAZZI FRACTURE DISLOCATION) INCLUDES INTERNAL FIXATION WHEN PERFORMED INCLUDES REPAIR OF TRIANGULAR FIBROCARTILAGE COMPLEX
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE WITHOUT MANIPULATION
25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE WITH MANIPULATION
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES WITHOUT MANIPULATION
25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES WITH MANIPULATION
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES WITH INTERNAL FIXATION WHEN PERFORMED OF RADIUS OR ULNA
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES WITH INTERNAL FIXATION WHEN PERFORMED OF RADIUS AND ULNA
25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION INCLUDES CLOSED TREATMENT OF FRACTURE OF ULNAR STYLOID WHEN PERFORMED WITHOUT MANIPULATION
25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION INCLUDES CLOSED TREATMENT OF FRACTURE OF ULNAR STYLOID WHEN PERFORMED WITH MANIPULATION
25606	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPARATION
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION WITH INTERNAL FIXATION
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION WITH INTERNAL FIXATION OF 2 FRAGMENTS
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION WITH INTERNAL FIXATION OF 3 OR MORE FRAGMENTS
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE WITHOUT MANIPULATION
25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE WITH MANIPULATION
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID [NAVICULAR]) WITHOUT MANIPULATION EACH BONE

25635	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID [NAVICULAR]) WITH MANIPULATION EACH BONE
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID [NAVICULAR]) EACH BONE
25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE
25651	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE
25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION 1 OR MORE BONES WITH MANIPULATION
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION 1 OR MORE BONES
25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION
25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION ACUTE OR CHRONIC
25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION WITH MANIPULATION
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION
25690	CLOSED TREATMENT OF LUNATE DISLOCATION WITH MANIPULATION
25695	OPEN TREATMENT OF LUNATE DISLOCATION
25800	ARTHRODESIS WRIST COMPLETE WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND OR INTERCARPAL AND OR CARPOMETACARPAL JOINTS)
25805	ARTHRODESIS WRIST WITH SLIDING GRAFT
25810	ARTHRODESIS WRIST WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)
25820	ARTHRODESIS WRIST LIMITED WITHOUT BONE GRAFT (EG INTERCARPAL OR RADIOCARPAL)
25825	ARTHRODESIS WRIST WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
25830	ARTHRODESIS DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA W WO BONE GRAFT (EG SAUVE-KAPANDJI PROCEDURE)
25900	AMPUTATION FOREARM THROUGH RADIUS AND ULNA
25905	AMPUTATION FOREARM THROUGH RADIUS AND ULNA OPEN CIRCULAR (GUILLOTINE)
25907	AMPUTATION FOREARM THROUGH RADIUS AND ULNA SECONDARY CLOSURE OR SCAR REVISION
25909	AMPUTATION FOREARM THROUGH RADIUS AND ULNA RE-AMPUTATION
25915	KRUKENBERG PROCEDURE
25920	DISARTICULATION THROUGH WRIST
25922	DISARTICULATION THROUGH WRIST SECONDARY CLOSURE OR SCAR REVISION
25924	DISARTICULATION THROUGH WRIST RE-AMPUTATION

25927	TRANSMETACARPAL AMPUTATION
25929	TRANSMETACARPAL AMPUTATION SECONDARY CLOSURE OR SCAR REVISION
25931	TRANSMETACARPAL AMPUTATION RE-AMPUTATION
25999	UNLISTED PROCEDURE FOREARM OR WRIST
26010	DRAINAGE OF FINGER ABSCESS SIMPLE
26011	DRAINAGE OF FINGER ABSCESS COMPLICATED (EG FELON)
26020	DRAINAGE OF TENDON SHEATH DIGIT AND OR PALM EACH
26025	DRAINAGE OF PALMAR BURSA SINGLE BURSA
26030	DRAINAGE OF PALMAR BURSA MULTIPLE BURSA
26034	INCISION BONE CORTEX HAND OR FINGER (EG OSTEOMYELITIS OR BONE ABSCESS)
26035	DECOMPRESSION FINGERS AND OR HAND INJECTION INJURY (EG GREASE GUN)
26037	DECOMPRESSIVE FASCIOTOMY HAND (EXCLUDES 26035)
26040	FASCIOTOMY PALMAR (EG DUPUYTREN S CONTRACTURE) PERCUTANEOUS
26045	FASCIOTOMY PALMAR (EG DUPUYTREN S CONTRACTURE) OPEN PARTIAL
26055	TENDON SHEATH INCISION (EG FOR TRIGGER FINGER)
26060	TENOTOMY PERCUTANEOUS SINGLE EACH DIGIT
26070	ARTHROTOMY WITH EXPLORATION DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY CARPOMETACARPAL JOINT
26075	ARTHROTOMY WITH EXPLORATION DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY METACARPOPHALANGEAL JOINT EACH
26080	ARTHROTOMY WITH EXPLORATION DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY INTERPHALANGEAL JOINT EACH
26100	ARTHROTOMY WITH BIOPSY CARPOMETACARPAL JOINT EACH
26105	ARTHROTOMY WITH BIOPSY METACARPOPHALANGEAL JOINT EACH
26110	ARTHROTOMY WITH BIOPSY INTERPHALANGEAL JOINT EACH
26111	EXCISION TUMOR OR VASCULAR MALFORMATION SOFT TISSUE OF HAND OR FINGER SUBCUTANEOUS 1.5 CM OR GREATER
26113	EXCISION TUMOR SOFT TISSUE OR VASCULAR MALFORMATION OF HAND OR FINGER SUBFASCIAL (EG INTRAMUSCULAR) 1.5 CM OR GREATER
26115	EXCISION TUMOR OR VASCULAR MALFORMATION SOFT TISSUE OF HAND OR FINGER SUBCUTANEOUS LESS THAN 1.5 CM
26116	EXCISION TUMOR SOFT TISSUE OR VASCULAR MALFORMATION OF HAND OR FINGER SUBFASCIAL (EG INTRAMUSCULAR) LESS THAN 1.5 CM
26117	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF HAND OR FINGER LESS THAN 3 CM

26118	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF HAND OR FINGER 3 CM OR GREATER
26121	FASCIECTOMY PALM ONLY W WO Z-PLASTY OTHER LOCAL TISSUE REARRANGEMENT OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT)
26123	FASCIECTOMY PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT W WO Z-PLASTY OTHER LOCAL TISSUE REARRANGEMENT OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT)
26125	FASCIECTOMY PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT W WO Z-PLASTY OTHER LOCAL TISSUE REARRANGEMENT OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT) EACH ADDITIONAL DIGIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
26130	SYNOVECTOMY CARPOMETACARPAL JOINT
26135	SYNOVECTOMY METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR HOOD RECONSTRUCTION EACH DIGIT
26140	SYNOVECTOMY PROXIMAL INTERPHALANGEAL JOINT INCLUDING EXTENSOR RECONSTRUCTION EACH INTERPHALANGEAL JOINT
26145	SYNOVECTOMY TENDON SHEATH RADICAL (TENOSYNOVECTOMY) FLEXOR TENDON PALM AND OR FINGER EACH TENDON
26160	EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG CYST MUCOUS CYST OR GANGLION) HAND OR FINGER
26170	EXCISION OF TENDON PALM FLEXOR OR EXTENSOR SINGLE EACH TENDON
26180	EXCISION OF TENDON FINGER FLEXOR OR EXTENSOR EACH TENDON
26185	SESAMOIDECTOMY THUMB OR FINGER (SEPARATE PROCEDURE)
26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL
26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL MIDDLE OR DISTAL PHALANX OF FINGER
26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL MIDDLE OR DISTAL PHALANX OF FINGER WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
26230	PARTIAL EXCISION (CRATERIZATION SAUCERIZATION OR DIAPHYSECTOMY) BONE (EG OSTEOMYELITIS) METACARPAL
26235	PARTIAL EXCISION (CRATERIZATION SAUCERIZATION OR DIAPHYSECTOMY) BONE (EG OSTEOMYELITIS) PROXIMAL OR MIDDLE PHALANX OF FINGER
26236	PARTIAL EXCISION (CRATERIZATION SAUCERIZATION OR DIAPHYSECTOMY) BONE (EG OSTEOMYELITIS) DISTAL PHALANX OF FINGER

26250	RADICAL RESECTION OF TUMOR METACARPAL
26260	RADICAL RESECTION OF TUMOR PROXIMAL OR MIDDLE PHALANX OF FINGER
26262	RADICAL RESECTION OF TUMOR DISTAL PHALANX OF FINGER
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND
26340	MANIPULATION FINGER JOINT UNDER ANESTHESIA EACH JOINT
26341	MANIPULATION PALMAR FASCIAL CORD (IE DUPUYTREN S CORD) POST ENZYME INJECTION (EG COLLAGENASE) SINGLE CORD
26350	REPAIR OR ADVANCEMENT FLEXOR TENDON NOT IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG NO MAN S LAND) PRIMARY OR SECONDARY WITHOUT FREE GRAFT EACH TENDON
26352	REPAIR OR ADVANCEMENT FLEXOR TENDON NOT IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG NO MAN S LAND) SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON
26356	REPAIR OR ADVANCEMENT FLEXOR TENDON IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG NO MAN S LAND) PRIMARY WITHOUT FREE GRAFT EACH TENDON
26357	REPAIR OR ADVANCEMENT FLEXOR TENDON IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG NO MAN S LAND) SECONDARY WITHOUT FREE GRAFT EACH TENDON
26358	REPAIR OR ADVANCEMENT FLEXOR TENDON IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG NO MAN S LAND) SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON
26370	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON WITH INTACT SUPERFICIALIS TENDON PRIMARY EACH TENDON
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON WITH INTACT SUPERFICIALIS TENDON SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON WITH INTACT SUPERFICIALIS TENDON SECONDARY WITHOUT FREE GRAFT EACH TENDON
26390	EXCISION FLEXOR TENDON WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TENDON GRAFT HAND OR FINGER EACH ROD
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT HAND OR FINGER (INCLUDES OBTAINING GRAFT) EACH ROD
26410	REPAIR EXTENSOR TENDON HAND PRIMARY OR SECONDARY WITHOUT FREE GRAFT EACH TENDON
26412	REPAIR EXTENSOR TENDON HAND PRIMARY OR SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON
26415	EXCISION OF EXTENSOR TENDON WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TENDON GRAFT HAND OR FINGER EACH ROD
26416	REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES OBTAINING GRAFT) HAND OR FINGER EACH ROD

26418	REPAIR EXTENSOR TENDON FINGER PRIMARY OR SECONDARY WITHOUT FREE GRAFT EACH TENDON
26420	REPAIR EXTENSOR TENDON FINGER PRIMARY OR SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON
26426	REPAIR OF EXTENSOR TENDON CENTRAL SLIP SECONDARY (EG BOUTONNIERE DEFORMITY) USING LOCAL TISSUE(S) INCLUDING LATERAL BAND(S) EACH FINGER
26428	REPAIR OF EXTENSOR TENDON CENTRAL SLIP SECONDARY (EG BOUTONNIERE DEFORMITY) WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) EACH FINGER
26432	CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION W WO PERCUTANEOUS PINNING (EG MALLET FINGER)
26433	REPAIR OF EXTENSOR TENDON DISTAL INSERTION PRIMARY OR SECONDARY WITHOUT GRAFT (EG MALLET FINGER)
26434	REPAIR OF EXTENSOR TENDON DISTAL INSERTION PRIMARY OR SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)
26437	REALIGNMENT OF EXTENSOR TENDON HAND EACH TENDON
26440	TENOLYSIS FLEXOR TENDON PALM OR FINGER EACH TENDON
26442	TENOLYSIS FLEXOR TENDON PALM AND FINGER EACH TENDON
26445	TENOLYSIS EXTENSOR TENDON HAND OR FINGER EACH TENDON
26449	TENOLYSIS COMPLEX EXTENSOR TENDON FINGER INCLUDING FOREARM EACH TENDON
26450	TENOTOMY FLEXOR PALM OPEN EACH TENDON
26455	TENOTOMY FLEXOR FINGER OPEN EACH TENDON
26460	TENOTOMY EXTENSOR HAND OR FINGER OPEN EACH TENDON
26471	TENODESIS OF PROXIMAL INTERPHALANGEAL JOINT EACH JOINT
26474	TENODESIS OF DISTAL JOINT EACH JOINT
26476	LENGTHENING OF TENDON EXTENSOR HAND OR FINGER EACH TENDON
26477	SHORTENING OF TENDON EXTENSOR HAND OR FINGER EACH TENDON
26478	LENGTHENING OF TENDON FLEXOR HAND OR FINGER EACH TENDON
26479	SHORTENING OF TENDON FLEXOR HAND OR FINGER EACH TENDON
26480	TRANSFER OR TRANSPLANT OF TENDON CARPOMETACARPAL AREA OR DORSUM OF HAND WITHOUT FREE GRAFT EACH TENDON
26483	TRANSFER OR TRANSPLANT OF TENDON CARPOMETACARPAL AREA OR DORSUM OF HAND WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON
26485	TRANSFER OR TRANSPLANT OF TENDON PALMAR WITHOUT FREE TENDON GRAFT EACH TENDON
26489	TRANSFER OR TRANSPLANT OF TENDON PALMAR WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON

26490	OPPONENSPLASTY SUPERFICIALIS TENDON TRANSFER TYPE EACH TENDON
26492	OPPONENSPLASTY TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON
26494	OPPONENSPLASTY HYPOTHENAR MUSCLE TRANSFER
26496	OPPONENSPLASTY OTHER METHODS
26497	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION RING AND SMALL FINGER
26498	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION ALL 4 FINGERS
26499	CORRECTION CLAW FINGER OTHER METHODS
26500	RECONSTRUCTION OF TENDON PULLEY EACH TENDON WITH LOCAL TISSUES (SEPARATE PROCEDURE)
26502	RECONSTRUCTION OF TENDON PULLEY EACH TENDON WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)
26508	RELEASE OF THENAR MUSCLE(S) (EG THUMB CONTRACTURE)
26510	CROSS INTRINSIC TRANSFER EACH TENDON
26516	CAPSULODESIS METACARPOPHALANGEAL JOINT SINGLE DIGIT
26517	CAPSULODESIS METACARPOPHALANGEAL JOINT 2 DIGITS
26518	CAPSULODESIS METACARPOPHALANGEAL JOINT 3 OR 4 DIGITS
26520	CAPSULECTOMY OR CAPSULOTOMY METACARPOPHALANGEAL JOINT EACH JOINT
26525	CAPSULECTOMY OR CAPSULOTOMY INTERPHALANGEAL JOINT EACH JOINT
26530	ARTHROPLASTY METACARPOPHALANGEAL JOINT EACH JOINT
26531	ARTHROPLASTY METACARPOPHALANGEAL JOINT WITH PROSTHETIC IMPLANT EACH JOINT
26535	ARTHROPLASTY INTERPHALANGEAL JOINT EACH JOINT
26536	ARTHROPLASTY INTERPHALANGEAL JOINT WITH PROSTHETIC IMPLANT EACH JOINT
26540	REPAIR OF COLLATERAL LIGAMENT METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT
26541	RECONSTRUCTION COLLATERAL LIGAMENT METACARPOPHALANGEAL JOINT SINGLE WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)
26542	RECONSTRUCTION COLLATERAL LIGAMENT METACARPOPHALANGEAL JOINT SINGLE WITH LOCAL TISSUE (EG ADDUCTOR ADVANCEMENT)
26545	RECONSTRUCTION COLLATERAL LIGAMENT INTERPHALANGEAL JOINT SINGLE INCLUDING GRAFT EACH JOINT
26546	REPAIR NON-UNION METACARPAL OR PHALANX (INCLUDES OBTAINING BONE GRAFT W WO EXTERNAL OR INTERNAL FIXATION)
26548	REPAIR AND RECONSTRUCTION FINGER VOLAR PLATE INTERPHALANGEAL JOINT
26550	POLLICIZATION OF A DIGIT
26551	TRANSFER TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS GREAT TOE WRAP-AROUND WITH BONE GRAFT

26553	TRANSFER TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS OTHER THAN GREAT TOE SINGLE
26554	TRANSFER TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS OTHER THAN GREAT TOE DOUBLE
26555	TRANSFER FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS
26556	TRANSFER FREE TOE JOINT WITH MICROVASCULAR ANASTOMOSIS
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE WITH SKIN FLAPS
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE WITH SKIN FLAPS AND GRAFTS
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE COMPLEX (EG INVOLVING BONE NAILS)
26565	OSTEOTOMY METACARPAL EACH
26567	OSTEOTOMY PHALANX OF FINGER EACH
26568	OSTEOPLASTY LENGTHENING METACARPAL OR PHALANX
26580	REPAIR CLEFT HAND
26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT SOFT TISSUE AND BONE
26590	REPAIR MACRODACTYLIA EACH DIGIT
26591	REPAIR INTRINSIC MUSCLES OF HAND EACH MUSCLE
26593	RELEASE INTRINSIC MUSCLES OF HAND EACH MUSCLE
26596	EXCISION OF CONSTRICTING RING OF FINGER WITH MULTIPLE Z-PLASTIES
26600	CLOSED TREATMENT OF METACARPAL FRACTURE SINGLE WITHOUT MANIPULATION EACH BONE
26605	CLOSED TREATMENT OF METACARPAL FRACTURE SINGLE WITH MANIPULATION EACH BONE
26607	CLOSED TREATMENT OF METACARPAL FRACTURE WITH MANIPULATION WITH EXTERNAL FIXATION EACH BONE
26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE EACH BONE
26615	OPEN TREATMENT OF METACARPAL FRACTURE SINGLE INCLUDES INTERNAL FIXATION WHEN PERFORMED EACH BONE
26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION THUMB WITH MANIPULATION
26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION THUMB (BENNETT FRACTURE) WITH MANIPULATION
26650	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION THUMB (BENNETT FRACTURE) WITH MANIPULATION
26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION THUMB (BENNETT FRACTURE) INCLUDES INTERNAL FIXATION WHEN PERFORMED
26670	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION OTHER THAN THUMB WITH MANIPULATION EACH JOINT WITHOUT ANESTHESIA
26675	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION OTHER THAN THUMB WITH MANIPULATION EACH JOINT REQUIRING ANESTHESIA

26676	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION OTHER THAN THUMB WITH MANIPULATION EACH JOINT
26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION OTHER THAN THUMB INCLUDES INTERNAL FIXATION WHEN PERFORMED EACH JOINT
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION OTHER THAN THUMB COMPLEX MULTIPLE OR DELAYED REDUCTION
26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION SINGLE WITH MANIPULATION WITHOUT ANESTHESIA
26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION SINGLE WITH MANIPULATION REQUIRING ANESTHESIA
26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION SINGLE WITH MANIPULATION
26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION SINGLE INCLUDES INTERNAL FIXATION WHEN PERFORMED
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE PROXIMAL OR MIDDLE PHALANX FINGER OR THUMB WITHOUT MANIPULATION EACH
26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE PROXIMAL OR MIDDLE PHALANX FINGER OR THUMB WITH MANIPULATION W WO SKIN OR SKELETAL TRACTION EACH
26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE PROXIMAL OR MIDDLE PHALANX FINGER OR THUMB WITH MANIPULATION EACH
26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE PROXIMAL OR MIDDLE PHALANX FINGER OR THUMB INCLUDES INTERNAL FIXATION WHEN PERFORMED EACH
26740	CLOSED TREATMENT OF ARTICULAR FRACTURE INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT WITHOUT MANIPULATION EACH
26742	CLOSED TREATMENT OF ARTICULAR FRACTURE INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT WITH MANIPULATION EACH
26746	OPEN TREATMENT OF ARTICULAR FRACTURE INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT INCLUDES INTERNAL FIXATION WHEN PERFORMED EACH
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE FINGER OR THUMB WITHOUT MANIPULATION EACH
26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE FINGER OR THUMB WITH MANIPULATION EACH
26756	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE FINGER OR THUMB EACH
26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE FINGER OR THUMB INCLUDES INTERNAL FIXATION WHEN PERFORMED EACH

26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION SINGLE WITH MANIPULATION WITHOUT ANESTHESIA
26775	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION SINGLE WITH MANIPULATION REQUIRING ANESTHESIA
26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION SINGLE WITH MANIPULATION
26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION INCLUDES INTERNAL FIXATION WHEN PERFORMED SINGLE
26820	FUSION IN OPPOSITION THUMB WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)
26841	ARTHRODESIS CARPOMETACARPAL JOINT THUMB W WO INTERNAL FIXATION
26842	ARTHRODESIS CARPOMETACARPAL JOINT THUMB W WO INTERNAL FIXATION WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
26843	ARTHRODESIS CARPOMETACARPAL JOINT DIGIT OTHER THAN THUMB EACH
26844	ARTHRODESIS CARPOMETACARPAL JOINT DIGIT OTHER THAN THUMB EACH WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
26850	ARTHRODESIS METACARPOPHALANGEAL JOINT W WO INTERNAL FIXATION
26852	ARTHRODESIS METACARPOPHALANGEAL JOINT W WO INTERNAL FIXATION WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
26860	ARTHRODESIS INTERPHALANGEAL JOINT W WO INTERNAL FIXATION
26861	ARTHRODESIS INTERPHALANGEAL JOINT W WO INTERNAL FIXATION EACH ADDITIONAL INTERPHALANGEAL JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
26862	ARTHRODESIS INTERPHALANGEAL JOINT W WO INTERNAL FIXATION WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
26863	ARTHRODESIS INTERPHALANGEAL JOINT W WO INTERNAL FIXATION WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) EACH ADDITIONAL JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
26910	AMPUTATION METACARPAL WITH FINGER OR THUMB (RAY AMPUTATION) SINGLE W WO INTEROSSEOUS TRANSFER
26951	AMPUTATION FINGER OR THUMB PRIMARY OR SECONDARY ANY JOINT OR PHALANX SINGLE INCLUDING NEURECTOMIES WITH DIRECT CLOSURE
26952	AMPUTATION FINGER OR THUMB PRIMARY OR SECONDARY ANY JOINT OR PHALANX SINGLE INCLUDING NEURECTOMIES WITH LOCAL ADVANCEMENT FLAPS (V-Y HOOD)
26989	UNLISTED PROCEDURE HANDS OR FINGERS
26990	INCISION AND DRAINAGE PELVIS OR HIP JOINT AREA DEEP ABSCESS OR HEMATOMA

26991	INCISION AND DRAINAGE PELVIS OR HIP JOINT AREA INFECTED BURSA
26992	INCISION BONE CORTEX PELVIS AND OR HIP JOINT (EG OSTEOMYELITIS OR BONE ABSCESS)
27000	TENOTOMY ADDUCTOR OF HIP PERCUTANEOUS (SEPARATE PROCEDURE)
27001	TENOTOMY ADDUCTOR OF HIP OPEN
27003	TENOTOMY ADDUCTOR SUBCUTANEOUS OPEN WITH OBTURATOR NEURECTOMY
27005	TENOTOMY HIP FLEXOR(S) OPEN (SEPARATE PROCEDURE)
27006	TENOTOMY ABDUCTORS AND OR EXTENSOR(S) OF HIP OPEN (SEPARATE PROCEDURE)
27025	FASCIOTOMY HIP OR THIGH ANY TYPE
27027	DECOMPRESSION FASCIOTOMY(IES) PELVIC (BUTTOCK) COMPARTMENT(S) (EG GLUTEUS MEDIUS-MINIMUS GLUTEUS MAXIMUS ILIOPSOAS AND OR TENSOR FASCIA LATA MUSCLE) UNILATERAL
27030	ARTHROTOMY HIP WITH DRAINAGE (EG INFECTION)
27033	ARTHROTOMY HIP INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY
27035	DENERVATION HIP JOINT INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF SCIATIC FEMORAL OR OBTURATOR NERVES
27036	CAPSULECTOMY OR CAPSULOTOMY HIP W WO EXCISION OF HETEROTOPIC BONE WITH RELEASE OF HIP FLEXOR MUSCLES (IE GLUTEUS MEDIUS GLUTEUS MINIMUS TENSOR FASCIA LATAE RECTUS FEMORIS SARTORIUS ILIOPSOAS)
27040	BIOPSY SOFT TISSUE OF PELVIS AND HIP AREA SUPERFICIAL
27041	BIOPSY SOFT TISSUE OF PELVIS AND HIP AREA DEEP SUBFASCIAL OR INTRAMUSCULAR
27043	EXCISION TUMOR SOFT TISSUE OF PELVIS AND HIP AREA SUBCUTANEOUS 3 CM OR GREATER
27045	EXCISION TUMOR SOFT TISSUE OF PELVIS AND HIP AREA SUBFASCIAL (EG INTRAMUSCULAR) 5 CM OR GREATER
27047	EXCISION TUMOR SOFT TISSUE OF PELVIS AND HIP AREA SUBCUTANEOUS LESS THAN 3 CM
27048	EXCISION TUMOR SOFT TISSUE OF PELVIS AND HIP AREA SUBFASCIAL (EG INTRAMUSCULAR) LESS THAN 5 CM
27049	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF PELVIS AND HIP AREA LESS THAN 5 CM
27050	ARTHROTOMY WITH BIOPSY SACROILIAC JOINT
27052	ARTHROTOMY WITH BIOPSY HIP JOINT
27054	ARTHROTOMY WITH SYNOVECTOMY HIP JOINT
27057	DECOMPRESSION FASCIOTOMY(IES) PELVIC (BUTTOCK) COMPARTMENT(S) (EG GLUTEUS MEDIUS-MINIMUS GLUTEUS MAXIMUS ILIOPSOAS AND OR TENSOR FASCIA LATA MUSCLE) WITH DEBRIDEMENT OF NONVIABLE MUSCLE UNILATERAL
27059	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF PELVIS AND HIP AREA 5 CM OR GREATER
27060	EXCISION ISCHIAL BURSA

27062	EXCISION TROCHANTERIC BURSA OR CALCIFICATION
27065	EXCISION OF BONE CYST OR BENIGN TUMOR WING OF ILIUM SYMPHYSIS PUBIS OR GREATER TROCHANTER OF FEMUR SUPERFICIAL INCLUDES AUTOGRAFT WHEN PERFORMED
27066	EXCISION OF BONE CYST OR BENIGN TUMOR WING OF ILIUM SYMPHYSIS PUBIS OR GREATER TROCHANTER OF FEMUR DEEP (SUBFASCIAL) INCLUDES AUTOGRAFT WHEN PERFORMED
27067	EXCISION OF BONE CYST OR BENIGN TUMOR WING OF ILIUM SYMPHYSIS PUBIS OR GREATER TROCHANTER OF FEMUR WITH AUTOGRAFT REQUIRING SEPARATE INCISION
27070	PARTIAL EXCISION WING OF ILIUM SYMPHYSIS PUBIS OR GREATER TROCHANTER OF FEMUR (CRATERIZATION SAUCERIZATION) (EG OSTEOMYELITIS OR BONE ABSCESS) SUPERFICIAL
27071	PARTIAL EXCISION WING OF ILIUM SYMPHYSIS PUBIS OR GREATER TROCHANTER OF FEMUR (CRATERIZATION SAUCERIZATION) (EG OSTEOMYELITIS OR BONE ABSCESS) DEEP (SUBFASCIAL OR INTRAMUSCULAR)
27075	RADICAL RESECTION OF TUMOR WING OF ILIUM 1 PUBIC OR ISCHIAL RAMUS OR SYMPHYSIS PUBIS
27076	RADICAL RESECTION OF TUMOR ILIUM INCLUDING ACETABULUM BOTH PUBIC RAMI OR ISCHIUM AND ACETABULUM
27077	RADICAL RESECTION OF TUMOR INNOMINATE BONE TOTAL
27078	RADICAL RESECTION OF TUMOR ISCHIAL TUBEROSITY AND GREATER TROCHANTER OF FEMUR
27079	RADICAL RESECTION OF TUMOR OR INFECTION ISCHIAL TUBEROSITY AND GREATER TROCHANTER OF FEMUR WITH SKIN FLAPS
27080	COCCYGECTOMY PRIMARY
27086	REMOVAL OF FOREIGN BODY PELVIS OR HIP SUBCUTANEOUS TISSUE
27087	REMOVAL OF FOREIGN BODY PELVIS OR HIP DEEP (SUBFASCIAL OR INTRAMUSCULAR)
27090	REMOVAL OF HIP PROSTHESIS (SEPARATE PROCEDURE)
27091	REMOVAL OF HIP PROSTHESIS COMPLICATED INCLUDING TOTAL HIP PROSTHESIS METHYLMETHACRYLATE W WO INSERTION OF SPACER
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY WITHOUT ANESTHESIA
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY WITH ANESTHESIA
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT ANESTHETIC STEROID WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED
27097	RELEASE OR RECESSION HAMSTRING PROXIMAL
27098	TRANSFER ADDUCTOR TO ISCHIUM
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT)
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)

27110	TRANSFER ILIOPSOAS TO GREATER TROCHANTER OF FEMUR
27111	TRANSFER ILIOPSOAS TO FEMORAL NECK
27120	ACETABULOPLASTY (EG WHITMAN COLONNA HAYGROVES OR CUP TYPE)
27122	ACETABULOPLASTY RESECTION FEMORAL HEAD (EG GIRDLESTONE PROCEDURE)
27125	HEMIARTHROPLASTY HIP PARTIAL (EG FEMORAL STEM PROSTHESIS BIPOLAR ARTHROPLASTY)
27130	ARTHROPLASTY ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) W WO AUTOGRAFT OR ALLOGRAFT
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY W WO AUTOGRAFT OR ALLOGRAFT
27134	REVISION OF TOTAL HIP ARTHROPLASTY BOTH COMPONENTS W WO AUTOGRAFT OR ALLOGRAFT
27137	REVISION OF TOTAL HIP ARTHROPLASTY ACETABULAR COMPONENT ONLY W WO AUTOGRAFT OR ALLOGRAFT
27138	REVISION OF TOTAL HIP ARTHROPLASTY FEMORAL COMPONENT ONLY W WO ALLOGRAFT
27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEPARATE PROCEDURE)
27146	OSTEOTOMY ILIAC ACETABULAR OR INNOMINATE BONE
27147	OSTEOTOMY ILIAC ACETABULAR OR INNOMINATE BONE WITH OPEN REDUCTION OF HIP
27151	OSTEOTOMY ILIAC ACETABULAR OR INNOMINATE BONE WITH FEMORAL OSTEOTOMY
27156	OSTEOTOMY ILIAC ACETABULAR OR INNOMINATE BONE WITH FEMORAL OSTEOTOMY AND WITH OPEN REDUCTION OF HIP
27158	OSTEOTOMY PELVIS BILATERAL (EG CONGENITAL MALFORMATION)
27161	OSTEOTOMY FEMORAL NECK (SEPARATE PROCEDURE)
27165	OSTEOTOMY INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL FIXATION AND OR CAST
27170	BONE GRAFT FEMORAL HEAD NECK INTERTROCHANTERIC OR SUBTROCHANTERIC AREA (INCLUDES OBTAINING BONE GRAFT)
27175	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS BY TRACTION WITHOUT REDUCTION
27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS BY SINGLE OR MULTIPLE PINNING IN SITU
27177	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS SINGLE OR MULTIPLE PINNING OR BONE GRAFT (INCLUDES OBTAINING GRAFT)
27178	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS CLOSED MANIPULATION WITH SINGLE OR MULTIPLE PINNING
27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS OSTEOPLASTY OF FEMORAL NECK (HEYMAN TYPE PROCEDURE)
27181	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS OSTEOTOMY AND INTERNAL FIXATION
27185	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING GREATER TROCHANTER OF FEMUR

27187	PROPHYLACTIC TREATMENT (NAILING PINNING PLATING OR WIRING) W WO METHYLMETHACRYLATE FEMORAL NECK AND PROXIMAL FEMUR
27197	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S) DISLOCATION(S) DIASTASIS OR SUBLUXATION OF THE ILIUM SACROILIAC JOINT AND OR SACRUM W WO ANTERIOR PELVIC RING FRACTURE(S) AND OR DISLOCATION(S) OF THE PUBIC SYMPHYSIS AND OR SUPERIOR INFERIOR RAMI UNILATERAL OR BILATERAL WITHOUT MANIPULATION
27198	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S) DISLOCATION(S) DIASTASIS OR SUBLUXATION OF THE ILIUM SACROILIAC JOINT AND OR SACRUM W WO ANTERIOR PELVIC RING FRACTURE(S) AND OR DISLOCATION(S) OF THE PUBIC SYMPHYSIS AND OR SUPERIOR INFERIOR RAMI UNILATERAL OR BILATERAL WITH MANIPULATION REQUIRING MORE THAN LOCAL ANESTHESIA (IE GENERAL ANESTHESIA MODERATE SEDATION SPINAL EPIDURAL)
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE
27215	OPEN TREATMENT OF ILIAC SPINE(S) TUBEROSITY AVULSION OR ILIAC WING FRACTURE(S) UNILATERAL FOR PELVIC BONE FRACTURE PATTERNS THAT DO NOT DISRUPT THE PELVIC RING INCLUDES INTERNAL FIXATION WHEN PERFORMED
27216	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC BONE FRACTURE AND OR DISLOCATION FOR FRACTURE PATTERNS THAT DISRUPT THE PELVIC RING UNILATERAL (INCLUDES IPSILATERAL ILIUM SACROILIAC JOINT AND OR SACRUM)
27217	OPEN TREATMENT OF ANTERIOR PELVIC BONE FRACTURE AND OR DISLOCATION FOR FRACTURE PATTERNS THAT DISRUPT THE PELVIC RING UNILATERAL INCLUDES INTERNAL FIXATION WHEN PERFORMED (INCLUDES PUBIC SYMPHYSIS AND OR IPSILATERAL SUPERIOR INFERIOR RAMI)
27218	OPEN TREATMENT OF POSTERIOR PELVIC BONE FRACTURE AND OR DISLOCATION FOR FRACTURE PATTERNS THAT DISRUPT THE PELVIC RING UNILATERAL INCLUDES INTERNAL FIXATION WHEN PERFORMED (INCLUDES IPSILATERAL ILIUM SACROILIAC JOINT AND OR SACRUM)
27220	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S) WITHOUT MANIPULATION
27221	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS ILIAC ARTERY UNILATERAL INITIAL VESSEL WITH TRANSLUMINAL STENT PLACEMENT(S) INCLUDES ANGIOPLASTY WITH THE SAME VESSEL WHEN PREFORMED
27222	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S) WITH MANIPULATION W WO SKELETAL TRACTION
27226	OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE WITH INTERNAL FIXATION
27227	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR (ONE) COLUMN OR A FRACTURE RUNNING TRANSVERSELY ACROSS THE ACETABULUM WITH INTERNAL FIXATION

27228	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR (TWO) COLUMNS INCLUDES T-FRACTURE AND BOTH COLUMN FRACTURE WITH COMPLETE ARTICULAR DETACHMENT OR SINGLE COLUMN OR TRANSVERSE FRACTURE WITH ASSOCIATED ACETABULAR WALL FRACTURE WITH INTERNAL FIXATION
27230	CLOSED TREATMENT OF FEMORAL FRACTURE PROXIMAL END NECK WITHOUT MANIPULATION
27232	CLOSED TREATMENT OF FEMORAL FRACTURE PROXIMAL END NECK WITH MANIPULATION W WO SKELETAL TRACTION
27235	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE PROXIMAL END NECK
27236	OPEN TREATMENT OF FEMORAL FRACTURE PROXIMAL END NECK INTERNAL FIXATION OR PROSTHETIC REPLACEMENT
27238	CLOSED TREATMENT OF INTERTROCHANTERIC PERITROCHANTERIC OR SUBTROCHANTERIC FEMORAL FRACTURE WITHOUT MANIPULATION
27240	CLOSED TREATMENT OF INTERTROCHANTERIC PERITROCHANTERIC OR SUBTROCHANTERIC FEMORAL FRACTURE WITH MANIPULATION W WO SKIN OR SKELETAL TRACTION
27244	TREATMENT OF INTERTROCHANTERIC PERITROCHANTERIC OR SUBTROCHANTERIC FEMORAL FRACTURE WITH PLATE SCREW TYPE IMPLANT W WO CERCLAGE
27245	TREATMENT OF INTERTROCHANTERIC PERITROCHANTERIC OR SUBTROCHANTERIC FEMORAL FRACTURE WITH INTRAMEDULLARY IMPLANT W WO INTERLOCKING SCREWS AND OR CERCLAGE
27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE WITHOUT MANIPULATION
27248	OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED
27250	CLOSED TREATMENT OF HIP DISLOCATION TRAUMATIC WITHOUT ANESTHESIA
27252	CLOSED TREATMENT OF HIP DISLOCATION TRAUMATIC REQUIRING ANESTHESIA
27253	OPEN TREATMENT OF HIP DISLOCATION TRAUMATIC WITHOUT INTERNAL FIXATION
27254	OPEN TREATMENT OF HIP DISLOCATION TRAUMATIC WITH ACETABULAR WALL AND FEMORAL HEAD FRACTURE W WO INTERNAL OR EXTERNAL FIXATION
27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL INCLUDING CONGENITAL OR PATHOLOGICAL) BY ABDUCTION SPLINT OR TRACTION WITHOUT ANESTHESIA WITHOUT MANIPULATION
27257	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL INCLUDING CONGENITAL OR PATHOLOGICAL) BY ABDUCTION SPLINT OR TRACTION WITH MANIPULATION REQUIRING ANESTHESIA
27258	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL INCLUDING CONGENITAL OR PATHOLOGICAL) REPLACEMENT OF FEMORAL HEAD IN ACETABULUM (INCLUDING TENOTOMY ETC)

27259	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL INCLUDING CONGENITAL OR PATHOLOGICAL) REPLACEMENT OF FEMORAL HEAD IN ACETABULUM (INCLUDING TENOTOMY ETC) WITH FEMORAL SHAFT SHORTENING
27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION WITHOUT ANESTHESIA
27266	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION REQUIRING REGIONAL OR GENERAL ANESTHESIA
27267	CLOSED TREATMENT OF FEMORAL FRACTURE PROXIMAL END HEAD WITHOUT MANIPULATION
27268	CLOSED TREATMENT OF FEMORAL FRACTURE PROXIMAL END HEAD WITH MANIPULATION
27269	OPEN TREATMENT OF FEMORAL FRACTURE PROXIMAL END HEAD INCLUDES INTERNAL FIXATION WHEN PERFORMED
27275	MANIPULATION HIP JOINT REQUIRING GENERAL ANESTHESIA
27278	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS OR MINIMALLY INVASIVE WITH IMAGE GUIDANCE INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED UNILATERAL PLACEMENT OF INTRA-ARTICULAR DEVICE(S) WITHOUT CORTICAL PIERCING
27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS OR MINIMALLY INVASIVE WITH IMAGE GUIDANCE INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED UNILATERAL PLACEMENT OF TRANSARTICULAR DEVICE(S) AND OR INTRA-ARTICULAR DEVICE(S) PIERCING THE LATERAL OR MEDIAL CORTICES OF THE ILIUM AND THE LATERAL CORTEX OF THE SACRUM
27280	ARTHRODESIS SACROILIAC JOINT OPEN INCLUDES OBTAINING BONE GRAFT INCLUDING INSTRUMENTATION WHEN PERFORMED
27282	ARTHRODESIS SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)
27284	ARTHRODESIS HIP JOINT (INCLUDING OBTAINING GRAFT)
27286	ARTHRODESIS HIP JOINT (INCLUDING OBTAINING GRAFT) WITH SUBTROCHANTERIC OSTEOTOMY
27290	INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)
27295	DISARTICULATION OF HIP
27299	UNLISTED PROCEDURE PELVIS OR HIP JOINT
27301	INCISION AND DRAINAGE DEEP ABSCESS BURSA OR HEMATOMA THIGH OR KNEE REGION
27303	INCISION DEEP WITH OPENING OF BONE CORTEX FEMUR OR KNEE (EG OSTEOMYELITIS OR BONE ABSCESS)
27305	FASCIOTOMY ILIOTIBIAL (TENOTOMY) OPEN
27306	TENOTOMY PERCUTANEOUS ADDUCTOR OR HAMSTRING SINGLE TENDON (SEPARATE PROCEDURE)
27307	TENOTOMY PERCUTANEOUS ADDUCTOR OR HAMSTRING MULTIPLE TENDONS
27310	ARTHROTOMY KNEE WITH EXPLORATION DRAINAGE OR REMOVAL OF FOREIGN BODY (EG INFECTION)
27323	BIOPSY SOFT TISSUE OF THIGH OR KNEE AREA SUPERFICIAL
27324	BIOPSY SOFT TISSUE OF THIGH OR KNEE AREA DEEP (SUBFASCIAL OR INTRAMUSCULAR)

27325	NEURECTOMY HAMSTRING MUSCLE
27326	NEURECTOMY POPLITEAL (GASTROCNEMIUS)
27327	EXCISION TUMOR SOFT TISSUE OF THIGH OR KNEE AREA SUBCUTANEOUS LESS THAN 3 CM
27328	EXCISION TUMOR SOFT TISSUE OF THIGH OR KNEE AREA SUBFASCIAL (EG INTRAMUSCULAR) LESS THAN 5 CM
27329	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF THIGH OR KNEE AREA LESS THAN 5 CM
27330	ARTHROTOMY KNEE WITH SYNOVIAL BIOPSY ONLY
27331	ARTHROTOMY KNEE INCLUDING JOINT EXPLORATION BIOPSY OR REMOVAL OF LOOSE OR FOREIGN BODIES
27332	ARTHROTOMY WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE MEDIAL OR LATERAL
27333	ARTHROTOMY WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE MEDIAL AND LATERAL
27334	ARTHROTOMY WITH SYNOVECTOMY KNEE ANTERIOR OR POSTERIOR
27335	ARTHROTOMY WITH SYNOVECTOMY KNEE ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA
27337	EXCISION TUMOR SOFT TISSUE OF THIGH OR KNEE AREA SUBCUTANEOUS 3 CM OR GREATER
27339	EXCISION TUMOR SOFT TISSUE OF THIGH OR KNEE AREA SUBFASCIAL (EG INTRAMUSCULAR) 5 CM OR GREATER
27340	EXCISION PREPATELLAR BURSA
27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (EG BAKER S CYST)
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG CYST GANGLION) KNEE
27350	PATELLECTOMY OR HEMIPATELLECTOMY
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR
27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR WITH ALLOGRAFT
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR WITH INTERNAL FIXATION (LIST IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
27360	PARTIAL EXCISION (CRATERIZATION SAUCERIZATION OR DIAPHYSECTOMY) BONE FEMUR PROXIMAL TIBIA AND OR FIBULA (EG OSTEOMYELITIS OR BONE ABSCESS)
27364	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF THIGH OR KNEE AREA 5 CM OR GREATER
27365	RADICAL RESECTION OF TUMOR FEMUR OR KNEE
27369	INJECTION PROCEDURE FOR CONTRAST KNEE ARTHROGRAPHY OR CONTRAST ENHANCED CT MRI KNEE ARTHROGRAPHY
27372	REMOVAL OF FOREIGN BODY DEEP THIGH REGION OR KNEE AREA
27380	SUTURE OF INFRAPATELLAR TENDON PRIMARY
27381	SUTURE OF INFRAPATELLAR TENDON SECONDARY RECONSTRUCTION INCLUDING FASCIAL OR TENDON GRAFT

27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE PRIMARY
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE SECONDARY RECONSTRUCTION INCLUDING FASCIAL OR TENDON GRAFT
27390	TENOTOMY OPEN HAMSTRING KNEE TO HIP SINGLE TENDON
27391	TENOTOMY OPEN HAMSTRING KNEE TO HIP MULTIPLE TENDONS 1 LEG
27392	TENOTOMY OPEN HAMSTRING KNEE TO HIP MULTIPLE TENDONS BILATERAL
27393	LENGTHENING OF HAMSTRING TENDON SINGLE TENDON
27394	LENGTHENING OF HAMSTRING TENDON MULTIPLE TENDONS 1 LEG
27395	LENGTHENING OF HAMSTRING TENDON MULTIPLE TENDONS BILATERAL
27396	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING) THIGH (EG EXTENSOR TO FLEXOR) SINGLE TENDON
27397	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING) THIGH (EG EXTENSOR TO FLEXOR) MULTIPLE TENDONS
27400	TRANSFER TENDON OR MUSCLE HAMSTRINGS TO FEMUR (EG EGGER S TYPE PROCEDURE)
27403	ARTHROTOMY WITH MENISCUS REPAIR KNEE
27405	REPAIR PRIMARY TORN LIGAMENT AND OR CAPSULE KNEE COLLATERAL
27407	REPAIR PRIMARY TORN LIGAMENT AND OR CAPSULE KNEE CRUCIATE
27409	REPAIR PRIMARY TORN LIGAMENT AND OR CAPSULE KNEE COLLATERAL AND CRUCIATE LIGAMENTS
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE
27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN
27416	OSTEOCHONDRAL AUTOGRAFT(S) KNEE OPEN (EG MOSAICPLASTY) (INCLUDES HARVESTING OF AUTOGRAFT[S])
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG MAQUET TYPE PROCEDURE)
27420	RECONSTRUCTION OF DISLOCATING PATELLA (EG HAUSER TYPE PROCEDURE)
27422	RECONSTRUCTION OF DISLOCATING PATELLA WITH EXTENSOR REALIGNMENT AND OR MUSCLE ADVANCEMENT OR RELEASE (EG CAMPBELL GOLDWAITE TYPE PROCEDURE)
27424	RECONSTRUCTION OF DISLOCATING PATELLA WITH PATELLECTOMY
27425	LATERAL RETINACULAR RELEASE OPEN
27427	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION) KNEE EXTRA-ARTICULAR
27428	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION) KNEE INTRA-ARTICULAR (OPEN)
27429	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION) KNEE INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR
27430	QUADRICEPSPLASTY (EG BENNETT OR THOMPSON TYPE)
27435	CAPSULOTOMY POSTERIOR CAPSULAR RELEASE KNEE

27437	ARTHROPLASTY PATELLA WITHOUT PROSTHESIS
27438	ARTHROPLASTY PATELLA WITH PROSTHESIS
27440	ARTHROPLASTY KNEE TIBIAL PLATEAU
27441	ARTHROPLASTY KNEE TIBIAL PLATEAU WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY
27442	ARTHROPLASTY FEMORAL CONDYLES OR TIBIAL PLATEAU(S) KNEE
27443	ARTHROPLASTY FEMORAL CONDYLES OR TIBIAL PLATEAU(S) KNEE WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY
27445	ARTHROPLASTY KNEE HINGE PROSTHESIS (EG WALLDIUS TYPE)
27446	ARTHROPLASTY KNEE CONDYLE AND PLATEAU MEDIAL OR LATERAL COMPARTMENT
27447	ARTHROPLASTY KNEE CONDYLE AND PLATEAU MEDIAL AND LATERAL COMPARTMENTS W WO PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)
27448	OSTEOTOMY FEMUR SHAFT OR SUPRACONDYLAR WITHOUT FIXATION
27450	OSTEOTOMY FEMUR SHAFT OR SUPRACONDYLAR WITH FIXATION
27454	OSTEOTOMY MULTIPLE WITH REALIGNMENT ON INTRAMEDULLARY ROD FEMORAL SHAFT (EG SOFIELD TYPE PROCEDURE)
27455	OSTEOTOMY PROXIMAL TIBIA INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS [BOWLEG] OR GENU VALGUS [KNOCK-KNEE]) BEFORE EPIPHYSEAL CLOSURE
27457	OSTEOTOMY PROXIMAL TIBIA INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS [BOWLEG] OR GENU VALGUS [KNOCK-KNEE]) AFTER EPIPHYSEAL CLOSURE
27458	OSTEOTOMY(IES) FEMUR UNILATERAL WITH INSERTION OF AN EXTERNALLY CONTROLLED INTRAMEDULLARY LENGTHENING DEVICE INCLUDING ILIOTIBIAL BAND RELEASE WHEN PERFORMED IMAGING ALIGNMENT ASSESSMENTS COMPUTATIONS OF ADJUSTMENT SCHEDULES AND MANAGEMENT OF THE INTRAMEDULLARY LENGTHENING DEVICE
27465	OSTEOPLASTY FEMUR SHORTENING (EXCLUDING 64876)
27466	OSTEOPLASTY FEMUR LENGTHENING
27468	OSTEOPLASTY FEMUR COMBINED LENGTHENING AND SHORTENING WITH FEMORAL SEGMENT TRANSFER
27470	REPAIR NONUNION OR MALUNION FEMUR DISTAL TO HEAD AND NECK WITHOUT GRAFT (EG COMPRESSION TECHNIQUE)
27472	REPAIR NONUNION OR MALUNION FEMUR DISTAL TO HEAD AND NECK WITH ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLUDES OBTAINING GRAFT)
27475	ARREST EPIPHYSEAL ANY METHOD (EG EPIPHYSIODESIS) DISTAL FEMUR
27477	ARREST EPIPHYSEAL ANY METHOD (EG EPIPHYSIODESIS) TIBIA AND FIBULA PROXIMAL
27479	ARREST EPIPHYSEAL ANY METHOD (EG EPIPHYSIODESIS) COMBINED DISTAL FEMUR PROXIMAL TIBIA AND FIBULA

27485	ARREST HEMIEPIPHYSEAL DISTAL FEMUR OR PROXIMAL TIBIA OR FIBULA (EG GENU VARUS OR VALGUS)
27486	REVISION OF TOTAL KNEE ARTHROPLASTY W WO ALLOGRAFT 1 COMPONENT
27487	REVISION OF TOTAL KNEE ARTHROPLASTY W WO ALLOGRAFT FEMORAL AND ENTIRE TIBIAL COMPONENT
27488	REMOVAL OF PROSTHESIS INCLUDING TOTAL KNEE PROSTHESIS METHYLMETHACRYLATE W WO INSERTION OF SPACER KNEE
27495	PROPHYLACTIC TREATMENT (NAILING PINNING PLATING OR WIRING) W WO METHYLMETHACRYLATE FEMUR
27496	DECOMPRESSION FASCIOTOMY THIGH AND OR KNEE 1 COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR)
27497	DECOMPRESSION FASCIOTOMY THIGH AND OR KNEE 1 COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR) WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND OR NERVE
27498	DECOMPRESSION FASCIOTOMY THIGH AND OR KNEE MULTIPLE COMPARTMENTS
27499	DECOMPRESSION FASCIOTOMY THIGH AND OR KNEE MULTIPLE COMPARTMENTS WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND OR NERVE
27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE WITHOUT MANIPULATION
27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE W WO INTERCONDYLAR EXTENSION WITHOUT MANIPULATION
27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE WITH MANIPULATION W WO SKIN OR SKELETAL TRACTION
27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE W WO INTERCONDYLAR EXTENSION WITH MANIPULATION W WO SKIN OR SKELETAL TRACTION
27506	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE W WO EXTERNAL FIXATION WITH INSERTION OF INTRAMEDULLARY IMPLANT W WO CERCLAGE AND OR LOCKING SCREWS
27507	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE SCREWS W WO CERCLAGE
27508	CLOSED TREATMENT OF FEMORAL FRACTURE DISTAL END MEDIAL OR LATERAL CONDYLE WITHOUT MANIPULATION
27509	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE DISTAL END MEDIAL OR LATERAL CONDYLE OR SUPRACONDYLAR OR TRANSCONDYLAR W WO INTERCONDYLAR EXTENSION OR DISTAL FEMORAL EPIPHYSEAL SEPARATION
27510	CLOSED TREATMENT OF FEMORAL FRACTURE DISTAL END MEDIAL OR LATERAL CONDYLE WITH MANIPULATION
27511	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERCONDYLAR EXTENSION INCLUDES INTERNAL FIXATION WHEN PERFORMED

27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTERCONDYLAR EXTENSION INCLUDES INTERNAL FIXATION WHEN PERFORMED
27514	OPEN TREATMENT OF FEMORAL FRACTURE DISTAL END MEDIAL OR LATERAL CONDYLE INCLUDES INTERNAL FIXATION WHEN PERFORMED
27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION WITHOUT MANIPULATION
27517	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION WITH MANIPULATION W WO SKIN OR SKELETAL TRACTION
27519	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION INCLUDES INTERNAL FIXATION WHEN PERFORMED
27520	CLOSED TREATMENT OF PATELLAR FRACTURE WITHOUT MANIPULATION
27524	OPEN TREATMENT OF PATELLAR FRACTURE WITH INTERNAL FIXATION AND OR PARTIAL OR COMPLETE PATELLECTOMY AND SOFT TISSUE REPAIR
27530	CLOSED TREATMENT OF TIBIAL FRACTURE PROXIMAL (PLATEAU) WITHOUT MANIPULATION
27532	CLOSED TREATMENT OF TIBIAL FRACTURE PROXIMAL (PLATEAU) W WO MANIPULATION WITH SKELETAL TRACTION
27535	OPEN TREATMENT OF TIBIAL FRACTURE PROXIMAL (PLATEAU) UNICONDYLAR INCLUDES INTERNAL FIXATION WHEN PERFORMED
27536	OPEN TREATMENT OF TIBIAL FRACTURE PROXIMAL (PLATEAU) BICONDYLAR W WO INTERNAL FIXATION
27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND OR TUBEROSITY FRACTURE(S) OF KNEE W WO MANIPULATION
27540	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND OR TUBEROSITY FRACTURE(S) OF THE KNEE INCLUDES INTERNAL FIXATION WHEN PERFORMED
27550	CLOSED TREATMENT OF KNEE DISLOCATION WITHOUT ANESTHESIA
27552	CLOSED TREATMENT OF KNEE DISLOCATION REQUIRING ANESTHESIA
27556	OPEN TREATMENT OF KNEE DISLOCATION INCLUDES INTERNAL FIXATION WHEN PERFORMED WITHOUT PRIMARY LIGAMENTOUS REPAIR OR AUGMENTATION RECONSTRUCTION
27557	OPEN TREATMENT OF KNEE DISLOCATION INCLUDES INTERNAL FIXATION WHEN PERFORMED WITH PRIMARY LIGAMENTOUS REPAIR
27558	OPEN TREATMENT OF KNEE DISLOCATION INCLUDES INTERNAL FIXATION WHEN PERFORMED WITH PRIMARY LIGAMENTOUS REPAIR WITH AUGMENTATION RECONSTRUCTION
27560	CLOSED TREATMENT OF PATELLAR DISLOCATION WITHOUT ANESTHESIA
27562	CLOSED TREATMENT OF PATELLAR DISLOCATION REQUIRING ANESTHESIA
27566	OPEN TREATMENT OF PATELLAR DISLOCATION W WO PARTIAL OR TOTAL PATELLECTOMY

27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)
27580	ARTHRODESIS KNEE ANY TECHNIQUE
27590	AMPUTATION THIGH THROUGH FEMUR ANY LEVEL
27591	AMPUTATION THIGH THROUGH FEMUR ANY LEVEL IMMEDIATE FITTING TECHNIQUE INCLUDING FIRST CAST
27592	AMPUTATION THIGH THROUGH FEMUR ANY LEVEL OPEN CIRCULAR (GUILLOTINE)
27594	AMPUTATION THIGH THROUGH FEMUR ANY LEVEL SECONDARY CLOSURE OR SCAR REVISION
27596	AMPUTATION THIGH THROUGH FEMUR ANY LEVEL RE-AMPUTATION
27598	DISARTICULATION AT KNEE
27599	UNLISTED PROCEDURE FEMUR OR KNEE
27600	DECOMPRESSION FASCIOTOMY LEG ANTERIOR AND OR LATERAL COMPARTMENTS ONLY
27601	DECOMPRESSION FASCIOTOMY LEG POSTERIOR COMPARTMENT(S) ONLY
27602	DECOMPRESSION FASCIOTOMY LEG ANTERIOR AND OR LATERAL AND POSTERIOR COMPARTMENT(S)
27603	INCISION AND DRAINAGE LEG OR ANKLE DEEP ABSCESS OR HEMATOMA
27604	INCISION AND DRAINAGE LEG OR ANKLE INFECTED BURSA
27605	TENOTOMY PERCUTANEOUS ACHILLES TENDON (SEPARATE PROCEDURE) LOCAL ANESTHESIA
27606	TENOTOMY PERCUTANEOUS ACHILLES TENDON (SEPARATE PROCEDURE) GENERAL ANESTHESIA
27607	INCISION (EG OSTEOMYELITIS OR BONE ABSCESS) LEG OR ANKLE
27610	ARTHROTOMY ANKLE INCLUDING EXPLORATION DRAINAGE OR REMOVAL OF FOREIGN BODY
27612	ARTHROTOMY POSTERIOR CAPSULAR RELEASE ANKLE W WO ACHILLES TENDON LENGTHENING
27613	BIOPSY SOFT TISSUE OF LEG OR ANKLE AREA SUPERFICIAL
27614	BIOPSY SOFT TISSUE OF LEG OR ANKLE AREA DEEP (SUBFASCIAL OR INTRAMUSCULAR)
27615	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF LEG OR ANKLE AREA LESS THAN 5 CM
27616	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF LEG OR ANKLE AREA 5 CM OR GREATER
27618	EXCISION TUMOR SOFT TISSUE OF LEG OR ANKLE AREA SUBCUTANEOUS LESS THAN 3 CM
27619	EXCISION TUMOR SOFT TISSUE OF LEG OR ANKLE AREA SUBFASCIAL (EG INTRAMUSCULAR) LESS THAN 5 CM
27620	ARTHROTOMY ANKLE WITH JOINT EXPLORATION W WO BIOPSY W WO REMOVAL OF LOOSE OR FOREIGN BODY
27625	ARTHROTOMY WITH SYNOVECTOMY ANKLE
27626	ARTHROTOMY WITH SYNOVECTOMY ANKLE INCLUDING TENOSYNOVECTOMY
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG CYST OR GANGLION) LEG AND OR ANKLE
27632	EXCISION TUMOR SOFT TISSUE OF LEG OR ANKLE AREA SUBCUTANEOUS 3 CM OR GREATER
27634	EXCISION TUMOR SOFT TISSUE OF LEG OR ANKLE AREA SUBFASCIAL (EG INTRAMUSCULAR) 5 CM OR GREATER

27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR TIBIA OR FIBULA
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR TIBIA OR FIBULA WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR TIBIA OR FIBULA WITH ALLOGRAFT
27640	PARTIAL EXCISION (CRATERIZATION SAUCERIZATION OR DIAPHYSECTOMY) BONE (EG OSTEOMYELITIS) TIBIA
27641	PARTIAL EXCISION (CRATERIZATION SAUCERIZATION OR DIAPHYSECTOMY) BONE (EG OSTEOMYELITIS) FIBULA
27645	RADICAL RESECTION OF TUMOR TIBIA
27646	RADICAL RESECTION OF TUMOR FIBULA
27647	RADICAL RESECTION OF TUMOR TALUS OR CALCANEUS
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY
27650	REPAIR PRIMARY OPEN OR PERCUTANEOUS RUPTURED ACHILLES TENDON
27652	REPAIR PRIMARY OPEN OR PERCUTANEOUS RUPTURED ACHILLES TENDON WITH GRAFT (INCLUDES OBTAINING GRAFT)
27654	REPAIR SECONDARY ACHILLES TENDON W WO GRAFT
27656	REPAIR FASCIAL DEFECT OF LEG
27658	REPAIR FLEXOR TENDON LEG PRIMARY WITHOUT GRAFT EACH TENDON
27659	REPAIR FLEXOR TENDON LEG SECONDARY W WO GRAFT EACH TENDON
27664	REPAIR EXTENSOR TENDON LEG PRIMARY WITHOUT GRAFT EACH TENDON
27665	REPAIR EXTENSOR TENDON LEG SECONDARY W WO GRAFT EACH TENDON
27675	REPAIR DISLOCATING PERONEAL TENDONS WITHOUT FIBULAR OSTEOTOMY
27676	REPAIR DISLOCATING PERONEAL TENDONS WITH FIBULAR OSTEOTOMY
27680	TENOLYSIS FLEXOR OR EXTENSOR TENDON LEG AND OR ANKLE SINGLE EACH TENDON
27681	TENOLYSIS FLEXOR OR EXTENSOR TENDON LEG AND OR ANKLE MULTIPLE TENDONS (THROUGH SEPARATE INCISION[S])
27685	LENGTHENING OR SHORTENING OF TENDON LEG OR ANKLE SINGLE TENDON (SEPARATE PROCEDURE)
27686	LENGTHENING OR SHORTENING OF TENDON LEG OR ANKLE MULTIPLE TENDONS (THROUGH SAME INCISION) EACH
27687	GASTROCNEMIUS RECESSION (EG STRAYER PROCEDURE)
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING) SUPERFICIAL (EG ANTERIOR TIBIAL EXTENSORS INTO MIDFOOT)
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING) DEEP (EG ANTERIOR TIBIAL OR POSTERIOR TIBIAL THROUGH INTEROSSEOUS SPACE FLEXOR DIGITORUM LONGUS FLEXOR HALLUCIS LONGUS OR PERONEAL TENDON TO MIDFOOT OR HINDFOOT)

27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING) EACH ADDITIONAL TENDON (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
27695	REPAIR PRIMARY DISRUPTED LIGAMENT ANKLE COLLATERAL
27696	REPAIR PRIMARY DISRUPTED LIGAMENT ANKLE BOTH COLLATERAL LIGAMENTS
27698	REPAIR SECONDARY DISRUPTED LIGAMENT ANKLE COLLATERAL (EG WATSON-JONES PROCEDURE)
27700	ARTHROPLASTY ANKLE
27702	ARTHROPLASTY ANKLE WITH IMPLANT (TOTAL ANKLE)
27703	ARTHROPLASTY ANKLE REVISION TOTAL ANKLE
27704	REMOVAL OF ANKLE IMPLANT
27705	OSTEOTOMY TIBIA
27707	OSTEOTOMY FIBULA
27709	OSTEOTOMY TIBIA AND FIBULA
27712	OSTEOTOMY MULTIPLE WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG SOFIELD TYPE PROCEDURE)
27713	OSTEOTOMY(IES) TIBIA INCLUDING FIBULA WHEN PERFORMED UNILATERAL WITH INSERTION OF AN EXTERNALLY CONTROLLED INTRAMEDULLARY LENGTHENING DEVICE INCLUDING IMAGING ALIGNMENT ASSESSMENTS COMPUTATIONS OF ADJUSTMENT SCHEDULES AND MANAGEMENT OF THE INTRAMEDULLARY LENGTHENING DEVICE
27715	OSTEOPLASTY TIBIA AND FIBULA LENGTHENING OR SHORTENING
27720	REPAIR OF NONUNION OR MALUNION TIBIA WITHOUT GRAFT (EG COMPRESSION TECHNIQUE)
27722	REPAIR OF NONUNION OR MALUNION TIBIA WITH SLIDING GRAFT
27724	REPAIR OF NONUNION OR MALUNION TIBIA WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)
27725	REPAIR OF NONUNION OR MALUNION TIBIA BY SYNOSTOSIS WITH FIBULA ANY METHOD
27726	REPAIR OF FIBULA NONUNION AND OR MALUNION WITH INTERNAL FIXATION
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS TIBIA
27730	ARREST EPIPHYSEAL (EPIPHYSIODESIS) OPEN DISTAL TIBIA
27732	ARREST EPIPHYSEAL (EPIPHYSIODESIS) OPEN DISTAL FIBULA
27734	ARREST EPIPHYSEAL (EPIPHYSIODESIS) OPEN DISTAL TIBIA AND FIBULA
27740	ARREST EPIPHYSEAL (EPIPHYSIODESIS) ANY METHOD COMBINED PROXIMAL AND DISTAL TIBIA AND FIBULA
27742	ARREST EPIPHYSEAL (EPIPHYSIODESIS) ANY METHOD COMBINED PROXIMAL AND DISTAL TIBIA AND FIBULA AND DISTAL FEMUR
27745	PROPHYLACTIC TREATMENT (NAILING PINNING PLATING OR WIRING) W WO METHYLMETHACRYLATE TIBIA
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (W WO FIBULAR FRACTURE) WITHOUT MANIPULATION

27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (W WO FIBULAR FRACTURE) WITH MANIPULATION W WO SKELETAL TRACTION
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (W WO FIBULAR FRACTURE) (EG PINS OR SCREWS)
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (W WO FIBULAR FRACTURE) WITH PLATE SCREWS W WO CERCLAGE
27759	TREATMENT OF TIBIAL SHAFT FRACTURE (W WO FIBULAR FRACTURE) BY INTRAMEDULLARY IMPLANT W WO INTERLOCKING SCREWS AND OR CERCLAGE
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE WITHOUT MANIPULATION
27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE WITH MANIPULATION W WO SKIN OR SKELETAL TRACTION
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE WITHOUT MANIPULATION
27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE WITH MANIPULATION
27769	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE WITHOUT MANIPULATION
27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE WITH MANIPULATION
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS) WITHOUT MANIPULATION
27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS) WITH MANIPULATION
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS) INCLUDES INTERNAL FIXATION WHEN PERFORMED
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG LATERAL AND MEDIAL MALLEOLI OR LATERAL AND POSTERIOR MALLEOLI OR MEDIAL AND POSTERIOR MALLEOLI) WITHOUT MANIPULATION
27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG LATERAL AND MEDIAL MALLEOLI OR LATERAL AND POSTERIOR MALLEOLI OR MEDIAL AND POSTERIOR MALLEOLI) WITH MANIPULATION
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG LATERAL AND MEDIAL MALLEOLI OR LATERAL AND POSTERIOR MALLEOLI OR MEDIAL AND POSTERIOR MALLEOLI) INCLUDES INTERNAL FIXATION WHEN PERFORMED
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE WITHOUT MANIPULATION
27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE WITH MANIPULATION

27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED MEDIAL AND OR LATERAL MALLEOLUS WITHOUT FIXATION OF POSTERIOR LIP
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED MEDIAL AND OR LATERAL MALLEOLUS WITH FIXATION OF POSTERIOR LIP
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG PILON OR TIBIAL PLAFOND) W WO ANESTHESIA WITHOUT MANIPULATION
27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG PILON OR TIBIAL PLAFOND) W WO ANESTHESIA WITH SKELETAL TRACTION AND OR REQUIRING MANIPULATION
27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE PORTION OF DISTAL TIBIA (EG PILON OR TIBIAL PLAFOND) WITH INTERNAL FIXATION WHEN PERFORMED OF FIBULA ONLY
27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE PORTION OF DISTAL TIBIA (EG PILON OR TIBIAL PLAFOND) WITH INTERNAL FIXATION WHEN PERFORMED OF TIBIA ONLY
27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE PORTION OF DISTAL TIBIA (EG PILON OR TIBIAL PLAFOND) WITH INTERNAL FIXATION WHEN PERFORMED OF BOTH TIBIA AND FIBULA
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION INCLUDES INTERNAL FIXATION WHEN PERFORMED
27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION WITHOUT ANESTHESIA
27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION REQUIRING ANESTHESIA
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION INCLUDES INTERNAL FIXATION WHEN PERFORMED OR WITH EXCISION OF PROXIMAL FIBULA
27840	CLOSED TREATMENT OF ANKLE DISLOCATION WITHOUT ANESTHESIA
27842	CLOSED TREATMENT OF ANKLE DISLOCATION REQUIRING ANESTHESIA W WO PERCUTANEOUS SKELETAL FIXATION
27846	OPEN TREATMENT OF ANKLE DISLOCATION W WO PERCUTANEOUS SKELETAL FIXATION WITHOUT REPAIR OR INTERNAL FIXATION
27848	OPEN TREATMENT OF ANKLE DISLOCATION W WO PERCUTANEOUS SKELETAL FIXATION WITH REPAIR OR INTERNAL OR EXTERNAL FIXATION
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION APPARATUS)
27870	ARTHRODESIS ANKLE OPEN
27871	ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL OR DISTAL
27880	AMPUTATION LEG THROUGH TIBIA AND FIBULA
27881	AMPUTATION LEG THROUGH TIBIA AND FIBULA WITH IMMEDIATE FITTING TECHNIQUE INCLUDING APPLICATION OF FIRST CAST

27882	AMPUTATION LEG THROUGH TIBIA AND FIBULA OPEN CIRCULAR (GUILLOTINE)
27884	AMPUTATION LEG THROUGH TIBIA AND FIBULA SECONDARY CLOSURE OR SCAR REVISION
27886	AMPUTATION LEG THROUGH TIBIA AND FIBULA RE-AMPUTATION
27888	AMPUTATION ANKLE THROUGH MALLEOLI OF TIBIA AND FIBULA (EG SYME PIROGOFF TYPE PROCEDURES) WITH PLASTIC CLOSURE AND RESECTION OF NERVES
27889	ANKLE DISARTICULATION
27892	DECOMPRESSION FASCIOTOMY LEG ANTERIOR AND OR LATERAL COMPARTMENTS ONLY WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND OR NERVE
27893	DECOMPRESSION FASCIOTOMY LEG POSTERIOR COMPARTMENT(S) ONLY WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND OR NERVE
27894	DECOMPRESSION FASCIOTOMY LEG ANTERIOR AND OR LATERAL AND POSTERIOR COMPARTMENT(S) WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND OR NERVE
27899	UNLISTED PROCEDURE LEG OR ANKLE
28001	INCISION AND DRAINAGE BURSA FOOT
28002	INCISION AND DRAINAGE BELOW FASCIA W WO TENDON SHEATH INVOLVEMENT FOOT SINGLE BURSAL SPACE
28003	INCISION AND DRAINAGE BELOW FASCIA W WO TENDON SHEATH INVOLVEMENT FOOT MULTIPLE AREAS
28005	INCISION BONE CORTEX (EG OSTEOMYELITIS OR BONE ABSCESS) FOOT
28008	FASCIOTOMY FOOT AND OR TOE
28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON
28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDONS
28020	ARTHROTOMY INCLUDING EXPLORATION DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY INTERTARSAL OR TARSOMETATARSAL JOINT
28022	ARTHROTOMY INCLUDING EXPLORATION DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY METATARSOPHALANGEAL JOINT
28024	ARTHROTOMY INCLUDING EXPLORATION DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY INTERPHALANGEAL JOINT
28035	RELEASE TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)
28039	EXCISION TUMOR SOFT TISSUE OF FOOT OR TOE SUBCUTANEOUS 1.5 CM OR GREATER
28041	EXCISION TUMOR SOFT TISSUE OF FOOT OR TOE SUBFASCIAL (EG INTRAMUSCULAR) 1.5 CM OR GREATER
28043	EXCISION TUMOR SOFT TISSUE OF FOOT OR TOE SUBCUTANEOUS LESS THAN 1.5 CM
28045	EXCISION TUMOR SOFT TISSUE OF FOOT OR TOE SUBFASCIAL (EG INTRAMUSCULAR) LESS THAN 1.5 CM
28046	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF FOOT OR TOE LESS THAN 3 CM
28047	RADICAL RESECTION OF TUMOR (EG SARCOMA) SOFT TISSUE OF FOOT OR TOE 3 CM OR GREATER

28050	ARTHROTOMY WITH BIOPSY INTERTARSAL OR TARSOMETATARSAL JOINT
28052	ARTHROTOMY WITH BIOPSY METATARSOPHALANGEAL JOINT
28054	ARTHROTOMY WITH BIOPSY INTERPHALANGEAL JOINT
28055	NEURECTOMY INTRINSIC MUSCULATURE OF FOOT
28060	FASCIECTOMY PLANTAR FASCIA PARTIAL (SEPARATE PROCEDURE)
28062	FASCIECTOMY PLANTAR FASCIA RADICAL (SEPARATE PROCEDURE)
28070	SYNOVECTOMY INTERTARSAL OR TARSOMETATARSAL JOINT EACH
28072	SYNOVECTOMY METATARSOPHALANGEAL JOINT EACH
28080	EXCISION INTERDIGITAL (MORTON) NEUROMA SINGLE EACH
28086	SYNOVECTOMY TENDON SHEATH FOOT FLEXOR
28088	SYNOVECTOMY TENDON SHEATH FOOT EXTENSOR
28090	EXCISION OF LESION TENDON TENDON SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (EG CYST OR GANGLION) FOOT
28092	EXCISION OF LESION TENDON TENDON SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (EG CYST OR GANGLION) TOE(S) EACH
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR TALUS OR CALCANEUS
28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR TALUS OR CALCANEUS WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR TALUS OR CALCANEUS WITH ALLOGRAFT
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR TARSAL OR METATARSAL EXCEPT TALUS OR CALCANEUS
28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR TARSAL OR METATARSAL EXCEPT TALUS OR CALCANEUS WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR TARSAL OR METATARSAL EXCEPT TALUS OR CALCANEUS WITH ALLOGRAFT
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR PHALANGES OF FOOT
28110	OSTECTOMY PARTIAL EXCISION FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)
28111	OSTECTOMY COMPLETE EXCISION FIRST METATARSAL HEAD
28112	OSTECTOMY COMPLETE EXCISION OTHER METATARSAL HEAD (SECOND THIRD OR FOURTH)
28113	OSTECTOMY COMPLETE EXCISION FIFTH METATARSAL HEAD
28114	OSTECTOMY COMPLETE EXCISION ALL METATARSAL HEADS WITH PARTIAL PROXIMAL PHALANGECTOMY EXCLUDING FIRST METATARSAL (EG CLAYTON TYPE PROCEDURE)
28116	OSTECTOMY EXCISION OF TARSAL COALITION
28118	OSTECTOMY CALCANEUS

28119	OSTECTOMY CALCANEUS FOR SPUR W WO PLANTAR FASCIAL RELEASE
28120	PARTIAL EXCISION (CRATERIZATION SAUCERIZATION SEQUESTRECTOMY OR DIAPHYSECTOMY) BONE (EG OSTEOMYELITIS OR BOSSING) TALUS OR CALCANEUS
28122	PARTIAL EXCISION (CRATERIZATION SAUCERIZATION SEQUESTRECTOMY OR DIAPHYSECTOMY) BONE (EG OSTEOMYELITIS OR BOSSING) TARSAL OR METATARSAL BONE EXCEPT TALUS OR CALCANEUS
28124	PARTIAL EXCISION (CRATERIZATION SAUCERIZATION SEQUESTRECTOMY OR DIAPHYSECTOMY) BONE (EG OSTEOMYELITIS OR BOSSING) PHALANX OF TOE
28126	RESECTION PARTIAL OR COMPLETE PHALANGEAL BASE EACH TOE
28130	TALECTOMY (ASTRAGALECTOMY)
28140	METATARSECTOMY
28150	PHALANGECTOMY TOE EACH TOE
28153	RESECTION CONDYLE(S) DISTAL END OF PHALANX EACH TOE
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION TOE PROXIMAL END OF PHALANX EACH
28171	RADICAL RESECTION OF TUMOR TARSAL (EXCEPT TALUS OR CALCANEUS)
28173	RADICAL RESECTION OF TUMOR METATARSAL
28175	RADICAL RESECTION OF TUMOR PHALANX OF TOE
28190	REMOVAL OF FOREIGN BODY FOOT SUBCUTANEOUS
28192	REMOVAL OF FOREIGN BODY FOOT DEEP
28193	REMOVAL OF FOREIGN BODY FOOT COMPLICATED
28200	REPAIR TENDON FLEXOR FOOT PRIMARY OR SECONDARY WITHOUT FREE GRAFT EACH TENDON
28202	REPAIR TENDON FLEXOR FOOT SECONDARY WITH FREE GRAFT EACH TENDON (INCLUDES OBTAINING GRAFT)
28208	REPAIR TENDON EXTENSOR FOOT PRIMARY OR SECONDARY EACH TENDON
28210	REPAIR TENDON EXTENSOR FOOT SECONDARY WITH FREE GRAFT EACH TENDON (INCLUDES OBTAINING GRAFT)
28220	TENOLYSIS FLEXOR FOOT SINGLE TENDON
28222	TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS
28225	TENOLYSIS EXTENSOR FOOT SINGLE TENDON
28226	TENOLYSIS EXTENSOR FOOT MULTIPLE TENDONS
28230	TENOTOMY OPEN TENDON FLEXOR FOOT SINGLE OR MULTIPLE TENDON(S) (SEPARATE PROCEDURE)
28232	TENOTOMY OPEN TENDON FLEXOR TOE SINGLE TENDON (SEPARATE PROCEDURE)
28234	TENOTOMY OPEN EXTENSOR FOOT OR TOE EACH TENDON
28238	RECONSTRUCTION (ADVANCEMENT) POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY TARSAL NAVICULAR BONE (EG KIDNER TYPE PROCEDURE)

28240	TENOTOMY LENGTHENING OR RELEASE ABDUCTOR HALLUCIS MUSCLE
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG STEINDLER STRIPPING) (SEPARATE PROCEDURE)
28260	CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)
28261	CAPSULOTOMY MIDFOOT WITH TENDON LENGTHENING
28262	CAPSULOTOMY MIDFOOT EXTENSIVE INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND TENDON(S) LENGTHENING (EG RESISTANT CLUBFOOT DEFORMITY)
28264	CAPSULOTOMY MIDTARSAL (EG HEYMAN TYPE PROCEDURE)
28270	CAPSULOTOMY METATARSOPHALANGEAL JOINT W WO TENORRHAPHY EACH JOINT (SEPARATE PROCEDURE)
28272	CAPSULOTOMY INTERPHALANGEAL JOINT EACH JOINT (SEPARATE PROCEDURE)
28280	SYNDACTYLIZATION TOES (EG WEBBING OR KELIKIAN TYPE PROCEDURE)
28285	CORRECTION HAMMERTOE (EG INTERPHALANGEAL FUSION PARTIAL OR TOTAL PHALANGECTOMY)
28286	CORRECTION COCK-UP FIFTH TOE WITH PLASTIC SKIN CLOSURE (EG RUIZ-MORA TYPE PROCEDURE)
28288	OSTECTOMY PARTIAL EXOSTECTOMY OR CONDYLECTOMY METATARSAL HEAD EACH METATARSAL HEAD
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT WITHOUT IMPLANT
28291	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT WITH IMPLANT
28292	CORRECTION HALLUX VALGUS WITH BUNIONECTOMY WITH SESAMOIDECTOMY WHEN PERFORMED WITH RESECTION OF PROXIMAL PHALANX BASE WHEN PERFORMED ANY METHOD
28295	CORRECTION HALLUX VALGUS WITH BUNIONECTOMY WITH SESAMOIDECTOMY WHEN PERFORMED WITH PROXIMAL METATARSAL OSTEOTOMY ANY METHOD
28296	CORRECTION HALLUX VALGUS WITH BUNIONECTOMY WITH SESAMOIDECTOMY WHEN PERFORMED WITH DISTAL METATARSAL OSTEOTOMY ANY METHOD
28297	CORRECTION HALLUX VALGUS WITH BUNIONECTOMY WITH SESAMOIDECTOMY WHEN PERFORMED WITH FIRST METATARSAL AND MEDIAL CUNEIFORM JOINT ARTHRODESIS ANY METHOD
28298	CORRECTION HALLUX VALGUS WITH BUNIONECTOMY WITH SESAMOIDECTOMY WHEN PERFORMED WITH PROXIMAL PHALANX OSTEOTOMY ANY METHOD
28299	CORRECTION HALLUX VALGUS WITH BUNIONECTOMY WITH SESAMOIDECTOMY WHEN PERFORMED WITH DOUBLE OSTEOTOMY ANY METHOD
28300	OSTEOTOMY CALCANEUS (EG DWYER OR CHAMBERS TYPE PROCEDURE) W WO INTERNAL FIXATION
28302	OSTEOTOMY TALUS
28304	OSTEOTOMY TARSAL BONES OTHER THAN CALCANEUS OR TALUS

28305	OSTEOTOMY TARSAL BONES OTHER THAN CALCANEUS OR TALUS WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) (EG FOWLER TYPE)
28306	OSTEOTOMY W WO LENGTHENING SHORTENING OR ANGULAR CORRECTION METATARSAL FIRST METATARSAL
28307	OSTEOTOMY W WO LENGTHENING SHORTENING OR ANGULAR CORRECTION METATARSAL FIRST METATARSAL WITH AUTOGRAFT (OTHER THAN FIRST TOE)
28308	OSTEOTOMY W WO LENGTHENING SHORTENING OR ANGULAR CORRECTION METATARSAL OTHER THAN FIRST METATARSAL EACH
28309	OSTEOTOMY W WO LENGTHENING SHORTENING OR ANGULAR CORRECTION METATARSAL MULTIPLE (EG SWANSON TYPE CAVUS FOOT PROCEDURE)
28310	OSTEOTOMY SHORTENING ANGULAR OR ROTATIONAL CORRECTION PROXIMAL PHALANX FIRST TOE (SEPARATE PROCEDURE)
28312	OSTEOTOMY SHORTENING ANGULAR OR ROTATIONAL CORRECTION OTHER PHALANGES ANY TOE
28313	RECONSTRUCTION ANGULAR DEFORMITY OF TOE SOFT TISSUE PROCEDURES ONLY (EG OVERLAPPING SECOND TOE FIFTH TOE CURLY TOES)
28315	SESAMOIDECTOMY FIRST TOE (SEPARATE PROCEDURE)
28320	REPAIR NONUNION OR MALUNION TARSAL BONES
28322	REPAIR NONUNION OR MALUNION METATARSAL W WO BONE GRAFT (INCLUDES OBTAINING GRAFT)
28340	RECONSTRUCTION TOE MACRODACTYLY SOFT TISSUE RESECTION
28341	RECONSTRUCTION TOE MACRODACTYLY REQUIRING BONE RESECTION
28344	RECONSTRUCTION TOE(S) POLYDACTYLY
28345	RECONSTRUCTION TOE(S) SYNDACTYLY W WO SKIN GRAFT(S) EACH WEB
28360	RECONSTRUCTION CLEFT FOOT
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE WITHOUT MANIPULATION
28405	CLOSED TREATMENT OF CALCANEAL FRACTURE WITH MANIPULATION
28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE WITH MANIPULATION
28415	OPEN TREATMENT OF CALCANEAL FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED
28420	OPEN TREATMENT OF CALCANEAL FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED WITH PRIMARY ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLUDES OBTAINING GRAFT)
28430	CLOSED TREATMENT OF TALUS FRACTURE WITHOUT MANIPULATION
28435	CLOSED TREATMENT OF TALUS FRACTURE WITH MANIPULATION
28436	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE WITH MANIPULATION
28445	OPEN TREATMENT OF TALUS FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED
28446	OPEN OSTEOCHONDRAL AUTOGRAFT TALUS (INCLUDES OBTAINING GRAFT[S])

28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS) WITHOUT MANIPULATION EACH
28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS) WITH MANIPULATION EACH
28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS) WITH MANIPULATION EACH
28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS) INCLUDES INTERNAL FIXATION WHEN PERFORMED EACH
28470	CLOSED TREATMENT OF METATARSAL FRACTURE WITHOUT MANIPULATION EACH
28475	CLOSED TREATMENT OF METATARSAL FRACTURE WITH MANIPULATION EACH
28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE WITH MANIPULATION EACH
28485	OPEN TREATMENT OF METATARSAL FRACTURE INCLUDES INTERNAL FIXATION WHEN PERFORMED EACH
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE PHALANX OR PHALANGES WITHOUT MANIPULATION
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE PHALANX OR PHALANGES WITH MANIPULATION
28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE PHALANX OR PHALANGES WITH MANIPULATION
28505	OPEN TREATMENT OF FRACTURE GREAT TOE PHALANX OR PHALANGES INCLUDES INTERNAL FIXATION WHEN PERFORMED
28510	CLOSED TREATMENT OF FRACTURE PHALANX OR PHALANGES OTHER THAN GREAT TOE WITHOUT MANIPULATION EACH
28515	CLOSED TREATMENT OF FRACTURE PHALANX OR PHALANGES OTHER THAN GREAT TOE WITH MANIPULATION EACH
28525	OPEN TREATMENT OF FRACTURE PHALANX OR PHALANGES OTHER THAN GREAT TOE INCLUDES INTERNAL FIXATION WHEN PERFORMED EACH
28530	CLOSED TREATMENT OF SESAMOID FRACTURE
28531	OPEN TREATMENT OF SESAMOID FRACTURE W WO INTERNAL FIXATION
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION OTHER THAN TALOTARSAL WITHOUT ANESTHESIA
28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION OTHER THAN TALOTARSAL REQUIRING ANESTHESIA
28546	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION OTHER THAN TALOTARSAL WITH MANIPULATION
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION INCLUDES INTERNAL FIXATION WHEN PERFORMED
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION WITHOUT ANESTHESIA
28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION REQUIRING ANESTHESIA
28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION WITH MANIPULATION
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION INCLUDES INTERNAL FIXATION WHEN PERFORMED
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION WITHOUT ANESTHESIA

28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION REQUIRING ANESTHESIA
28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION WITH MANIPULATION
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION INCLUDES INTERNAL FIXATION WHEN PERFORMED
28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION WITHOUT ANESTHESIA
28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION REQUIRING ANESTHESIA
28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION WITH MANIPULATION
28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION INCLUDES INTERNAL FIXATION WHEN PERFORMED
28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION WITHOUT ANESTHESIA
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION REQUIRING ANESTHESIA
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION WITH MANIPULATION
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION INCLUDES INTERNAL FIXATION WHEN PERFORMED
28705	ARTHRODESIS PANTALAR
28715	ARTHRODESIS TRIPLE
28725	ARTHRODESIS SUBTALAR
28730	ARTHRODESIS MIDTARSAL OR TARSOMETATARSAL MULTIPLE OR TRANSVERSE
28735	ARTHRODESIS MIDTARSAL OR TARSOMETATARSAL MULTIPLE OR TRANSVERSE WITH OSTEOTOMY (EG FLATFOOT CORRECTION)
28737	ARTHRODESIS WITH TENDON LENGTHENING AND ADVANCEMENT MIDTARSAL TARSAL NAVICULAR-CUNEIFORM (EG MILLER TYPE PROCEDURE)
28740	ARTHRODESIS MIDTARSAL OR TARSOMETATARSAL SINGLE JOINT
28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT
28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT
28760	ARTHRODESIS WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK GREAT TOE INTERPHALANGEAL JOINT (EG JONES TYPE PROCEDURE)
28800	AMPUTATION FOOT MIDTARSAL (EG CHOPART TYPE PROCEDURE)
28805	AMPUTATION FOOT TRANSMETATARSAL
28810	AMPUTATION METATARSAL WITH TOE SINGLE
28820	AMPUTATION TOE METATARSOPHALANGEAL JOINT
28825	AMPUTATION TOE INTERPHALANGEAL JOINT

28890	EXTRACORPOREAL SHOCK WAVE HIGH ENERGY PERFORMED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REQUIRING ANESTHESIA OTHER THAN LOCAL INCLUDING ULTRASOUND GUIDANCE INVOLVING THE PLANTAR FASCIA
28899	UNLISTED PROCEDURE FOOT OR TOES
29000	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)
29010	APPLICATION OF RISSER JACKET LOCALIZER BODY ONLY
29015	APPLICATION OF RISSER JACKET LOCALIZER BODY INCLUDING HEAD
29035	APPLICATION OF BODY CAST SHOULDER TO HIPS
29040	APPLICATION OF BODY CAST SHOULDER TO HIPS INCLUDING HEAD MINERVA TYPE
29044	APPLICATION OF BODY CAST SHOULDER TO HIPS INCLUDING 1 THIGH
29046	APPLICATION OF BODY CAST SHOULDER TO HIPS INCLUDING BOTH THIGHS
29049	APPLICATION CAST FIGURE-OF-EIGHT
29055	APPLICATION CAST SHOULDER SPICA
29058	APPLICATION CAST PLASTER VELPEAU
29065	APPLICATION CAST SHOULDER TO HAND (LONG ARM)
29075	APPLICATION CAST ELBOW TO FINGER (SHORT ARM)
29085	APPLICATION CAST HAND AND LOWER FOREARM (GAUNTLET)
29086	APPLICATION CAST FINGER (EG CONTRACTURE)
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND) STATIC
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND) DYNAMIC
29130	APPLICATION OF FINGER SPLINT STATIC
29131	APPLICATION OF FINGER SPLINT DYNAMIC
29200	STRAPPING THORAX
29240	STRAPPING SHOULDER (EG VELPEAU)
29260	STRAPPING ELBOW OR WRIST
29280	STRAPPING HAND OR FINGER
29305	APPLICATION OF HIP SPICA CAST 1 LEG
29325	APPLICATION OF HIP SPICA CAST 1 AND ONE-HALF SPICA OR BOTH LEGS
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES)
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES) WALKER OR AMBULATORY TYPE
29358	APPLICATION OF LONG LEG CAST BRACE
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES)

29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES) WALKING OR AMBULATORY TYPE
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST
29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST
29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION LONG OR SHORT LEG
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)
29520	STRAPPING HIP
29530	STRAPPING KNEE
29540	STRAPPING ANKLE AND OR FOOT
29550	STRAPPING TOES
29580	STRAPPING UNNA BOOT
29581	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM LEG (BELOW KNEE) INCLUDING ANKLE AND FOOT
29584	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM UPPER ARM FOREARM HAND AND FINGERS
29700	REMOVAL OR BIVALVING GAUNTLET BOOT OR BODY CAST
29705	REMOVAL OR BIVALVING FULL ARM OR FULL LEG CAST
29710	REMOVAL OR BIVALVING SHOULDER OR HIP SPICA MINERVA OR RISSER JACKET ETC.
29720	REPAIR OF SPICA BODY CAST OR JACKET
29730	WINDOWING OF CAST
29740	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)
29750	WEDGING OF CLUBFOOT CAST
29799	UNLISTED PROCEDURE CASTING OR STRAPPING
29800	ARTHROSCOPY TEMPOROMANDIBULAR JOINT DIAGNOSTIC W WO SYNOVIAL BIOPSY (SEPARATE PROCEDURE)
29804	ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL
29805	ARTHROSCOPY SHOULDER DIAGNOSTIC W WO SYNOVIAL BIOPSY (SEPARATE PROCEDURE)
29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY
29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR OF SLAP LESION
29819	ARTHROSCOPY SHOULDER SURGICAL WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY
29820	ARTHROSCOPY SHOULDER SURGICAL SYNOVECTOMY PARTIAL
29821	ARTHROSCOPY SHOULDER SURGICAL SYNOVECTOMY COMPLETE

29822	ARTHROSCOPY SHOULDER SURGICAL DEBRIDEMENT LIMITED 1 OR 2 DISCRETE STRUCTURES (EG HUMERAL BONE HUMERAL ARTICULAR CARTILAGE GLENOID BONE GLENOID ARTICULAR CARTILAGE BICEPS TENDON BICEPS ANCHOR COMPLEX LABRUM ARTICULAR CAPSULE ARTICULAR SIDE OF THE ROTATOR CUFF BURSAL SIDE OF THE ROTATOR CUFF SUBACROMIAL BURSA FOREIGN BODY[IES])
29823	ARTHROSCOPY SHOULDER SURGICAL DEBRIDEMENT EXTENSIVE 3 OR MORE DISCRETE STRUCTURES (EG HUMERAL BONE HUMERAL ARTICULAR CARTILAGE GLENOID BONE GLENOID ARTICULAR CARTILAGE BICEPS TENDON BICEPS ANCHOR COMPLEX LABRUM ARTICULAR CAPSULE ARTICULAR SIDE OF THE ROTATOR CUFF BURSAL SIDE OF THE ROTATOR CUFF SUBACROMIAL BURSA FOREIGN BODY[IES])
29824	ARTHROSCOPY SHOULDER SURGICAL DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE (MUMFORD PROCEDURE)
29825	ARTHROSCOPY SHOULDER SURGICAL WITH LYSIS AND RESECTION OF ADHESIONS W WO MANIPULATION
29826	ARTHROSCOPY SHOULDER SURGICAL DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY WITH CORACOACROMIAL LIGAMENT (IE ARCH) RELEASE WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
29827	ARTHROSCOPY SHOULDER SURGICAL WITH ROTATOR CUFF REPAIR
29828	ARTHROSCOPY SHOULDER SURGICAL BICEPS TENODESIS
29830	ARTHROSCOPY ELBOW DIAGNOSTIC W WO SYNOVIAL BIOPSY (SEPARATE PROCEDURE)
29834	ARTHROSCOPY ELBOW SURGICAL WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY
29835	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY PARTIAL
29836	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY COMPLETE
29837	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT LIMITED
29838	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT EXTENSIVE
29840	ARTHROSCOPY WRIST DIAGNOSTIC W WO SYNOVIAL BIOPSY (SEPARATE PROCEDURE)
29843	ARTHROSCOPY WRIST SURGICAL FOR INFECTION LAVAGE AND DRAINAGE
29844	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY PARTIAL
29845	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY COMPLETE
29846	ARTHROSCOPY WRIST SURGICAL EXCISION AND OR REPAIR OF TRIANGULAR FIBROCARTILAGE AND OR JOINT DEBRIDEMENT
29847	ARTHROSCOPY WRIST SURGICAL INTERNAL FIXATION FOR FRACTURE OR INSTABILITY
29848	ENDOSCOPY WRIST SURGICAL WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND OR TUBEROSITY FRACTURE(S) OF THE KNEE W WO MANIPULATION WITHOUT INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)

29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND OR TUBEROSITY FRACTURE(S) OF THE KNEE W WO MANIPULATION WITH INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE PROXIMAL (PLATEAU) UNICONDYLAR INCLUDES INTERNAL FIXATION WHEN PERFORMED (INCLUDES ARTHROSCOPY)
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE PROXIMAL (PLATEAU) BICONDYLAR INCLUDES INTERNAL FIXATION WHEN PERFORMED (INCLUDES ARTHROSCOPY)
29860	ARTHROSCOPY HIP DIAGNOSTIC W WO SYNOVIAL BIOPSY (SEPARATE PROCEDURE)
29861	ARTHROSCOPY HIP SURGICAL WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY
29862	ARTHROSCOPY HIP SURGICAL WITH DEBRIDEMENT SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY) ABRASION ARTHROPLASTY AND OR RESECTION OF LABRUM
29863	ARTHROSCOPY HIP SURGICAL WITH SYNOVECTOMY
29866	ARTHROSCOPY KNEE SURGICAL OSTEOCHONDRAL AUTOGRAFT(S) (EG MOSAICPLASTY) (INCLUDES HARVESTING OF THE AUTOGRAFT[S])
29867	ARTHROSCOPY KNEE SURGICAL OSTEOCHONDRAL ALLOGRAFT (EG MOSAICPLASTY)
29868	ARTHROSCOPY KNEE SURGICAL MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR MENISCAL INSERTION) MEDIAL OR LATERAL
29870	ARTHROSCOPY KNEE DIAGNOSTIC W WO SYNOVIAL BIOPSY (SEPARATE PROCEDURE)
29871	ARTHROSCOPY KNEE SURGICAL FOR INFECTION LAVAGE AND DRAINAGE
29873	ARTHROSCOPY KNEE SURGICAL WITH LATERAL RELEASE
29874	ARTHROSCOPY KNEE SURGICAL FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG OSTEOCHONDRITIS DISSECANS FRAGMENTATION CHONDRAL FRAGMENTATION)
29875	ARTHROSCOPY KNEE SURGICAL SYNOVECTOMY LIMITED (EG PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)
29876	ARTHROSCOPY KNEE SURGICAL SYNOVECTOMY MAJOR 2 OR MORE COMPARTMENTS (EG MEDIAL OR LATERAL)
29877	ARTHROSCOPY KNEE SURGICAL DEBRIDEMENT SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)
29879	ARTHROSCOPY KNEE SURGICAL ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY) OR MULTIPLE DRILLING OR MICROFRACTURE
29880	ARTHROSCOPY KNEE SURGICAL WITH MENISCECTOMY (MEDIAL AND LATERAL INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY) SAME OR SEPARATE COMPARTMENT(S) WHEN PERFORMED
29881	ARTHROSCOPY KNEE SURGICAL WITH MENISCECTOMY (MEDIAL OR LATERAL INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY) SAME OR SEPARATE COMPARTMENT(S) WHEN PERFORMED

29882	ARTHROSCOPY KNEE SURGICAL WITH MENISCUS REPAIR (MEDIAL OR LATERAL)
29883	ARTHROSCOPY KNEE SURGICAL WITH MENISCUS REPAIR (MEDIAL AND LATERAL)
29884	ARTHROSCOPY KNEE SURGICAL WITH LYSIS OF ADHESIONS W WO MANIPULATION (SEPARATE PROCEDURE)
29885	ARTHROSCOPY KNEE SURGICAL DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE GRAFTING W WO INTERNAL FIXATION (INCLUDING DEBRIDEMENT OF BASE OF LESION)
29886	ARTHROSCOPY KNEE SURGICAL DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION
29887	ARTHROSCOPY KNEE SURGICAL DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION WITH INTERNAL FIXATION
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR AUGMENTATION OR RECONSTRUCTION
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR AUGMENTATION OR RECONSTRUCTION
29891	ARTHROSCOPY ANKLE SURGICAL EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND OR TIBIA INCLUDING DRILLING OF THE DEFECT
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION TALAR DOME FRACTURE OR TIBIAL PLAFOND FRACTURE W WO INTERNAL FIXATION (INCLUDES ARTHROSCOPY)
29893	ENDOSCOPIC PLANTAR FASCIOTOMY
29894	ARTHROSCOPY ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS) SURGICAL WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY
29895	ARTHROSCOPY ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS) SURGICAL SYNOVECTOMY PARTIAL
29897	ARTHROSCOPY ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS) SURGICAL DEBRIDEMENT LIMITED
29898	ARTHROSCOPY ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS) SURGICAL DEBRIDEMENT EXTENSIVE
29899	ARTHROSCOPY ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS) SURGICAL WITH ANKLE ARTHRODESIS
29900	ARTHROSCOPY METACARPOPHALANGEAL JOINT DIAGNOSTIC INCLUDES SYNOVIAL BIOPSY
29901	ARTHROSCOPY METACARPOPHALANGEAL JOINT SURGICAL WITH DEBRIDEMENT
29902	ARTHROSCOPY METACARPOPHALANGEAL JOINT SURGICAL WITH REDUCTION OF DISPLACED ULNAR COLLATERAL LIGAMENT (EG STENER LESION)
29904	ARTHROSCOPY SUBTALAR JOINT SURGICAL WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY
29905	ARTHROSCOPY SUBTALAR JOINT SURGICAL WITH SYNOVECTOMY
29906	ARTHROSCOPY SUBTALAR JOINT SURGICAL WITH DEBRIDEMENT
29907	ARTHROSCOPY SUBTALAR JOINT SURGICAL WITH SUBTALAR ARTHRODESIS
29914	ARTHROSCOPY HIP SURGICAL WITH FEMOROPLASTY (IE TREATMENT OF CAM LESION)
29915	ARTHROSCOPY HIP SURGICAL WITH ACETABULOPLASTY (IE TREATMENT OF PINCER LESION)
29916	ARTHROSCOPY HIP SURGICAL WITH LABRAL REPAIR
29999	UNLISTED PROCEDURE ARTHROSCOPY

30000	DRAINAGE ABSCESS OR HEMATOMA NASAL INTERNAL APPROACH
30020	DRAINAGE ABSCESS OR HEMATOMA NASAL SEPTUM
30100	BIOPSY INTRANASAL
30110	EXCISION NASAL POLYP(S) SIMPLE
30115	EXCISION NASAL POLYP(S) EXTENSIVE
30117	EXCISION OR DESTRUCTION (EG LASER) INTRANASAL LESION INTERNAL APPROACH
30118	EXCISION OR DESTRUCTION (EG LASER) INTRANASAL LESION EXTERNAL APPROACH (LATERAL RHINOTOMY)
30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA
30124	EXCISION DERMOID CYST NOSE SIMPLE SKIN SUBCUTANEOUS
30125	EXCISION DERMOID CYST NOSE COMPLEX UNDER BONE OR CARTILAGE
30130	EXCISION INFERIOR TURBINATE PARTIAL OR COMPLETE ANY METHOD
30140	SUBMUCOUS RESECTION INFERIOR TURBINATE PARTIAL OR COMPLETE ANY METHOD
30150	RHINECTOMY PARTIAL
30160	RHINECTOMY TOTAL
30200	INJECTION INTO TURBINATE(S) THERAPEUTIC
30210	DISPLACEMENT THERAPY (PROETZ TYPE)
30220	INSERTION NASAL SEPTAL PROSTHESIS (BUTTON)
30300	REMOVAL FOREIGN BODY INTRANASAL OFFICE TYPE PROCEDURE
30310	REMOVAL FOREIGN BODY INTRANASAL REQUIRING GENERAL ANESTHESIA
30320	REMOVAL FOREIGN BODY INTRANASAL BY LATERAL RHINOTOMY
30400	RHINOPLASTY PRIMARY LATERAL AND ALAR CARTILAGES AND OR ELEVATION OF NASAL TIP
30410	RHINOPLASTY PRIMARY COMPLETE EXTERNAL PARTS INCLUDING BONY PYRAMID LATERAL AND ALAR CARTILAGES AND OR ELEVATION OF NASAL TIP
30420	RHINOPLASTY PRIMARY INCLUDING MAJOR SEPTAL REPAIR
30430	RHINOPLASTY SECONDARY MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)
30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)
30450	RHINOPLASTY SECONDARY MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND OR PALATE INCLUDING COLUMELLAR LENGTHENING TIP ONLY
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND OR PALATE INCLUDING COLUMELLAR LENGTHENING TIP SEPTUM OSTEOTOMIES
30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG SPREADER GRAFTING LATERAL NASAL WALL RECONSTRUCTION)
30468	REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS SUBMUCOSAL LATERAL WALL IMPLANT(S)

30469	REPAIR OF NASAL VALVE COLLAPSE WITH LOW ENERGY TEMPERATURE-CONTROLLED (IE RADIOFREQUENCY) SUBCUTANEOUS SUBMUCOSAL REMODELING
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION W WO CARTILAGE SCORING CONTOURING OR REPLACEMENT WITH GRAFT
30540	REPAIR CHOANAL ATRESIA INTRANASAL
30545	REPAIR CHOANAL ATRESIA TRANSPALATINE
30560	LYSIS INTRANASAL SYNECHIA
30580	REPAIR FISTULA OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)
30600	REPAIR FISTULA ORONASAL
30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)
30630	REPAIR NASAL SEPTAL PERFORATIONS
30801	ABLATION SOFT TISSUE OF INFERIOR TURBINATES UNILATERAL OR BILATERAL ANY METHOD (EG ELECTROCAUTERY RADIOFREQUENCY ABLATION OR TISSUE VOLUME REDUCTION) SUPERFICIAL
30802	ABLATION SOFT TISSUE OF INFERIOR TURBINATES UNILATERAL OR BILATERAL ANY METHOD (EG ELECTROCAUTERY RADIOFREQUENCY ABLATION OR TISSUE VOLUME REDUCTION) INTRAMURAL (IE SUBMUCOSAL)
30901	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE (LIMITED CAUTERY AND OR PACKING) ANY METHOD
30903	CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX (EXTENSIVE CAUTERY AND OR PACKING) ANY METHOD
30905	CONTROL NASAL HEMORRHAGE POSTERIOR WITH POSTERIOR NASAL PACKS AND OR CAUTERY ANY METHOD INITIAL
30906	CONTROL NASAL HEMORRHAGE POSTERIOR WITH POSTERIOR NASAL PACKS AND OR CAUTERY ANY METHOD SUBSEQUENT
30915	LIGATION ARTERIES ETHMOIDAL
30920	LIGATION ARTERIES INTERNAL MAXILLARY ARTERY TRANSANTRAL
30930	FRACTURE NASAL INFERIOR TURBINATE(S) THERAPEUTIC
30999	UNLISTED PROCEDURE NOSE
31000	LAVAGE BY CANNULATION MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)
31002	LAVAGE BY CANNULATION SPHENOID SINUS
31020	SINUSOTOMY MAXILLARY (ANTROTOMY) INTRANASAL
31030	SINUSOTOMY MAXILLARY (ANTROTOMY) RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF ANTROCHOANAL POLYPS
31032	SINUSOTOMY MAXILLARY (ANTROTOMY) RADICAL (CALDWELL-LUC) WITH REMOVAL OF ANTROCHOANAL POLYPS

31040	PTERYGOMAXILLARY FOSSA SURGERY ANY APPROACH
31050	SINUSOTOMY SPHENOID W WO BIOPSY
31051	SINUSOTOMY SPHENOID W WO BIOPSY WITH MUCOSAL STRIPPING OR REMOVAL OF POLYP(S)
31070	SINUSOTOMY FRONTAL EXTERNAL SIMPLE (TREPHINE OPERATION)
31075	SINUSOTOMY FRONTAL TRANSORBITAL UNILATERAL (FOR MUCOCELE OR OSTEOMA LYNCH TYPE)
31080	SINUSOTOMY FRONTAL OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP BROW INCISION (INCLUDES ABLATION)
31081	SINUSOTOMY FRONTAL OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP CORONAL INCISION (INCLUDES ABLATION)
31084	SINUSOTOMY FRONTAL OBLITERATIVE WITH OSTEOPLASTIC FLAP BROW INCISION
31085	SINUSOTOMY FRONTAL OBLITERATIVE WITH OSTEOPLASTIC FLAP CORONAL INCISION
31086	SINUSOTOMY FRONTAL NONOBLITERATIVE WITH OSTEOPLASTIC FLAP BROW INCISION
31087	SINUSOTOMY FRONTAL NONOBLITERATIVE WITH OSTEOPLASTIC FLAP CORONAL INCISION
31090	SINUSOTOMY UNILATERAL 3 OR MORE PARANASAL SINUSES (FRONTAL MAXILLARY ETHMOID SPHENOID)
31200	ETHMOIDECTOMY INTRANASAL ANTERIOR
31201	ETHMOIDECTOMY INTRANASAL TOTAL
31205	ETHMOIDECTOMY EXTRANASAL TOTAL
31225	MAXILLECTOMY WITHOUT ORBITAL EXENTERATION
31230	MAXILLECTOMY WITH ORBITAL EXENTERATION (EN BLOC)
31231	NASAL ENDOSCOPY DIAGNOSTIC UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)
31233	NASAL SINUS ENDOSCOPY DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR MEATUS OR CANINE FOSSA PUNCTURE)
31235	NASAL SINUS ENDOSCOPY DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF SPHENOIDAL FACE OR CANNULATION OF OSTIUM)
31237	NASAL SINUS ENDOSCOPY SURGICAL WITH BIOPSY POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)
31238	NASAL SINUS ENDOSCOPY SURGICAL WITH CONTROL OF NASAL HEMORRHAGE
31239	NASAL SINUS ENDOSCOPY SURGICAL WITH DACRYOCYSTORHINOSTOMY
31240	NASAL SINUS ENDOSCOPY SURGICAL WITH CONCHA BULLOSA RESECTION
31241	NASAL SINUS ENDOSCOPY SURGICAL WITH LIGATION OF SPHENOPALATINE ARTERY
31242	NASAL SINUS ENDOSCOPY SURGICAL WITH DESTRUCTION BY RADIOFREQUENCY ABLATION POSTERIOR NASAL NERVE
31243	NASAL SINUS ENDOSCOPY SURGICAL WITH DESTRUCTION BY CRYOABLATION POSTERIOR NASAL NERVE

31253	NASAL SINUS ENDOSCOPY SURGICAL WITH ETHMOIDECTOMY TOTAL (ANTERIOR AND POSTERIOR) INCLUDING FRONTAL SINUS EXPLORATION WITH REMOVAL OF TISSUE FROM FRONTAL SINUS WHEN PERFORMED
31254	NASAL SINUS ENDOSCOPY SURGICAL WITH ETHMOIDECTOMY PARTIAL (ANTERIOR)
31255	NASAL SINUS ENDOSCOPY SURGICAL WITH ETHMOIDECTOMY TOTAL (ANTERIOR AND POSTERIOR)
31256	NASAL SINUS ENDOSCOPY SURGICAL WITH MAXILLARY ANTROSTOMY
31257	NASAL SINUS ENDOSCOPY SURGICAL WITH ETHMOIDECTOMY TOTAL (ANTERIOR AND POSTERIOR) INCLUDING SPHENOIDOTOMY
31259	NASAL SINUS ENDOSCOPY SURGICAL WITH ETHMOIDECTOMY TOTAL (ANTERIOR AND POSTERIOR) INCLUDING SPHENOIDOTOMY WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS
31267	NASAL SINUS ENDOSCOPY SURGICAL WITH MAXILLARY ANTROSTOMY WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS
31276	NASAL SINUS ENDOSCOPY SURGICAL WITH FRONTAL SINUS EXPLORATION INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS WHEN PERFORMED
31287	NASAL SINUS ENDOSCOPY SURGICAL WITH SPHENOIDOTOMY
31288	NASAL SINUS ENDOSCOPY SURGICAL WITH SPHENOIDOTOMY WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS
31290	NASAL SINUS ENDOSCOPY SURGICAL WITH REPAIR OF CEREBROSPINAL FLUID LEAK ETHMOID REGION
31291	NASAL SINUS ENDOSCOPY SURGICAL WITH REPAIR OF CEREBROSPINAL FLUID LEAK SPHENOID REGION
31292	NASAL SINUS ENDOSCOPY SURGICAL WITH ORBITAL DECOMPRESSION MEDIAL OR INFERIOR WALL
31293	NASAL SINUS ENDOSCOPY SURGICAL MEDIAL AND INFERIOR WALL
31294	NASAL SINUS ENDOSCOPY SURGICAL WITH OPTIC NERVE DECOMPRESSION
31295	NASAL SINUS ENDOSCOPY SURGICAL WITH DILATION (EG BALLOON DILATION) MAXILLARY SINUS OSTIUM TRANSNASAL OR VIA CANINE FOSSA
31296	NASAL SINUS ENDOSCOPY SURGICAL FRONTAL SINUS OSTIUM
31297	NASAL SINUS ENDOSCOPY SURGICAL SPHENOID SINUS OSTIUM
31298	NASAL SINUS ENDOSCOPY SURGICAL FRONTAL AND SPHENOID SINUS OSTIA
31299	UNLISTED PROCEDURE ACCESSORY SINUSES
31300	LARYNGOTOMY (THYROTOMY LARYNGOFISSURE) WITH REMOVAL OF TUMOR OR LARYNGOCELE CORDECTOMY
31360	LARYNGECTOMY TOTAL WITHOUT RADICAL NECK DISSECTION
31365	LARYNGECTOMY TOTAL WITH RADICAL NECK DISSECTION
31367	LARYNGECTOMY SUBTOTAL SUPRAGLOTTIC WITHOUT RADICAL NECK DISSECTION
31368	LARYNGECTOMY SUBTOTAL SUPRAGLOTTIC WITH RADICAL NECK DISSECTION

31370	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY) HORIZONTAL
31375	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY) LATEROVERTICAL
31380	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY) ANTEROVERTICAL
31382	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY) ANTERO-LATERO-VERTICAL
31390	PHARYNGOLARYNGECTOMY WITH RADICAL NECK DISSECTION WITHOUT RECONSTRUCTION
31395	PHARYNGOLARYNGECTOMY WITH RADICAL NECK DISSECTION WITH RECONSTRUCTION
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY EXTERNAL APPROACH
31420	EPIGLOTTIDECTOMY
31500	INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT
31505	LARYNGOSCOPY INDIRECT DIAGNOSTIC (SEPARATE PROCEDURE)
31510	LARYNGOSCOPY INDIRECT WITH BIOPSY
31511	LARYNGOSCOPY INDIRECT WITH REMOVAL OF FOREIGN BODY
31512	LARYNGOSCOPY INDIRECT WITH REMOVAL OF LESION
31513	LARYNGOSCOPY INDIRECT WITH VOCAL CORD INJECTION
31515	LARYNGOSCOPY DIRECT W WO TRACHEOSCOPY FOR ASPIRATION
31520	LARYNGOSCOPY DIRECT W WO TRACHEOSCOPY DIAGNOSTIC NEWBORN
31525	LARYNGOSCOPY DIRECT W WO TRACHEOSCOPY DIAGNOSTIC EXCEPT NEWBORN
31526	LARYNGOSCOPY DIRECT W WO TRACHEOSCOPY DIAGNOSTIC WITH OPERATING MICROSCOPE OR TELESCOPE
31527	LARYNGOSCOPY DIRECT W WO TRACHEOSCOPY WITH INSERTION OF OBTURATOR
31528	LARYNGOSCOPY DIRECT W WO TRACHEOSCOPY WITH DILATION INITIAL
31529	LARYNGOSCOPY DIRECT W WO TRACHEOSCOPY WITH DILATION SUBSEQUENT
31530	LARYNGOSCOPY DIRECT OPERATIVE WITH FOREIGN BODY REMOVAL
31531	LARYNGOSCOPY DIRECT OPERATIVE WITH FOREIGN BODY REMOVAL WITH OPERATING MICROSCOPE OR TELESCOPE
31535	LARYNGOSCOPY DIRECT OPERATIVE WITH BIOPSY
31536	LARYNGOSCOPY DIRECT OPERATIVE WITH BIOPSY WITH OPERATING MICROSCOPE OR TELESCOPE
31540	LARYNGOSCOPY DIRECT OPERATIVE WITH EXCISION OF TUMOR AND OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS
31541	LARYNGOSCOPY DIRECT OPERATIVE WITH EXCISION OF TUMOR AND OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS WITH OPERATING MICROSCOPE OR TELESCOPE
31545	LARYNGOSCOPY DIRECT OPERATIVE WITH OPERATING MICROSCOPE OR TELESCOPE WITH SUBMUCOSAL REMOVAL OF NON-NEOPLASTIC LESION(S) OF VOCAL CORD RECONSTRUCTION WITH LOCAL TISSUE FLAP(S)

31546	LARYNGOSCOPY DIRECT OPERATIVE WITH OPERATING MICROSCOPE OR TELESCOPE WITH SUBMUCOSAL REMOVAL OF NON-NEOPLASTIC LESION(S) OF VOCAL CORD RECONSTRUCTION WITH GRAFT(S) (INCLUDES OBTAINING AUTOGRAFT)
31551	LARYNGOPLASTY FOR LARYNGEAL STENOSIS WITH GRAFT WITHOUT INDWELLING STENT PLACEMENT YOUNGER THAN 12 YEARS OF AGE
31552	LARYNGOPLASTY FOR LARYNGEAL STENOSIS WITH GRAFT WITHOUT INDWELLING STENT PLACEMENT AGE 12 YEARS OR OLDER
31553	LARYNGOPLASTY FOR LARYNGEAL STENOSIS WITH GRAFT WITH INDWELLING STENT PLACEMENT YOUNGER THAN 12 YEARS OF AGE
31554	LARYNGOPLASTY FOR LARYNGEAL STENOSIS WITH GRAFT WITH INDWELLING STENT PLACEMENT AGE 12 YEARS OR OLDER
31560	LARYNGOSCOPY DIRECT OPERATIVE WITH ARYTENOIDECTOMY
31561	LARYNGOSCOPY DIRECT OPERATIVE WITH ARYTENOIDECTOMY WITH OPERATING MICROSCOPE OR TELESCOPE
31570	LARYNGOSCOPY DIRECT WITH INJECTION INTO VOCAL CORD(S) THERAPEUTIC
31571	LARYNGOSCOPY DIRECT WITH INJECTION INTO VOCAL CORD(S) THERAPEUTIC WITH OPERATING MICROSCOPE OR TELESCOPE
31572	LARYNGOSCOPY FLEXIBLE WITH ABLATION OR DESTRUCTION OF LESION(S) WITH LASER UNILATERAL
31573	LARYNGOSCOPY FLEXIBLE WITH THERAPEUTIC INJECTION(S) (EG CHEMODENERVATION AGENT OR CORTICOSTEROID INJECTED PERCUTANEOUS TRANSORAL OR VIA ENDOSCOPE CHANNEL) UNILATERAL
31574	LARYNGOSCOPY FLEXIBLE WITH INJECTION(S) FOR AUGMENTATION (EG PERCUTANEOUS TRANSORAL) UNILATERAL
31575	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC
31576	LARYNGOSCOPY FLEXIBLE WITH BIOPSY(IES)
31577	LARYNGOSCOPY FLEXIBLE WITH REMOVAL OF FOREIGN BODY(S)
31578	LARYNGOSCOPY FLEXIBLE WITH REMOVAL OF LESION(S) NON-LASER
31579	LARYNGOSCOPY FLEXIBLE OR RIGID TELESCOPIC WITH STROBOSCOPY
31580	LARYNGOPLASTY FOR LARYNGEAL WEB WITH INDWELLING KEEL OR STENT INSERTION
31584	LARYNGOPLASTY WITH OPEN REDUCTION AND FIXATION OF (EG PLATING) FRACTURE INCLUDES TRACHEOSTOMY IF PERFORMED
31587	LARYNGOPLASTY CRICOID SPLIT WITHOUT GRAFT PLACEMENT
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE
31591	LARYNGOPLASTY MEDIALIZATION UNILATERAL
31592	CRICOTRACHEAL RESECTION

31599	UNLISTED PROCEDURE LARYNX
31600	TRACHEOSTOMY PLANNED (SEPARATE PROCEDURE)
31601	TRACHEOSTOMY PLANNED (SEPARATE PROCEDURE) YOUNGER THAN 2 YEARS
31603	TRACHEOSTOMY EMERGENCY PROCEDURE TRANSTRACHEAL
31605	TRACHEOSTOMY EMERGENCY PROCEDURE CRICOTHYROID MEMBRANE
31610	TRACHEOSTOMY FENESTRATION PROCEDURE WITH SKIN FLAPS
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN ALARYNGEAL SPEECH PROSTHESIS (EG VOICE BUTTON BLOM-SINGER PROSTHESIS)
31612	TRACHEAL PUNCTURE PERCUTANEOUS WITH TRANSTRACHEAL ASPIRATION AND OR INJECTION
31613	TRACHEOSTOMA REVISION SIMPLE WITHOUT FLAP ROTATION
31614	TRACHEOSTOMA REVISION COMPLEX WITH FLAP ROTATION
31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION
31622	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED DIAGNOSTIC WITH CELL WASHING WHEN PERFORMED (SEPARATE PROCEDURE)
31623	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH BRUSHING OR PROTECTED BRUSHINGS
31624	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH BRONCHIAL ALVEOLAR LAVAGE
31625	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH BRONCHIAL OR ENDOBRONCHIAL BIOPSY(S) SINGLE OR MULTIPLE SITES
31626	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH PLACEMENT OF FIDUCIAL MARKERS SINGLE OR MULTIPLE
31627	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH COMPUTER-ASSISTED IMAGE-GUIDED NAVIGATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE[S])
31628	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH TRANSBRONCHIAL LUNG BIOPSY(S) SINGLE LOBE
31629	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY(S) TRACHEA MAIN STEM AND OR LOBAR BRONCHUS(I)
31630	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH TRACHEAL BRONCHIAL DILATION OR CLOSED REDUCTION OF FRACTURE
31631	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH PLACEMENT OF TRACHEAL STENT(S) (INCLUDES TRACHEAL BRONCHIAL DILATION AS REQUIRED)

31632	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH TRANSBRONCHIAL LUNG BIOPSY(S) EACH ADDITIONAL LOBE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
31633	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY(S) EACH ADDITIONAL LOBE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
31634	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH BALLOON OCCLUSION WITH ASSESSMENT OF AIR LEAK WITH ADMINISTRATION OF OCCLUSIVE SUBSTANCE (EG FIBRIN GLUE) IF PERFORMED
31635	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH REMOVAL OF FOREIGN BODY
31636	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH PLACEMENT OF BRONCHIAL STENT(S) (INCLUDES TRACHEAL BRONCHIAL DILATION AS REQUIRED) INITIAL BRONCHUS
31637	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED EACH ADDITIONAL MAJOR BRONCHUS STENTED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
31638	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH REVISION OF TRACHEAL OR BRONCHIAL STENT INSERTED AT PREVIOUS SESSION (INCLUDES TRACHEAL BRONCHIAL DILATION AS REQUIRED)
31640	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH EXCISION OF TUMOR
31641	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH DESTRUCTION OF TUMOR OR RELIEF OF STENOSIS BY ANY METHOD OTHER THAN EXCISION (EG LASER THERAPY CRYOTHERAPY)
31643	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH PLACEMENT OF CATHETER(S) FOR INTRACAVITARY RADIOELEMENT APPLICATION
31645	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE INITIAL
31646	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE SUBSEQUENT SAME HOSPITAL STAY
31647	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH BALLOON OCCLUSION WHEN PERFORMED ASSESSMENT OF AIR LEAK AIRWAY SIZING AND INSERTION OF BRONCHIAL VALVE(S) INITIAL LOBE

31648	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH REMOVAL OF BRONCHIAL VALVE(S) INITIAL LOBE
31649	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH REMOVAL OF BRONCHIAL VALVE(S) EACH ADDITIONAL LOBE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
31651	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH BALLOON OCCLUSION WHEN PERFORMED ASSESSMENT OF AIR LEAK AIRWAY SIZING AND INSERTION OF BRONCHIAL VALVE(S) EACH ADDITIONAL LOBE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE[S])
31652	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH ENDOBRONCHIAL ULTRASOUND (EBUS) GUIDED TRANSTRACHEAL AND OR TRANSBRONCHIAL SAMPLING (EG ASPIRATION[S] BIOPSY[IES]) ONE OR TWO MEDIASTINAL AND OR HILAR LYMPH NODE STATIONS OR STRUCTURES
31653	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH ENDOBRONCHIAL ULTRASOUND (EBUS) GUIDED TRANSTRACHEAL AND OR TRANSBRONCHIAL SAMPLING (EG ASPIRATION[S] BIOPSY[IES]) 3 OR MORE MEDIASTINAL AND OR HILAR LYMPH NODE STATIONS OR STRUCTURES
31654	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH TRANSENDOSCOPIC ENDOBRONCHIAL ULTRASOUND (EBUS) DURING BRONCHOSCOPIC DIAGNOSTIC OR THERAPEUTIC INTERVENTION(S) FOR PERIPHERAL LESION(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE[S])
31660	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH BRONCHIAL THERMOPLASTY 1 LOBE
31661	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH BRONCHIAL THERMOPLASTY 2 OR MORE LOBES
31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE) NASOTRACHEAL
31725	CATHETER ASPIRATION (SEPARATE PROCEDURE) TRACHEOBRONCHIAL WITH FIBERSCOPE BEDSIDE
31730	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR STENT OR INDWELLING TUBE FOR OXYGEN THERAPY
31750	TRACHEOPLASTY CERVICAL
31755	TRACHEOPLASTY TRACHEOPHARYNGEAL FISTULIZATION EACH STAGE
31760	TRACHEOPLASTY INTRATHORACIC
31766	CARINAL RECONSTRUCTION

31770	BRONCHOPLASTY GRAFT REPAIR
31775	BRONCHOPLASTY EXCISION STENOSIS AND ANASTOMOSIS
31780	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS CERVICAL
31781	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS CERVICOTHORACIC
31785	EXCISION OF TRACHEAL TUMOR OR CARCINOMA CERVICAL
31786	EXCISION OF TRACHEAL TUMOR OR CARCINOMA THORACIC
31800	SUTURE OF TRACHEAL WOUND OR INJURY CERVICAL
31805	SUTURE OF TRACHEAL WOUND OR INJURY INTRATHORACIC
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA WITHOUT PLASTIC REPAIR
31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA WITH PLASTIC REPAIR
31830	REVISION OF TRACHEOSTOMY SCAR
31899	UNLISTED PROCEDURE TRACHEA BRONCHI
32035	THORACOSTOMY WITH RIB RESECTION FOR EMPYEMA
32036	THORACOSTOMY WITH OPEN FLAP DRAINAGE FOR EMPYEMA
32096	THORACOTOMY WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S) (EG WEDGE INCISIONAL) UNILATERAL
32097	THORACOTOMY WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG WEDGE INCISIONAL) UNILATERAL
32098	THORACOTOMY WITH BIOPSY(IES) OF PLEURA
32100	THORACOTOMY WITH EXPLORATION
32110	THORACOTOMY WITH CONTROL OF TRAUMATIC HEMORRHAGE AND OR REPAIR OF LUNG TEAR
32120	THORACOTOMY FOR POSTOPERATIVE COMPLICATIONS
32124	THORACOTOMY WITH OPEN INTRAPLEURAL PNEUMONOLYSIS
32140	THORACOTOMY WITH CYST(S) REMOVAL INCLUDES PLEURAL PROCEDURE WHEN PERFORMED
32141	THORACOTOMY WITH RESECTION-PLICATION OF BULLAE INCLUDES ANY PLEURAL PROCEDURE WHEN PERFORMED
32150	THORACOTOMY WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPOSIT
32151	THORACOTOMY WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY
32160	THORACOTOMY WITH CARDIAC MASSAGE
32200	PNEUMONOSTOMY WITH OPEN DRAINAGE OF ABSCESS OR CYST
32215	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX
32220	DECORTICATION PULMONARY (SEPARATE PROCEDURE) TOTAL
32225	DECORTICATION PULMONARY (SEPARATE PROCEDURE) PARTIAL
32310	PLEURECTOMY PARIETAL (SEPARATE PROCEDURE)

32320	DECORTICATION AND PARIETAL PLEURECTOMY
32400	BIOPSY PLEURA PERCUTANEOUS NEEDLE
32408	CORE NEEDLE BIOPSY LUNG OR MEDIASTINUM PERCUTANEOUS INCLUDING IMAGING GUIDANCE WHEN PERFORMED
32440	REMOVAL OF LUNG PNEUMONECTOMY
32442	REMOVAL OF LUNG PNEUMONECTOMY WITH RESECTION OF SEGMENT OF TRACHEA FOLLOWED BY BRONCHO-TRACHEAL ANASTOMOSIS (SLEEVE PNEUMONECTOMY)
32445	REMOVAL OF LUNG PNEUMONECTOMY EXTRAPLEURAL
32480	REMOVAL OF LUNG OTHER THAN PNEUMONECTOMY SINGLE LOBE (LOBECTOMY)
32482	REMOVAL OF LUNG OTHER THAN PNEUMONECTOMY 2 LOBES (BILOBECTOMY)
32484	REMOVAL OF LUNG OTHER THAN PNEUMONECTOMY SINGLE SEGMENT (SEGMENTECTOMY)
32486	REMOVAL OF LUNG OTHER THAN PNEUMONECTOMY WITH CIRCUMFERENTIAL RESECTION OF SEGMENT OF BRONCHUS FOLLOWED BY BRONCHO-BRONCHIAL ANASTOMOSIS (SLEEVE LOBECTOMY)
32488	REMOVAL OF LUNG OTHER THAN PNEUMONECTOMY WITH ALL REMAINING LUNG FOLLOWING PREVIOUS REMOVAL OF A PORTION OF LUNG (COMPLETION PNEUMONECTOMY)
32491	REMOVAL OF LUNG OTHER THAN PNEUMONECTOMY WITH RESECTION-PLICATION OF EMPHYSEMATOUS LUNG(S) (BULLOUS OR NON-BULLOUS) FOR LUNG VOLUME REDUCTION STERNAL SPLIT OR TRANSTHORACIC APPROACH INCLUDES ANY PLEURAL PROCEDURE WHEN PERFORMED
32501	RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHOPLASTY) WHEN PERFORMED AT TIME OF LOBECTOMY OR SEGMENTECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
32503	RESECTION OF APICAL LUNG TUMOR (EG PANCOAST TUMOR) INCLUDING CHEST WALL RESECTION RIB(S) RESECTION(S) NEUROVASCULAR DISSECTION WHEN PERFORMED WITHOUT CHEST WALL RECONSTRUCTION(S)
32504	RESECTION OF APICAL LUNG TUMOR (EG PANCOAST TUMOR) INCLUDING CHEST WALL RESECTION RIB(S) RESECTION(S) NEUROVASCULAR DISSECTION WHEN PERFORMED WITH CHEST WALL RECONSTRUCTION
32505	THORACOTOMY WITH THERAPEUTIC WEDGE RESECTION (EG MASS NODULE) INITIAL
32506	THORACOTOMY WITH THERAPEUTIC WEDGE RESECTION (EG MASS OR NODULE) EACH ADDITIONAL RESECTION IPSILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
32507	THORACOTOMY WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
32540	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY)
32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF
32551	TUBE THORACOSTOMY INCLUDES CONNECTION TO DRAINAGE SYSTEM (EG WATER SEAL) WHEN PERFORMED OPEN (SEPARATE PROCEDURE)

32552	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF
32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG FIDUCIAL MARKERS DOSIMETER) PERCUTANEOUS INTRA-THORACIC SINGLE OR MULTIPLE
32554	THORACENTESIS NEEDLE OR CATHETER ASPIRATION OF THE PLEURAL SPACE WITHOUT IMAGING GUIDANCE
32555	THORACENTESIS NEEDLE OR CATHETER ASPIRATION OF THE PLEURAL SPACE WITH IMAGING GUIDANCE
32556	PLEURAL DRAINAGE PERCUTANEOUS WITH INSERTION OF INDWELLING CATHETER WITHOUT IMAGING GUIDANCE
32557	PLEURAL DRAINAGE PERCUTANEOUS WITH INSERTION OF INDWELLING CATHETER WITH IMAGING GUIDANCE
32560	INSTILLATION VIA CHEST TUBE CATHETER AGENT FOR PLEURODESIS (EG TALC FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)
32561	INSTILLATION(S) VIA CHEST TUBE CATHETER AGENT FOR FIBRINOLYSIS (EG FIBRINOLYTIC AGENT FOR BREAK UP OF MULTILOCULATED EFFUSION) INITIAL DAY
32562	INSTILLATION(S) VIA CHEST TUBE CATHETER AGENT FOR FIBRINOLYSIS (EG FIBRINOLYTIC AGENT FOR BREAK UP OF MULTILOCULATED EFFUSION) SUBSEQUENT DAY
32601	THORACOSCOPY DIAGNOSTIC (SEPARATE PROCEDURE) LUNGS PERICARDIAL SAC MEDIASTINAL OR PLEURAL SPACE WITHOUT BIOPSY
32604	THORACOSCOPY DIAGNOSTIC (SEPARATE PROCEDURE) PERICARDIAL SAC WITH BIOPSY
32606	THORACOSCOPY DIAGNOSTIC (SEPARATE PROCEDURE) MEDIASTINAL SPACE WITH BIOPSY
32607	THORACOSCOPY WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S) (EG WEDGE INCISIONAL) UNILATERAL
32608	THORACOSCOPY WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG WEDGE INCISIONAL) UNILATERAL
32609	THORACOSCOPY WITH BIOPSY(IES) OF PLEURA
32650	THORACOSCOPY SURGICAL WITH PLEURODESIS (EG MECHANICAL OR CHEMICAL)
32651	THORACOSCOPY SURGICAL WITH PARTIAL PULMONARY DECORTICATION
32652	THORACOSCOPY SURGICAL WITH TOTAL PULMONARY DECORTICATION INCLUDING INTRAPLEURAL PNEUMONOLYSIS
32653	THORACOSCOPY SURGICAL WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPOSIT
32654	THORACOSCOPY SURGICAL WITH CONTROL OF TRAUMATIC HEMORRHAGE
32655	THORACOSCOPY SURGICAL WITH RESECTION-PLICATION OF BULLAE INCLUDES ANY PLEURAL PROCEDURE WHEN PERFORMED
32656	THORACOSCOPY SURGICAL WITH PARIETAL PLEURECTOMY
32658	THORACOSCOPY SURGICAL WITH REMOVAL OF CLOT OR FOREIGN BODY FROM PERICARDIAL SAC

32659	THORACOSCOPY SURGICAL WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION OF PERICARDIAL SAC FOR DRAINAGE
32661	THORACOSCOPY SURGICAL WITH EXCISION OF PERICARDIAL CYST TUMOR OR MASS
32662	THORACOSCOPY SURGICAL WITH EXCISION OF MEDIASTINAL CYST TUMOR OR MASS
32663	THORACOSCOPY SURGICAL WITH LOBECTOMY (SINGLE LOBE)
32664	THORACOSCOPY SURGICAL WITH THORACIC SYMPATHECTOMY
32665	THORACOSCOPY SURGICAL WITH ESOPHAGOMYOTOMY (HELLER TYPE)
32666	THORACOSCOPY SURGICAL WITH THERAPEUTIC WEDGE RESECTION (EG MASS NODULE) INITIAL UNILATERAL
32667	THORACOSCOPY SURGICAL WITH THERAPEUTIC WEDGE RESECTION (EG MASS OR NODULE) EACH ADDITIONAL RESECTION IPSILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
32668	THORACOSCOPY SURGICAL WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
32669	THORACOSCOPY SURGICAL WITH REMOVAL OF A SINGLE LUNG SEGMENT (SEGMENTECTOMY)
32670	THORACOSCOPY SURGICAL WITH REMOVAL OF TWO LOBES (BILOBECTOMY)
32671	THORACOSCOPY SURGICAL WITH REMOVAL OF LUNG (PNEUMONECTOMY)
32672	THORACOSCOPY SURGICAL WITH RESECTION-PLICATION FOR EMPHYSEMATOUS LUNG (BULLOUS OR NON-BULLOUS) FOR LUNG VOLUME REDUCTION (LVRS) UNILATERAL INCLUDES ANY PLEURAL PROCEDURE WHEN PERFORMED
32673	THORACOSCOPY SURGICAL WITH RESECTION OF THYMUS UNILATERAL OR BILATERAL
32674	THORACOSCOPY SURGICAL WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
32701	THORACIC TARGET(S) DELINEATION FOR STEREOTACTIC BODY RADIATION THERAPY (SRS SBRT) (PHOTON OR PARTICLE BEAM) ENTIRE COURSE OF TREATMENT
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL
32810	CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGETT TYPE PROCEDURE)
32815	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA
32820	MAJOR RECONSTRUCTION CHEST WALL (POSTTRAUMATIC)
32850	DONOR PNEUMONECTOMY(S) (INCLUDING COLD PRESERVATION) FROM CADAVER DONOR
32851	LUNG TRANSPLANT SINGLE WITHOUT CARDIOPULMONARY BYPASS
32852	LUNG TRANSPLANT SINGLE WITH CARDIOPULMONARY BYPASS
32853	LUNG TRANSPLANT DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC) WITHOUT CARDIOPULMONARY BYPASS
32854	LUNG TRANSPLANT DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC) WITH CARDIOPULMONARY BYPASS

32855	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO TRANSPLANTATION INCLUDING DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES TO PREPARE PULMONARY VENOUS ATRIAL CUFF PULMONARY ARTERY AND BRONCHUS UNILATERAL
32856	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO TRANSPLANTATION INCLUDING DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES TO PREPARE PULMONARY VENOUS ATRIAL CUFF PULMONARY ARTERY AND BRONCHUS BILATERAL
32900	RESECTION OF RIBS EXTRAPLEURAL ALL STAGES
32905	THORACOPLASTY SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES)
32906	THORACOPLASTY SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES) WITH CLOSURE OF BRONCHOPLEURAL FISTULA
32940	PNEUMONOLYSIS EXTRAPERIOSTEAL INCLUDING FILLING OR PACKING PROCEDURES
32960	PNEUMOTHORAX THERAPEUTIC INTRAPLEURAL INJECTION OF AIR
32994	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE PULMONARY TUMOR(S) INCLUDING PLEURA OR CHEST WALL WHEN INVOLVED BY TUMOR EXTENSION PERCUTANEOUS INCLUDING IMAGING GUIDANCE WHEN PERFORMED UNILATERAL CRYOABLATION
32997	TOTAL LUNG LAVAGE (UNILATERAL)
32998	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE PULMONARY TUMOR(S) INCLUDING PLEURA OR CHEST WALL WHEN INVOLVED BY TUMOR EXTENSION PERCUTANEOUS INCLUDING IMAGING GUIDANCE WHEN PERFORMED UNILATERAL RADIOFREQUENCY
32999	UNLISTED PROCEDURE LUNGS AND PLEURA
33016	PERICARDIOCENTESIS INCLUDING IMAGING GUIDANCE WHEN PERFORMED
33017	PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER PERCUTANEOUS INCLUDING FLUOROSCOPY AND OR ULTRASOUND GUIDANCE WHEN PERFORMED 6 YEARS AND OLDER WITHOUT CONGENITAL CARDIAC ANOMALY
33018	PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER PERCUTANEOUS INCLUDING FLUOROSCOPY AND OR ULTRASOUND GUIDANCE WHEN PERFORMED BIRTH THROUGH 5 YEARS OF AGE OR ANY AGE WITH CONGENITAL CARDIAC ANOMALY
33019	PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER PERCUTANEOUS INCLUDING CT GUIDANCE
33020	PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE)
33025	CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE
33030	PERICARDIECTOMY SUBTOTAL OR COMPLETE WITHOUT CARDIOPULMONARY BYPASS
33031	PERICARDIECTOMY SUBTOTAL OR COMPLETE WITH CARDIOPULMONARY BYPASS
33050	RESECTION OF PERICARDIAL CYST OR TUMOR

33120	EXCISION OF INTRACARDIAC TUMOR RESECTION WITH CARDIOPULMONARY BYPASS
33130	RESECTION OF EXTERNAL CARDIAC TUMOR
33140	TRANSMYOCARDIAL LASER REVASCULARIZATION BY THORACOTOMY (SEPARATE PROCEDURE)
33141	TRANSMYOCARDIAL LASER REVASCULARIZATION BY THORACOTOMY PERFORMED AT THE TIME OF OTHER OPEN CARDIAC PROCEDURE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
33202	INSERTION OF EPICARDIAL ELECTRODE(S) OPEN INCISION (EG THORACOTOMY MEDIAN STERNOTOMY SUBXIPHOID APPROACH)
33203	INSERTION OF EPICARDIAL ELECTRODE(S) ENDOSCOPIC APPROACH (EG THORACOSCOPY PERICARDIOSCOPY)
33206	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S) ATRIAL
33207	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S) VENTRICULAR
33208	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S) ATRIAL AND VENTRICULAR
33210	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE CHAMBER CARDIAC ELECTRODE OR PACEMAKER CATHETER (SEPARATE PROCEDURE)
33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING ELECTRODES (SEPARATE PROCEDURE)
33212	INSERTION OF PACEMAKER PULSE GENERATOR ONLY WITH EXISTING SINGLE LEAD
33213	INSERTION OF PACEMAKER PULSE GENERATOR ONLY WITH EXISTING DUAL LEADS
33214	UPGRADE OF IMPLANTED PACEMAKER SYSTEM CONVERSION OF SINGLE CHAMBER SYSTEM TO DUAL CHAMBER SYSTEM (INCLUDES REMOVAL OF PREVIOUSLY PLACED PULSE GENERATOR TESTING OF EXISTING LEAD INSERTION OF NEW LEAD INSERTION OF NEW PULSE GENERATOR)
33215	REPOSITIONING OF PREVIOUSLY IMPLANTED TRANSVENOUS PACEMAKER OR IMPLANTABLE DEFIBRILLATOR (RIGHT ATRIAL OR RIGHT VENTRICULAR) ELECTRODE
33216	INSERTION OF A SINGLE TRANSVENOUS ELECTRODE PERMANENT PACEMAKER OR IMPLANTABLE DEFIBRILLATOR
33217	INSERTION OF 2 TRANSVENOUS ELECTRODES PERMANENT PACEMAKER OR IMPLANTABLE DEFIBRILLATOR
33218	REPAIR OF SINGLE TRANSVENOUS ELECTRODE PERMANENT PACEMAKER OR IMPLANTABLE DEFIBRILLATOR
33220	REPAIR OF 2 TRANSVENOUS ELECTRODES FOR PERMANENT PACEMAKER OR IMPLANTABLE DEFIBRILLATOR
33221	INSERTION OF PACEMAKER PULSE GENERATOR ONLY WITH EXISTING MULTIPLE LEADS
33222	RELOCATION OF SKIN POCKET FOR PACEMAKER
33223	RELOCATION OF SKIN POCKET FOR IMPLANTABLE DEFIBRILLATOR

33224	INSERTION OF PACING ELECTRODE CARDIAC VENOUS SYSTEM FOR LEFT VENTRICULAR PACING WITH ATTACHMENT TO PREVIOUSLY PLACED PACEMAKER OR IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR (INCLUDING REVISION OF POCKET REMOVAL INSERTION AND OR REPLACEMENT OF EXISTING GENERATOR)
33225	INSERTION OF PACING ELECTRODE CARDIAC VENOUS SYSTEM FOR LEFT VENTRICULAR PACING AT TIME OF INSERTION OF IMPLANTABLE DEFIBRILLATOR OR PACEMAKER PULSE GENERATOR (EG FOR UPGRADE TO DUAL CHAMBER SYSTEM) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
33226	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT VENTRICULAR) ELECTRODE (INCLUDING REMOVAL INSERTION AND OR REPLACEMENT OF EXISTING GENERATOR)
33227	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR SINGLE LEAD SYSTEM
33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR DUAL LEAD SYSTEM
33229	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR MULTIPLE LEAD SYSTEM
33230	INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY WITH EXISTING DUAL LEADS
33231	INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY WITH EXISTING MULTIPLE LEADS
33233	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR ONLY
33234	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S) SINGLE LEAD SYSTEM ATRIAL OR VENTRICULAR
33235	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S) DUAL LEAD SYSTEM
33236	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOMY SINGLE LEAD SYSTEM ATRIAL OR VENTRICULAR
33237	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOMY DUAL LEAD SYSTEM
33238	REMOVAL OF PERMANENT TRANSVENOUS ELECTRODE(S) BY THORACOTOMY
33240	INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY WITH EXISTING SINGLE LEAD
33241	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY
33243	REMOVAL OF SINGLE OR DUAL CHAMBER IMPLANTABLE DEFIBRILLATOR ELECTRODE(S) BY THORACOTOMY
33244	REMOVAL OF SINGLE OR DUAL CHAMBER IMPLANTABLE DEFIBRILLATOR ELECTRODE(S) BY TRANSVENOUS EXTRACTION
33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIBRILLATOR SYSTEM WITH TRANSVENOUS LEAD(S) SINGLE OR DUAL CHAMBER
33250	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG WOLFF-PARKINSON-WHITE ATRIOVENTRICULAR NODE RE-ENTRY) TRACT(S) AND OR FOCUS (FOCI) WITHOUT CARDIOPULMONARY BYPASS

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
33254	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA LIMITED (EG MODIFIED MAZE PROCEDURE)
33255	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA EXTENSIVE (EG MAZE PROCEDURE) WITHOUT CARDIOPULMONARY BYPASS
33256	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA EXTENSIVE (EG MAZE PROCEDURE) WITH CARDIOPULMONARY BYPASS
33257	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S) LIMITED (EG MODIFIED MAZE PROCEDURE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
33258	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S) EXTENSIVE (EG MAZE PROCEDURE) WITHOUT CARDIOPULMONARY BYPASS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
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)
33261	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULMONARY BYPASS
33262	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR SINGLE LEAD SYSTEM
33263	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR DUAL LEAD SYSTEM
33264	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR MULTIPLE LEAD SYSTEM
33265	ENDOSCOPY SURGICAL OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA LIMITED (EG MODIFIED MAZE PROCEDURE) WITHOUT CARDIOPULMONARY BYPASS
33266	ENDOSCOPY SURGICAL OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA EXTENSIVE (EG MAZE PROCEDURE) WITHOUT CARDIOPULMONARY BYPASS
33267	EXCLUSION OF LEFT ATRIAL APPENDAGE OPEN ANY METHOD (EG EXCISION ISOLATION VIA STAPLING OVERSEWING LIGATION PLICATION CLIP)
33268	EXCLUSION OF LEFT ATRIAL APPENDAGE OPEN PERFORMED AT THE TIME OF OTHER STERNOTOMY OR THORACOTOMY PROCEDURE(S) ANY METHOD (EG EXCISION ISOLATION VIA STAPLING OVERSEWING LIGATION PLICATION CLIP) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

33269	EXCLUSION OF LEFT ATRIAL APPENDAGE THORACOSCOPIC ANY METHOD (EG EXCISION ISOLATION VIA STAPLING OVERSEWING LIGATION PLICATION CLIP)
33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR SYSTEM WITH SUBCUTANEOUS ELECTRODE INCLUDING DEFIBRILLATION THRESHOLD EVALUATION INDUCTION OF ARRHYTHMIA EVALUATION OF SENSING FOR ARRHYTHMIA TERMINATION AND PROGRAMMING OR REPROGRAMMING OF SENSING OR THERAPEUTIC PARAMETERS WHEN PERFORMED
33271	INSERTION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELECTRODE
33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELECTRODE
33273	REPOSITIONING OF PREVIOUSLY IMPLANTED SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELECTRODE
33274	TRANSCATHETER INSERTION OR REPLACEMENT OF PERMANENT LEADLESS PACEMAKER RIGHT VENTRICULAR INCLUDING IMAGING GUIDANCE (EG FLUOROSCOPY VENOUS ULTRASOUND VENTRICULOGRAPHY FEMORAL VENOGRAPHY) AND DEVICE EVALUATION (EG INTERROGATION OR PROGRAMMING) WHEN PERFORMED
33275	TRANSCATHETER REMOVAL OF PERMANENT LEADLESS PACEMAKER RIGHT VENTRICULAR INCLUDING IMAGING GUIDANCE (EG FLUOROSCOPY VENOUS ULTRASOUND VENTRICULOGRAPHY FEMORAL VENOGRAPHY) WHEN PERFORMED
33276	INSERTION OF PHRENIC NERVE STIMULATOR SYSTEM (PULSE GENERATOR AND STIMULATING LEAD[S]) INCLUDING VESSEL CATHETERIZATION ALL IMAGING GUIDANCE AND PULSE GENERATOR INITIAL ANALYSIS WITH DIAGNOSTIC MODE ACTIVATION WHEN PERFORMED
33277	INSERTION OF PHRENIC NERVE STIMULATOR TRANSVENOUS SENSING LEAD (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
33278	REMOVAL OF PHRENIC NERVE STIMULATOR INCLUDING VESSEL CATHETERIZATION ALL IMAGING GUIDANCE AND INTERROGATION AND PROGRAMMING WHEN PERFORMED SYSTEM INCLUDING PULSE GENERATOR AND LEAD(S)
33279	REMOVAL OF PHRENIC NERVE STIMULATOR INCLUDING VESSEL CATHETERIZATION ALL IMAGING GUIDANCE AND INTERROGATION AND PROGRAMMING WHEN PERFORMED TRANSVENOUS STIMULATION OR SENSING LEAD(S) ONLY
33280	REMOVAL OF PHRENIC NERVE STIMULATOR INCLUDING VESSEL CATHETERIZATION ALL IMAGING GUIDANCE AND INTERROGATION AND PROGRAMMING WHEN PERFORMED PULSE GENERATOR ONLY
33281	REPOSITIONING OF PHRENIC NERVE STIMULATOR TRANSVENOUS LEAD(S)
33285	INSERTION SUBCUTANEOUS CARDIAC RHYTHM MONITOR INCLUDING PROGRAMMING
33286	REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR
33287	REMOVAL AND REPLACEMENT OF PHRENIC NERVE STIMULATOR INCLUDING VESSEL CATHETERIZATION ALL IMAGING GUIDANCE AND INTERROGATION AND PROGRAMMING WHEN PERFORMED PULSE GENERATOR

33288	REMOVAL AND REPLACEMENT OF PHRENIC NERVE STIMULATOR INCLUDING VESSEL CATHETERIZATION ALL IMAGING GUIDANCE AND INTERROGATION AND PROGRAMMING WHEN PERFORMED TRANSVENOUS STIMULATION OR SENSING LEAD(S)
33289	TRANSCATHETER IMPLANTATION OF WIRELESS PULMONARY ARTERY PRESSURE SENSOR FOR LONG-TERM HEMODYNAMIC MONITORING INCLUDING DEPLOYMENT AND CALIBRATION OF THE SENSOR RIGHT HEART CATHETERIZATION SELECTIVE PULMONARY CATHETERIZATION RADIOLOGICAL SUPERVISION AND INTERPRETATION AND PULMONARY ARTERY ANGIOGRAPHY WHEN PERFORMED
33300	REPAIR OF CARDIAC WOUND WITHOUT BYPASS
33305	REPAIR OF CARDIAC WOUND WITH CARDIOPULMONARY BYPASS
33310	CARDIOTOMY EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY ATRIAL OR VENTRICULAR THROMBUS) WITHOUT BYPASS
33315	CARDIOTOMY EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY ATRIAL OR VENTRICULAR THROMBUS) WITH CARDIOPULMONARY BYPASS
33320	SUTURE REPAIR OF AORTA OR GREAT VESSELS WITHOUT SHUNT OR CARDIOPULMONARY BYPASS
33321	SUTURE REPAIR OF AORTA OR GREAT VESSELS WITH SHUNT BYPASS
33322	SUTURE REPAIR OF AORTA OR GREAT VESSELS WITH CARDIOPULMONARY BYPASS
33330	INSERTION OF GRAFT AORTA OR GREAT VESSELS WITHOUT SHUNT OR CARDIOPULMONARY BYPASS
33335	INSERTION OF GRAFT AORTA OR GREAT VESSELS WITH CARDIOPULMONARY BYPASS
33340	PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL APPENDAGE WITH ENDOCARDIAL IMPLANT INCLUDING FLUOROSCOPY TRANSSEPTAL PUNCTURE CATHETER PLACEMENT(S) LEFT ATRIAL ANGIOGRAPHY LEFT ATRIAL APPENDAGE ANGIOGRAPHY WHEN PERFORMED AND RADIOLOGICAL SUPERVISION AND INTERPRETATION
33361	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR TAVI) WITH PROSTHETIC VALVE PERCUTANEOUS FEMORAL ARTERY APPROACH
33362	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR TAVI) WITH PROSTHETIC VALVE OPEN FEMORAL ARTERY APPROACH
33363	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR TAVI) WITH PROSTHETIC VALVE OPEN AXILLARY ARTERY APPROACH
33364	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR TAVI) WITH PROSTHETIC VALVE OPEN ILIAC ARTERY APPROACH
33365	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR TAVI) WITH PROSTHETIC VALVE TRANSAORTIC APPROACH (EG MEDIAN STERNOTOMY MEDIASTINOTOMY)
33366	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR TAVI) WITH PROSTHETIC VALVE TRANSAPICAL EXPOSURE (EG LEFT THORACOTOMY)

33367	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR TAVI) WITH PROSTHETIC VALVE CARDIOPULMONARY BYPASS SUPPORT WITH PERCUTANEOUS PERIPHERAL ARTERIAL AND VENOUS CANNULATION (EG FEMORAL VESSELS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
33368	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR TAVI) WITH PROSTHETIC VALVE CARDIOPULMONARY BYPASS SUPPORT WITH OPEN PERIPHERAL ARTERIAL AND VENOUS CANNULATION (EG FEMORAL ILIAC AXILLARY VESSELS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
33369	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR TAVI) WITH PROSTHETIC VALVE CARDIOPULMONARY BYPASS SUPPORT WITH CENTRAL ARTERIAL AND VENOUS CANNULATION (EG AORTA RIGHT ATRIUM PULMONARY ARTERY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
33370	TRANSCATHETER PLACEMENT AND SUBSEQUENT REMOVAL OF CEREBRAL EMBOLIC PROTECTION DEVICE(S) INCLUDING ARTERIAL ACCESS CATHETERIZATION IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION PERCUTANEOUS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
33390	VALVULOPLASTY AORTIC VALVE OPEN WITH CARDIOPULMONARY BYPASS SIMPLE (IE VALVOTOMY DEBRIDEMENT DEBULKING AND OR SIMPLE COMMISSURAL RESUSPENSION)
33391	VALVULOPLASTY AORTIC VALVE OPEN WITH CARDIOPULMONARY BYPASS COMPLEX (EG LEAFLET EXTENSION LEAFLET RESECTION LEAFLET RECONSTRUCTION OR ANNULOPLASTY)
33404	CONSTRUCTION OF APICAL-AORTIC CONDUIT
33405	REPLACEMENT AORTIC VALVE OPEN WITH CARDIOPULMONARY BYPASS WITH PROSTHETIC VALVE OTHER THAN HOMOGRAFT OR STENTLESS VALVE
33406	REPLACEMENT AORTIC VALVE OPEN WITH CARDIOPULMONARY BYPASS WITH ALLOGRAFT VALVE (FREEHAND)
33410	REPLACEMENT AORTIC VALVE OPEN WITH CARDIOPULMONARY BYPASS WITH STENTLESS TISSUE VALVE
33411	REPLACEMENT AORTIC VALVE WITH AORTIC ANNULUS ENLARGEMENT NONCORONARY SINUS
33412	REPLACEMENT AORTIC VALVE WITH TRANSVENTRICULAR AORTIC ANNULUS ENLARGEMENT (KONNO PROCEDURE)
33413	REPLACEMENT AORTIC VALVE BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE WITH ALLOGRAFT REPLACEMENT OF PULMONARY VALVE (ROSS PROCEDURE)
33414	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT OF THE OUTFLOW TRACT
33415	RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR AORTIC STENOSIS
33416	VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSIS (EG ASYMMETRIC SEPTAL HYPERTROPHY)
33417	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS

33418	TRANSCATHETER MITRAL VALVE REPAIR PERCUTANEOUS APPROACH INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED INITIAL PROSTHESIS
33419	TRANSCATHETER MITRAL VALVE REPAIR PERCUTANEOUS APPROACH INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED ADDITIONAL PROSTHESIS(ES) DURING SAME SESSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
33420	VALVOTOMY MITRAL VALVE CLOSED HEART
33422	VALVOTOMY MITRAL VALVE OPEN HEART WITH CARDIOPULMONARY BYPASS
33425	VALVULOPLASTY MITRAL VALVE WITH CARDIOPULMONARY BYPASS
33426	VALVULOPLASTY MITRAL VALVE WITH CARDIOPULMONARY BYPASS WITH PROSTHETIC RING
33427	VALVULOPLASTY MITRAL VALVE WITH CARDIOPULMONARY BYPASS RADICAL RECONSTRUCTION W WO RING
33430	REPLACEMENT MITRAL VALVE WITH CARDIOPULMONARY BYPASS
33440	REPLACEMENT AORTIC VALVE BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE AND TRANSVENTRICULAR AORTIC ANNULUS ENLARGEMENT OF THE LEFT VENTRICULAR OUTFLOW TRACT WITH VALVED CONDUIT REPLACEMENT OF PULMONARY VALVE (ROSS-KONNO PROCEDURE)
33460	VALVECTOMY TRICUSPID VALVE WITH CARDIOPULMONARY BYPASS
33463	VALVULOPLASTY TRICUSPID VALVE WITHOUT RING INSERTION
33464	VALVULOPLASTY TRICUSPID VALVE WITH RING INSERTION
33465	REPLACEMENT TRICUSPID VALVE WITH CARDIOPULMONARY BYPASS
33468	TRICUSPID VALVE REPOSITIONING AND PLICATION FOR EBSTEIN ANOMALY
33471	VALVOTOMY PULMONARY VALVE CLOSED HEART VIA PULMONARY ARTERY
33474	VALVOTOMY PULMONARY VALVE OPEN HEART WITH CARDIOPULMONARY BYPASS
33475	REPLACEMENT PULMONARY VALVE
33476	RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS W WO COMMISSUROTOMY
33477	TRANSCATHETER PULMONARY VALVE IMPLANTATION PERCUTANEOUS APPROACH INCLUDING PRE-STENTING OF THE VALVE DELIVERY SITE WHEN PERFORMED
33478	OUTFLOW TRACT AUGMENTATION (GUSSET) W WO COMMISSUROTOMY OR INFUNDIBULAR RESECTION
33496	REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH CARDIOPULMONARY BYPASS (SEPARATE PROCEDURE)
33500	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA WITH CARDIOPULMONARY BYPASS
33501	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA WITHOUT CARDIOPULMONARY BYPASS
33502	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN BY LIGATION

33503	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN BY GRAFT WITHOUT CARDIOPULMONARY BYPASS
33504	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN BY GRAFT WITH CARDIOPULMONARY BYPASS
33505	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)
33506	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN BY TRANSLOCATION FROM PULMONARY ARTERY TO AORTA
33507	REPAIR OF ANOMALOUS (EG INTRAMURAL) AORTIC ORIGIN OF CORONARY ARTERY BY UNROOFING OR TRANSLOCATION
33508	ENDOSCOPY SURGICAL INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
33509	HARVEST OF UPPER EXTREMITY ARTERY 1 SEGMENT FOR CORONARY ARTERY BYPASS PROCEDURE ENDOSCOPIC
33510	CORONARY ARTERY BYPASS VEIN ONLY SINGLE CORONARY VENOUS GRAFT
33511	CORONARY ARTERY BYPASS VEIN ONLY 2 CORONARY VENOUS GRAFTS
33512	CORONARY ARTERY BYPASS VEIN ONLY 3 CORONARY VENOUS GRAFTS
33513	CORONARY ARTERY BYPASS VEIN ONLY 4 CORONARY VENOUS GRAFTS
33514	CORONARY ARTERY BYPASS VEIN ONLY 5 CORONARY VENOUS GRAFTS
33516	CORONARY ARTERY BYPASS VEIN ONLY 6 OR MORE CORONARY VENOUS GRAFTS
33517	CORONARY ARTERY BYPASS USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S) SINGLE VEIN GRAFT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
33518	CORONARY ARTERY BYPASS USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S) 2 VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
33519	CORONARY ARTERY BYPASS USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S) 3 VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
33521	CORONARY ARTERY BYPASS USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S) 4 VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
33522	CORONARY ARTERY BYPASS USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S) 5 VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
33523	CORONARY ARTERY BYPASS USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S) 6 OR MORE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
33530	REOPERATION CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE MORE THAN 1 MONTH AFTER ORIGINAL OPERATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

33533	CORONARY ARTERY BYPASS USING ARTERIAL GRAFT(S) SINGLE ARTERIAL GRAFT
33534	CORONARY ARTERY BYPASS USING ARTERIAL GRAFT(S) 2 CORONARY ARTERIAL GRAFTS
33535	CORONARY ARTERY BYPASS USING ARTERIAL GRAFT(S) 3 CORONARY ARTERIAL GRAFTS
33536	CORONARY ARTERY BYPASS USING ARTERIAL GRAFT(S) 4 OR MORE CORONARY ARTERIAL GRAFTS
33542	MYOCARDIAL RESECTION (EG VENTRICULAR ANEURYSMECTOMY)
33545	REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT W WO MYOCARDIAL RESECTION
33548	SURGICAL VENTRICULAR RESTORATION PROCEDURE INCLUDES PROSTHETIC PATCH WHEN PERFORMED (EG VENTRICULAR REMODELING SVR SAVER DOR PROCEDURES)
33572	CORONARY ENDARTERECTOMY OPEN ANY METHOD OF LEFT ANTERIOR DESCENDING CIRCUMFLEX OR RIGHT CORONARY ARTERY PERFORMED IN CONJUNCTION WITH CORONARY ARTERY BYPASS GRAFT PROCEDURE EACH VESSEL (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
33600	CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTURE OR PATCH
33602	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH
33606	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE)
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
33610	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG SINGLE VENTRICLE WITH SUBAORTIC OBSTRUCTION) BY SURGICAL ENLARGEMENT OF VENTRICULAR SEPTAL DEFECT
33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR
33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR WITH REPAIR OF RIGHT VENTRICULAR OUTFLOW TRACT OBSTRUCTION
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)
33617	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG SINGLE VENTRICLE) BY MODIFIED FONTAN PROCEDURE
33619	REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH HYPOPLASIA (HYPOPLASTIC LEFT HEART SYNDROME) (EG NORWOOD PROCEDURE)
33620	APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS (EG HYBRID APPROACH STAGE 1)
33621	TRANSTHORACIC INSERTION OF CATHETER FOR STENT PLACEMENT WITH CATHETER REMOVAL AND CLOSURE (EG HYBRID APPROACH STAGE 1)

33622	RECONSTRUCTION OF COMPLEX CARDIAC ANOMALY (EG SINGLE VENTRICLE OR HYPOPLASTIC LEFT HEART) WITH PALLIATION OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH HYPOPLASIA CREATION OF CAVOPULMONARY ANASTOMOSIS AND REMOVAL OF RIGHT AND LEFT PULMONARY BANDS (EG HYBRID APPROACH STAGE 2 NORWOOD BIDIRECTIONAL GLENN PULMONARY ARTERY DEBANDING)
33641	REPAIR ATRIAL SEPTAL DEFECT SECUNDUM WITH CARDIOPULMONARY BYPASS W WO PATCH
33645	DIRECT OR PATCH CLOSURE SINUS VENOSUS W WO ANOMALOUS PULMONARY VENOUS DRAINAGE
33647	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT WITH DIRECT OR PATCH CLOSURE
33660	REPAIR OF INCOMPLETE OR PARTIAL ATRIOVENTRICULAR CANAL (OSTIUM PRIMUM ATRIAL SEPTAL DEFECT) W WO ATRIOVENTRICULAR VALVE REPAIR
33665	REPAIR OF INTERMEDIATE OR TRANSITIONAL ATRIOVENTRICULAR CANAL W WO ATRIOVENTRICULAR VALVE REPAIR
33670	REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL W WO PROSTHETIC VALVE
33675	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS
33676	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS WITH PULMONARY VALVOTOMY OR INFUNDIBULAR RESECTION (ACYANOTIC)
33677	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS WITH REMOVAL OF PULMONARY ARTERY BAND W WO GUSSET
33681	CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT W WO PATCH
33684	CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT W WO PATCH WITH PULMONARY VALVOTOMY OR INFUNDIBULAR RESECTION (ACYANOTIC)
33688	CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT W WO PATCH WITH REMOVAL OF PULMONARY ARTERY BAND W WO GUSSET
33690	BANDING OF PULMONARY ARTERY
33692	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA
33694	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA WITH TRANSANNULAR PATCH
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
33702	REPAIR SINUS OF VALSALVA FISTULA WITH CARDIOPULMONARY BYPASS
33710	REPAIR SINUS OF VALSALVA FISTULA WITH CARDIOPULMONARY BYPASS WITH REPAIR OF VENTRICULAR SEPTAL DEFECT
33720	REPAIR SINUS OF VALSALVA ANEURYSM WITH CARDIOPULMONARY BYPASS
33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETURN (EG SCIMITAR SYNDROME)
33726	REPAIR OF PULMONARY VENOUS STENOSIS

33730	COMPLETE REPAIR OF ANOMALOUS PULMONARY VENOUS RETURN (SUPRACARDIAC INTRACARDIAC OR INFRACARDIAC TYPES)
33732	REPAIR OF COR TRIATRIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF LEFT ATRIAL MEMBRANE
33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY CLOSED HEART (BLALOCK-HANLON TYPE OPERATION)
33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY OPEN HEART WITH CARDIOPULMONARY BYPASS
33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY OPEN HEART WITH INFLOW OCCLUSION
33741	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS) FOR CONGENITAL CARDIAC ANOMALIES TO CREATE EFFECTIVE ATRIAL FLOW INCLUDING ALL IMAGING GUIDANCE BY THE PROCEDURALIST WHEN PERFORMED ANY METHOD (EG RASHKIND SANG-PARK BALLOON CUTTING BALLOON BLADE)
33745	TRANSCATHETER INTRACARDIAC SHUNT (TIS) CREATION BY STENT PLACEMENT FOR CONGENITAL CARDIAC ANOMALIES TO ESTABLISH EFFECTIVE INTRACARDIAC FLOW INCLUDING ALL IMAGING GUIDANCE BY THE PROCEDURALIST WHEN PERFORMED LEFT AND RIGHT HEART DIAGNOSTIC CARDIAC CATHERIZATION FOR CONGENITAL CARDIAC ANOMALIES AND TARGET ZONE ANGIOPLASTY WHEN PERFORMED (EG ATRIAL SEPTUM FONTAN FENESTRATION RIGHT VENTRICULAR OUTFLOW TRACT MUSTARD SENNING WARDEN BAFFLES) INITIAL INTRACARDIAC SHUNT
33746	TRANSCATHETER INTRACARDIAC SHUNT (TIS) CREATION BY STENT PLACEMENT FOR CONGENITAL CARDIAC ANOMALIES TO ESTABLISH EFFECTIVE INTRACARDIAC FLOW INCLUDING ALL IMAGING GUIDANCE BY THE PROCEDURALIST WHEN PERFORMED LEFT AND RIGHT HEART DIAGNOSTIC CARDIAC CATHERIZATION FOR CONGENITAL CARDIAC ANOMALIES AND TARGET ZONE ANGIOPLASTY WHEN PERFORMED (EG ATRIAL SEPTUM FONTAN FENESTRATION RIGHT VENTRICULAR OUTFLOW TRACT MUSTARD SENNING WARDEN BAFFLES) EACH ADDITIONAL INTRACARDIAC SHUNT LOCATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
33750	SHUNT SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)
33755	SHUNT ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION)
33762	SHUNT DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATION)
33764	SHUNT CENTRAL WITH PROSTHETIC GRAFT
33766	SHUNT SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO 1 LUNG (CLASSICAL GLENN PROCEDURE)
33767	SHUNT SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIRECTIONAL GLENN PROCEDURE)
33768	ANASTOMOSIS CAVOPULMONARY SECOND SUPERIOR VENA CAVA (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
33770	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFECT AND SUBPULMONARY STENOSIS WITHOUT SURGICAL ENLARGEMENT OF VENTRICULAR SEPTAL DEFECT

33771	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFECT AND SUBPULMONARY STENOSIS WITH SURGICAL ENLARGEMENT OF VENTRICULAR SEPTAL DEFECT
33774	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES ATRIAL BAFFLE PROCEDURE (EG MUSTARD OR SENNING TYPE) WITH CARDIOPULMONARY BYPASS
33775	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES ATRIAL BAFFLE PROCEDURE (EG MUSTARD OR SENNING TYPE) WITH CARDIOPULMONARY BYPASS WITH REMOVAL OF PULMONARY BAND
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
33777	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES ATRIAL BAFFLE PROCEDURE (EG MUSTARD OR SENNING TYPE) WITH CARDIOPULMONARY BYPASS WITH REPAIR OF SUBPULMONIC OBSTRUCTION
33778	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES AORTIC PULMONARY ARTERY RECONSTRUCTION (EG JATENE TYPE)
33779	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES AORTIC PULMONARY ARTERY RECONSTRUCTION (EG JATENE TYPE) WITH REMOVAL OF PULMONARY BAND
33780	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES AORTIC PULMONARY ARTERY RECONSTRUCTION (EG JATENE TYPE) WITH CLOSURE OF VENTRICULAR SEPTAL DEFECT
33781	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES AORTIC PULMONARY ARTERY RECONSTRUCTION (EG JATENE TYPE) WITH REPAIR OF SUBPULMONIC OBSTRUCTION
33782	AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS REPAIR (IE NIKAIDOH PROCEDURE) WITHOUT CORONARY OSTIUM REIMPLANTATION
33783	AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS REPAIR (IE NIKAIDOH PROCEDURE) WITH REIMPLANTATION OF 1 OR BOTH CORONARY OSTIA
33786	TOTAL REPAIR TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)
33788	REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY
33800	AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG FOR TRACHEOMALACIA) (SEPARATE PROCEDURE)
33802	DIVISION OF ABERRANT VESSEL (VASCULAR RING)
33803	DIVISION OF ABERRANT VESSEL (VASCULAR RING) WITH REANASTOMOSIS
33813	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT WITHOUT CARDIOPULMONARY BYPASS
33814	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT WITH CARDIOPULMONARY BYPASS
33820	REPAIR OF PATENT DUCTUS ARTERIOSUS BY LIGATION
33822	REPAIR OF PATENT DUCTUS ARTERIOSUS BY DIVISION YOUNGER THAN 18 YEARS
33824	REPAIR OF PATENT DUCTUS ARTERIOSUS BY DIVISION 18 YEARS AND OLDER

33840	EXCISION OF COARCTATION OF AORTA W WO ASSOCIATED PATENT DUCTUS ARTERIOSUS WITH DIRECT ANASTOMOSIS
33845	EXCISION OF COARCTATION OF AORTA W WO ASSOCIATED PATENT DUCTUS ARTERIOSUS WITH GRAFT
33851	EXCISION OF COARCTATION OF AORTA W WO ASSOCIATED PATENT DUCTUS ARTERIOSUS REPAIR USING EITHER LEFT SUBCLAVIAN ARTERY OR PROSTHETIC MATERIAL AS GUSSET FOR ENLARGEMENT
33852	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC MATERIAL WITHOUT CARDIOPULMONARY BYPASS
33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC MATERIAL WITH CARDIOPULMONARY BYPASS
33858	ASCENDING AORTA GRAFT WITH CARDIOPULMONARY BYPASS INCLUDES VALVE SUSPENSION WHEN PERFORMED FOR AORTIC DISSECTION
33859	ASCENDING AORTA GRAFT WITH CARDIOPULMONARY BYPASS INCLUDES VALVE SUSPENSION WHEN PERFORMED FOR AORTIC DISEASE OTHER THAN DISSECTION (EG ANEURYSM)
33863	ASCENDING AORTA GRAFT WITH CARDIOPULMONARY BYPASS WITH AORTIC ROOT REPLACEMENT USING VALVED CONDUIT AND CORONARY RECONSTRUCTION (EG BENTALL)
33864	ASCENDING AORTA GRAFT WITH CARDIOPULMONARY BYPASS WITH VALVE SUSPENSION WITH CORONARY RECONSTRUCTION AND VALVE-SPARING AORTIC ROOT REMODELING (EG DAVID PROCEDURE YACOUB PROCEDURE)
33866	AORTIC HEMIARCH GRAFT INCLUDING ISOLATION AND CONTROL OF THE ARCH VESSELS BEVELED OPEN DISTAL AORTIC ANASTOMOSIS EXTENDING UNDER ONE OR MORE OF THE ARCH VESSELS AND TOTAL CIRCULATORY ARREST OR ISOLATED CEREBRAL PERFUSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
33871	TRANSVERSE AORTIC ARCH GRAFT WITH CARDIOPULMONARY BYPASS WITH PROFOUND HYPOTHERMIA TOTAL CIRCULATORY ARREST AND ISOLATED CEREBRAL PERFUSION WITH REIMPLANTATION OF ARCH VESSEL(S) (EG ISLAND PEDICLE OR INDIVIDUAL ARCH VESSEL REIMPLANTATION)
33875	DESCENDING THORACIC AORTA GRAFT W WO BYPASS
33877	REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT W WO CARDIOPULMONARY BYPASS
33880	ENDOVASCULAR REPAIR OF THORACIC AORTA INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION NONSELECTIVE CATHETERIZATION(S) ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION BY DEPLOYMENT OF AN AORTO-AORTIC TUBE ENDOGRAFT COVERING THE LEFT SUBCLAVIAN ARTERY AND ALL AORTIC TUBE ENDOGRAFT EXTENSION(S) PROXIMALLY IN THE AORTIC ARCH AND ASCENDING AORTA AND DISTALLY TO THE CELIAC ARTERY WHEN PERFORMED

33881	ENDOVASCULAR REPAIR OF THORACIC AORTA INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION NONSELECTIVE CATHETERIZATION(S) ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION BY DEPLOYMENT OF AN AORTO-AORTIC TUBE ENDOGRAFT NOT INVOLVING COVERAGE OF THE LEFT SUBCLAVIAN ARTERY ORIGIN AND ALL ENDOGRAFT EXTENSION(S) PLACED FROM THE LEVEL OF THE LEFT SUBCLAVIAN CAROTID ARTERY TO THE CELIAC ARTERY
33882	ENDOVASCULAR REPAIR OF THE THORACIC AORTA BY DEPLOYMENT OF A BRANCHED ENDOGRAFT MULTIPIECE SYSTEM INVOLVING AN AORTO-AORTIC TUBE DEVICE WITH A FENESTRATION FOR THE LEFT SUBCLAVIAN ARTERY STENT GRAFT(S) AND ALL AORTIC TUBE ENDOGRAFT EXTENSION(S) PLACED FROM THE LEVEL OF THE LEFT COMMON CAROTID ARTERY TO THE CELIAC ARTERY INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION ALL TARGET ZONE ANGIOPLASTY ALL NONSELECTIVE CATHETERIZATION(S) AND LEFT SUBCLAVIAN ARTERY SELECTIVE CATHETERIZATION(S) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION
33883	DELAYED PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS(ES) NOT INVOLVING COVERAGE OF THE LEFT SUBCLAVIAN ARTERY ORIGIN AFTER ENDOVASCULAR REPAIR OF THE THORACIC AORTA INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION NONSELECTIVE CATHETERIZATION(S) ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION AND TREATMENT ZONE ANGIOPLASTY STENTING WHEN PERFORMED
33884	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG ANEURYSM PSEUDOANEURYSM DISSECTION PENETRATING ULCER INTRAMURAL HEMATOMA OR TRAUMATIC DISRUPTION) EACH ADDITIONAL PROXIMAL EXTENSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
33886	DELAYED PLACEMENT OF DISTAL EXTENSION PROSTHESIS(ES) FROM THE LEVEL OF THE LEFT SUBCLAVIAN ARTERY TO THE CELIAC ARTERY AFTER ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION ALL NONSELECTIVE CATHETERIZATION(S) ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION
33889	OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTION WITH ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA BY NECK INCISION UNILATERAL
33891	BYPASS GRAFT WITH OTHER THAN VEIN TRANSCERVICAL RETROPHARYNGEAL CAROTID-CAROTID PERFORMED IN CONJUNCTION WITH ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA BY NECK INCISION
33894	ENDOVASCULAR STENT REPAIR OF COARCTATION OF THE ASCENDING TRANSVERSE OR DESCENDING THORACIC OR ABDOMINAL AORTA INVOLVING STENT PLACEMENT ACROSS MAJOR SIDE BRANCHES
33895	ENDOVASCULAR STENT REPAIR OF COARCTATION OF THE ASCENDING TRANSVERSE OR DESCENDING THORACIC OR ABDOMINAL AORTA INVOLVING STENT PLACEMENT NOT CROSSING MAJOR SIDE BRANCHES

33897	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY OF NATIVE OR RECURRENT COARCTATION OF THE AORTA
33900	PERCUTANEOUS PULMONARY ARTERY REVASCULARIZATION BY STENT PLACEMENT INITIAL NORMAL NATIVE CONNECTIONS UNILATERAL
33901	PERCUTANEOUS PULMONARY ARTERY REVASCULARIZATION BY STENT PLACEMENT INITIAL NORMAL NATIVE CONNECTIONS BILATERAL
33902	PERCUTANEOUS PULMONARY ARTERY REVASCULARIZATION BY STENT PLACEMENT INITIAL ABNORMAL CONNECTIONS UNILATERAL
33903	PERCUTANEOUS PULMONARY ARTERY REVASCULARIZATION BY STENT PLACEMENT INITIAL ABNORMAL CONNECTIONS BILATERAL
33904	PERCUTANEOUS PULMONARY ARTERY REVASCULARIZATION BY STENT PLACEMENT EACH ADDITIONAL VESSEL OR SEPARATE LESION NORMAL OR ABNORMAL CONNECTIONS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
33910	PULMONARY ARTERY EMBOLECTOMY WITH CARDIOPULMONARY BYPASS
33915	PULMONARY ARTERY EMBOLECTOMY WITHOUT CARDIOPULMONARY BYPASS
33916	PULMONARY ENDARTERECTOMY W WO EMBOLECTOMY WITH CARDIOPULMONARY BYPASS
33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT
33920	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT BY CONSTRUCTION OR REPLACEMENT OF CONDUIT FROM RIGHT OR LEFT VENTRICLE TO PULMONARY ARTERY
33922	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS
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)
33925	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION WITHOUT CARDIOPULMONARY BYPASS
33926	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION WITH CARDIOPULMONARY BYPASS
33927	IMPLANTATION OF A TOTAL REPLACEMENT HEART SYSTEM (ARTIFICIAL HEART) WITH RECIPIENT CARDIECTOMY
33928	REMOVAL AND REPLACEMENT OF TOTAL REPLACEMENT HEART SYSTEM (ARTIFICIAL HEART)
33929	REMOVAL OF A TOTAL REPLACEMENT HEART SYSTEM (ARTIFICIAL HEART) FOR HEART TRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
33930	DONOR CARDIECTOMY-PNEUMONECTOMY (INCLUDING COLD PRESERVATION)

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
33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY
33940	DONOR CARDIECTOMY (INCLUDING COLD PRESERVATION)
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
33945	HEART TRANSPLANT W WO RECIPIENT CARDIECTOMY
33946	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN INITIATION VENO-VENOUS
33947	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN INITIATION VENO-ARTERIAL
33948	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN DAILY MANAGEMENT EACH DAY VENO-VENOUS
33949	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN DAILY MANAGEMENT EACH DAY VENO-ARTERIAL
33951	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN INSERTION OF PERIPHERAL (ARTERIAL AND OR VENOUS) CANNULA(E) PERCUTANEOUS BIRTH THROUGH 5 YEARS OF AGE (INCLUDES FLUOROSCOPIC GUIDANCE WHEN PERFORMED)
33952	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN INSERTION OF PERIPHERAL (ARTERIAL AND OR VENOUS) CANNULA(E) PERCUTANEOUS 6 YEARS AND OLDER (INCLUDES FLUOROSCOPIC GUIDANCE WHEN PERFORMED)
33953	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN INSERTION OF PERIPHERAL (ARTERIAL AND OR VENOUS) CANNULA(E) OPEN BIRTH THROUGH 5 YEARS OF AGE
33954	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN INSERTION OF PERIPHERAL (ARTERIAL AND OR VENOUS) CANNULA(E) OPEN 6 YEARS AND OLDER
33955	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN INSERTION OF CENTRAL CANNULA(E) BY STERNOTOMY OR THORACOTOMY BIRTH THROUGH 5 YEARS OF AGE

33956	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN INSERTION OF CENTRAL CANNULA(E) BY STERNOTOMY OR THORACOTOMY 6 YEARS AND OLDER
33957	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN REPOSITION PERIPHERAL (ARTERIAL AND OR VENOUS) CANNULA(E) PERCUTANEOUS BIRTH THROUGH 5 YEARS OF AGE (INCLUDES FLUOROSCOPIC GUIDANCE WHEN PERFORMED)
33958	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN REPOSITION PERIPHERAL (ARTERIAL AND OR VENOUS) CANNULA(E) PERCUTANEOUS 6 YEARS AND OLDER (INCLUDES FLUOROSCOPIC GUIDANCE WHEN PERFORMED)
33959	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN REPOSITION PERIPHERAL (ARTERIAL AND OR VENOUS) CANNULA(E) OPEN BIRTH THROUGH 5 YEARS OF AGE (INCLUDES FLUOROSCOPIC GUIDANCE WHEN PERFORMED)
33962	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN REPOSITION PERIPHERAL (ARTERIAL AND OR VENOUS) CANNULA(E) OPEN 6 YEARS AND OLDER (INCLUDES FLUOROSCOPIC GUIDANCE WHEN PERFORMED)
33963	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN REPOSITION OF CENTRAL CANNULA(E) BY STERNOTOMY OR THORACOTOMY BIRTH THROUGH 5 YEARS OF AGE (INCLUDES FLUOROSCOPIC GUIDANCE WHEN PERFORMED)
33964	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN REPOSITION CENTRAL CANNULA(E) BY STERNOTOMY OR THORACOTOMY 6 YEARS AND OLDER (INCLUDES FLUOROSCOPIC GUIDANCE WHEN PERFORMED)
33965	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN REMOVAL OF PERIPHERAL (ARTERIAL AND OR VENOUS) CANNULA(E) PERCUTANEOUS BIRTH THROUGH 5 YEARS OF AGE
33966	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN REMOVAL OF PERIPHERAL (ARTERIAL AND OR VENOUS) CANNULA(E) PERCUTANEOUS 6 YEARS AND OLDER
33967	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE PERCUTANEOUS
33968	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE PERCUTANEOUS
33969	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN REMOVAL OF PERIPHERAL (ARTERIAL AND OR VENOUS) CANNULA(E) OPEN BIRTH THROUGH 5 YEARS OF AGE
33970	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE FEMORAL ARTERY OPEN APPROACH

33971	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE INCLUDING REPAIR OF FEMORAL ARTERY W WO GRAFT
33973	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING AORTA
33974	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE FROM THE ASCENDING AORTA INCLUDING REPAIR OF THE ASCENDING AORTA W WO GRAFT
33975	INSERTION OF VENTRICULAR ASSIST DEVICE EXTRACORPOREAL SINGLE VENTRICLE
33976	INSERTION OF VENTRICULAR ASSIST DEVICE EXTRACORPOREAL BIVENTRICULAR
33977	REMOVAL OF VENTRICULAR ASSIST DEVICE EXTRACORPOREAL SINGLE VENTRICLE
33978	REMOVAL OF VENTRICULAR ASSIST DEVICE EXTRACORPOREAL BIVENTRICULAR
33979	INSERTION OF VENTRICULAR ASSIST DEVICE IMPLANTABLE INTRACORPOREAL SINGLE VENTRICLE
33980	REMOVAL OF VENTRICULAR ASSIST DEVICE IMPLANTABLE INTRACORPOREAL SINGLE VENTRICLE
33981	REPLACEMENT OF EXTRACORPOREAL VENTRICULAR ASSIST DEVICE SINGLE OR BIVENTRICULAR PUMP(S) SINGLE OR EACH PUMP
33982	REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S) IMPLANTABLE INTRACORPOREAL SINGLE VENTRICLE WITHOUT CARDIOPULMONARY BYPASS
33983	REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S) IMPLANTABLE INTRACORPOREAL SINGLE VENTRICLE WITH CARDIOPULMONARY BYPASS
33984	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN REMOVAL OF PERIPHERAL (ARTERIAL AND OR VENOUS) CANNULA(E) OPEN 6 YEARS AND OLDER
33985	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN REMOVAL OF CENTRAL CANNULA(E) BY STERNOTOMY OR THORACOTOMY BIRTH THROUGH 5 YEARS OF AGE
33986	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN REMOVAL OF CENTRAL CANNULA(E) BY STERNOTOMY OR THORACOTOMY 6 YEARS AND OLDER
33987	ARTERIAL EXPOSURE WITH CREATION OF GRAFT CONDUIT (EG CHIMNEY GRAFT) TO FACILITATE ARTERIAL PERFUSION FOR ECMO ECLS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
33988	INSERTION OF LEFT HEART VENT BY THORACIC INCISION (EG STERNOTOMY THORACOTOMY) FOR ECMO ECLS
33989	REMOVAL OF LEFT HEART VENT BY THORACIC INCISION (EG STERNOTOMY THORACOTOMY) FOR ECMO ECLS
33990	INSERTION OF VENTRICULAR ASSIST DEVICE PERCUTANEOUS INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION LEFT HEART ARTERIAL ACCESS ONLY

33991	INSERTION OF VENTRICULAR ASSIST DEVICE PERCUTANEOUS INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION LEFT HEART BOTH ARTERIAL AND VENOUS ACCESS WITH TRANSSEPTAL PUNCTURE
33992	REMOVAL OF PERCUTANEOUS LEFT HEART VENTRICULAR ASSIST DEVICE ARTERIAL OR ARTERIAL AND VENOUS CANNULA(S) AT SEPARATE AND DISTINCT SESSION FROM INSERTION
33993	REPOSITIONING OF PERCUTANEOUS RIGHT OR LEFT HEART VENTRICULAR ASSIST DEVICE WITH IMAGING GUIDANCE AT SEPARATE AND DISTINCT SESSION FROM INSERTION
33995	INSERTION OF VENTRICULAR ASSIST DEVICE PERCUTANEOUS INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION RIGHT HEART VENOUS ACCESS ONLY
33997	REMOVAL OF PERCUTANEOUS RIGHT HEART VENTRICULAR ASSIST DEVICE VENOUS CANNULA AT SEPARATE AND DISTINCT SESSION FROM INSERTION
33999	UNLISTED PROCEDURE CARDIAC SURGERY
34001	EMBOLECTOMY OR THROMBECTOMY W WO CATHETER CAROTID SUBCLAVIAN OR INNOMINATE ARTERY BY NECK INCISION
34051	EMBOLECTOMY OR THROMBECTOMY W WO CATHETER INNOMINATE SUBCLAVIAN ARTERY BY THORACIC INCISION
34101	EMBOLECTOMY OR THROMBECTOMY W WO CATHETER AXILLARY BRACHIAL INNOMINATE SUBCLAVIAN ARTERY BY ARM INCISION
34111	EMBOLECTOMY OR THROMBECTOMY W WO CATHETER RADIAL OR ULNAR ARTERY BY ARM INCISION
34151	EMBOLECTOMY OR THROMBECTOMY W WO CATHETER RENAL CELIAC MESENTERY AORTOILIAC ARTERY BY ABDOMINAL INCISION
34201	EMBOLECTOMY OR THROMBECTOMY W WO CATHETER FEMOROPOPLITEAL AORTOILIAC ARTERY BY LEG INCISION
34203	EMBOLECTOMY OR THROMBECTOMY W WO CATHETER POPLITEAL-TIBIO-PERONEAL ARTERY BY LEG INCISION
34401	THROMBECTOMY DIRECT OR WITH CATHETER VENA CAVA ILIAC VEIN BY ABDOMINAL INCISION
34421	THROMBECTOMY DIRECT OR WITH CATHETER VENA CAVA ILIAC FEMOROPOPLITEAL VEIN BY LEG INCISION
34451	THROMBECTOMY DIRECT OR WITH CATHETER VENA CAVA ILIAC FEMOROPOPLITEAL VEIN BY ABDOMINAL AND LEG INCISION
34471	THROMBECTOMY DIRECT OR WITH CATHETER SUBCLAVIAN VEIN BY NECK INCISION
34490	THROMBECTOMY DIRECT OR WITH CATHETER AXILLARY AND SUBCLAVIAN VEIN BY ARM INCISION
34501	VALVULOPLASTY FEMORAL VEIN
34502	RECONSTRUCTION OF VENA CAVA ANY METHOD
34510	VENOUS VALVE TRANSPOSITION ANY VEIN DONOR
34520	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM

34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS
34701	ENDOVASCULAR REPAIR OF INFRARENAL AORTA BY DEPLOYMENT OF AN AORTO-AORTIC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION ALL NONSELECTIVE CATHETERIZATION(S) ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION ALL ENDOGRAFT EXTENSION(S) PLACED IN THE AORTA FROM THE LEVEL OF THE RENAL ARTERIES TO THE AORTIC BIFURCATION AND ALL ANGIOPLASTY STENTING PERFORMED FROM THE LEVEL OF THE RENAL ARTERIES TO THE AORTIC BIFURCATION FOR OTHER THAN RUPTURE (EG FOR ANEURYSM PSEUDOANEURYSM DISSECTION PENETRATING ULCER)
34702	ENDOVASCULAR REPAIR OF INFRARENAL AORTA BY DEPLOYMENT OF AN AORTO-AORTIC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION ALL NONSELECTIVE CATHETERIZATION(S) ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION ALL ENDOGRAFT EXTENSION(S) PLACED IN THE AORTA FROM THE LEVEL OF THE RENAL ARTERIES TO THE AORTIC BIFURCATION AND ALL ANGIOPLASTY STENTING PERFORMED FROM THE LEVEL OF THE RENAL ARTERIES TO THE AORTIC BIFURCATION FOR RUPTURE INCLUDING TEMPORARY AORTIC AND OR ILIAC BALLOON OCCLUSION WHEN PERFORMED (EG FOR ANEURYSM PSEUDOANEURYSM DISSECTION PENETRATING ULCER TRAUMATIC DISRUPTION)
34703	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-UNI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION ALL NONSELECTIVE CATHETERIZATION(S) ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION ALL ENDOGRAFT EXTENSION(S) PLACED IN THE AORTA FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION AND ALL ANGIOPLASTY STENTING PERFORMED FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION FOR OTHER THAN RUPTURE (EG FOR ANEURYSM PSEUDOANEURYSM DISSECTION PENETRATING ULCER)
34704	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-UNI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION ALL NONSELECTIVE CATHETERIZATION(S) ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION ALL ENDOGRAFT EXTENSION(S) PLACED IN THE AORTA FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION AND ALL ANGIOPLASTY STENTING PERFORMED FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION FOR RUPTURE INCLUDING TEMPORARY AORTIC AND OR ILIAC BALLOON OCCLUSION WHEN PERFORMED (EG FOR ANEURYSM PSEUDOANEURYSM DISSECTION PENETRATING ULCER TRAUMATIC DISRUPTION)

34705	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-BI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION ALL NONSELECTIVE CATHETERIZATION(S) ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION ALL ENDOGRAFT EXTENSION(S) PLACED IN THE AORTA FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION AND ALL ANGIOPLASTY STENTING PERFORMED FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION FOR OTHER THAN RUPTURE (EG FOR ANEURYSM PSEUDOANEURYSM DISSECTION PENETRATING ULCER)
34706	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-BI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION ALL NONSELECTIVE CATHETERIZATION(S) ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION ALL ENDOGRAFT EXTENSION(S) PLACED IN THE AORTA FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION AND ALL ANGIOPLASTY STENTING PERFORMED FROM THE LEVEL OF THE RENAL ARTERIES TO THE ILIAC BIFURCATION FOR RUPTURE INCLUDING TEMPORARY AORTIC AND OR ILIAC BALLOON OCCLUSION WHEN PERFORMED (EG FOR ANEURYSM PSEUDOANEURYSM DISSECTION PENETRATING ULCER TRAUMATIC DISRUPTION)
34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY BY DEPLOYMENT OF AN ILIO-ILIAC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION ALL NONSELECTIVE CATHETERIZATION(S) ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION AND ALL ENDOGRAFT EXTENSION(S) PROXIMALLY TO THE AORTIC BIFURCATION AND DISTALLY TO THE ILIAC BIFURCATION AND TREATMENT ZONE ANGIOPLASTY STENTING WHEN PERFORMED UNILATERAL FOR OTHER THAN RUPTURE (EG FOR ANEURYSM PSEUDOANEURYSM DISSECTION ARTERIOVENOUS MALFORMATION)
34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY BY DEPLOYMENT OF AN ILIO-ILIAC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION ALL NONSELECTIVE CATHETERIZATION(S) ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION AND ALL ENDOGRAFT EXTENSION(S) PROXIMALLY TO THE AORTIC BIFURCATION AND DISTALLY TO THE ILIAC BIFURCATION AND TREATMENT ZONE ANGIOPLASTY STENTING WHEN PERFORMED UNILATERAL FOR RUPTURE INCLUDING TEMPORARY AORTIC AND OR ILIAC BALLOON OCCLUSION WHEN PERFORMED (EG FOR ANEURYSM PSEUDOANEURYSM DISSECTION ARTERIOVENOUS MALFORMATION TRAUMATIC DISRUPTION)
34709	PLACEMENT OF EXTENSION PROSTHESIS(ES) DISTAL TO THE COMMON ILIAC ARTERY(IES) OR PROXIMAL TO THE RENAL ARTERY(IES) FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC OR ILIAC ANEURYSM FALSE ANEURYSM DISSECTION PENETRATING ULCER INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION ALL NONSELECTIVE CATHETERIZATION(S) ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION AND TREATMENT ZONE ANGIOPLASTY STENTING WHEN PERFORMED PER VESSEL TREATED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

34710	DELAYED PLACEMENT OF DISTAL OR PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC OR ILIAC ANEURYSM FALSE ANEURYSM DISSECTION ENDOLEAK OR ENDOGRAFT MIGRATION INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION ALL NONSELECTIVE CATHETERIZATION(S) ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION AND TREATMENT ZONE ANGIOPLASTY STENTING WHEN PERFORMED INITIAL VESSEL TREATED
34711	DELAYED PLACEMENT OF DISTAL OR PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC OR ILIAC ANEURYSM FALSE ANEURYSM DISSECTION ENDOLEAK OR ENDOGRAFT MIGRATION INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION ALL NONSELECTIVE CATHETERIZATION(S) ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION AND TREATMENT ZONE ANGIOPLASTY STENTING WHEN PERFORMED EACH ADDITIONAL VESSEL TREATED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
34712	TRANSCATHETER DELIVERY OF ENHANCED FIXATION DEVICE(S) TO THE ENDOGRAFT (EG ANCHOR SCREW TACK) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION
34713	PERCUTANEOUS ACCESS AND CLOSURE OF FEMORAL ARTERY FOR DELIVERY OF ENDOGRAFT THROUGH A LARGE SHEATH (12 FRENCH OR LARGER) INCLUDING ULTRASOUND GUIDANCE WHEN PERFORMED UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
34714	OPEN FEMORAL ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR FOR ESTABLISHMENT OF CARDIOPULMONARY BYPASS BY GROIN INCISION UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
34715	OPEN AXILLARY SUBCLAVIAN ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS BY INFRACLAVICULAR OR SUPRACLAVICULAR INCISION UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
34716	OPEN AXILLARY SUBCLAVIAN ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR FOR ESTABLISHMENT OF CARDIOPULMONARY BYPASS BY INFRACLAVICULAR OR SUPRACLAVICULAR INCISION UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY AT THE TIME OF AORTO-ILIAC ARTERY ENDOGRAFT PLACEMENT BY DEPLOYMENT OF AN ILIAC BRANCHED ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION ALL IPSILATERAL SELECTIVE ILIAC ARTERY CATHETERIZATION(S) ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION AND ALL ENDOGRAFT EXTENSION(S) PROXIMALLY TO THE AORTIC BIFURCATION AND DISTALLY IN THE INTERNAL ILIAC EXTERNAL ILIAC AND COMMON FEMORAL ARTERY(IES) AND TREATMENT ZONE ANGIOPLASTY STENTING WHEN PERFORMED FOR RUPTURE OR OTHER THAN RUPTURE (EG FOR ANEURYSM PSEUDOANEURYSM DISSECTION ARTERIOVENOUS MALFORMATION PENETRATING ULCER TRAUMATIC DISRUPTION) UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY NOT ASSOCIATED WITH PLACEMENT OF AN AORTO-ILIAC ARTERY ENDOGRAFT AT THE SAME SESSION BY DEPLOYMENT OF AN ILIAC BRANCHED ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION ALL IPSILATERAL SELECTIVE ILIAC ARTERY CATHETERIZATION(S) ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION AND ALL ENDOGRAFT EXTENSION(S) PROXIMALLY TO THE AORTIC BIFURCATION AND DISTALLY IN THE INTERNAL ILIAC EXTERNAL ILIAC AND COMMON FEMORAL ARTERY(IES) AND TREATMENT ZONE ANGIOPLASTY STENTING WHEN PERFORMED FOR OTHER THAN RUPTURE (EG FOR ANEURYSM PSEUDOANEURYSM DISSECTION ARTERIOVENOUS MALFORMATION PENETRATING ULCER) UNILATERAL
34808	ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
34812	OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS BY GROIN INCISION UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
34813	PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOVASCULAR AORTIC ANEURYSM REPAIR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
34820	OPEN ILIAC ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR ILIAC OCCLUSION DURING ENDOVASCULAR THERAPY BY ABDOMINAL OR RETROPERITONEAL INCISION UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
34830	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION PLUS REPAIR OF ASSOCIATED ARTERIAL TRAUMA FOLLOWING UNSUCCESSFUL ENDOVASCULAR REPAIR TUBE PROSTHESIS
34831	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION PLUS REPAIR OF ASSOCIATED ARTERIAL TRAUMA FOLLOWING UNSUCCESSFUL ENDOVASCULAR REPAIR AORTO-BI-ILIAC PROSTHESIS
34832	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION PLUS REPAIR OF ASSOCIATED ARTERIAL TRAUMA FOLLOWING UNSUCCESSFUL ENDOVASCULAR REPAIR AORTO-BIFEMORAL PROSTHESIS

34833	OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR FOR ESTABLISHMENT OF CARDIOPULMONARY BYPASS BY ABDOMINAL OR RETROPERITONEAL INCISION UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
34834	OPEN BRACHIAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
34839	PHYSICIAN PLANNING OF A PATIENT-SPECIFIC FENESTRATED VISCERAL AORTIC ENDOGRAFT REQUIRING A MINIMUM OF 90 MINUTES OF PHYSICIAN TIME
34841	ENDOVASCULAR REPAIR OF VISCERAL AORTA (EG ANEURYSM PSEUDOANEURYSM DISSECTION PENETRATING ULCER INTRAMURAL HEMATOMA OR TRAUMATIC DISRUPTION) BY DEPLOYMENT OF A FENESTRATED VISCERAL AORTIC ENDOGRAFT AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION INCLUDING TARGET ZONE ANGIOPLASTY WHEN PERFORMED INCLUDING ONE VISCERAL ARTERY ENDOPROSTHESIS (SUPERIOR MESENTERIC CELIAC OR RENAL ARTERY)
34842	ENDOVASCULAR REPAIR OF VISCERAL AORTA (EG ANEURYSM PSEUDOANEURYSM DISSECTION PENETRATING ULCER INTRAMURAL HEMATOMA OR TRAUMATIC DISRUPTION) BY DEPLOYMENT OF A FENESTRATED VISCERAL AORTIC ENDOGRAFT AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION INCLUDING TARGET ZONE ANGIOPLASTY WHEN PERFORMED INCLUDING TWO VISCERAL ARTERY ENDOPROSTHESES (SUPERIOR MESENTERIC CELIAC AND OR RENAL ARTERY[S])
34843	ENDOVASCULAR REPAIR OF VISCERAL AORTA (EG ANEURYSM PSEUDOANEURYSM DISSECTION PENETRATING ULCER INTRAMURAL HEMATOMA OR TRAUMATIC DISRUPTION) BY DEPLOYMENT OF A FENESTRATED VISCERAL AORTIC ENDOGRAFT AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION INCLUDING TARGET ZONE ANGIOPLASTY WHEN PERFORMED INCLUDING THREE VISCERAL ARTERY ENDOPROSTHESES (SUPERIOR MESENTERIC CELIAC AND OR RENAL ARTERY[S])
34844	ENDOVASCULAR REPAIR OF VISCERAL AORTA (EG ANEURYSM PSEUDOANEURYSM DISSECTION PENETRATING ULCER INTRAMURAL HEMATOMA OR TRAUMATIC DISRUPTION) BY DEPLOYMENT OF A FENESTRATED VISCERAL AORTIC ENDOGRAFT AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION INCLUDING TARGET ZONE ANGIOPLASTY WHEN PERFORMED INCLUDING FOUR OR MORE VISCERAL ARTERY ENDOPROSTHESES (SUPERIOR MESENTERIC CELIAC AND OR RENAL ARTERY[S])
34845	ENDOVASCULAR REPAIR OF VISCERAL AORTA AND INFRARENAL ABDOMINAL AORTA (EG ANEURYSM PSEUDOANEURYSM DISSECTION PENETRATING ULCER INTRAMURAL HEMATOMA OR TRAUMATIC DISRUPTION) WITH A FENESTRATED VISCERAL AORTIC ENDOGRAFT AND CONCOMITANT UNIBODY OR MODULAR INFRARENAL AORTIC ENDOGRAFT AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION INCLUDING TARGET ZONE ANGIOPLASTY WHEN PERFORMED INCLUDING ONE VISCERAL ARTERY ENDOPROSTHESIS (SUPERIOR MESENTERIC CELIAC OR RENAL ARTERY)

34846	ENDOVASCULAR REPAIR OF VISCERAL AORTA AND INFRARENAL ABDOMINAL AORTA (EG ANEURYSM PSEUDOANEURYSM DISSECTION PENETRATING ULCER INTRAMURAL HEMATOMA OR TRAUMATIC DISRUPTION) WITH A FENESTRATED VISCERAL AORTIC ENDOGRAFT AND CONCOMITANT UNIBODY OR MODULAR INFRARENAL AORTIC ENDOGRAFT AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION INCLUDING TARGET ZONE ANGIOPLASTY WHEN PERFORMED INCLUDING TWO VISCERAL ARTERY ENDOPROSTHESES (SUPERIOR MESENTERIC CELIAC AND OR RENAL ARTERY[S])
34847	ENDOVASCULAR REPAIR OF VISCERAL AORTA AND INFRARENAL ABDOMINAL AORTA (EG ANEURYSM PSEUDOANEURYSM DISSECTION PENETRATING ULCER INTRAMURAL HEMATOMA OR TRAUMATIC DISRUPTION) WITH A FENESTRATED VISCERAL AORTIC ENDOGRAFT AND CONCOMITANT UNIBODY OR MODULAR INFRARENAL AORTIC ENDOGRAFT AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION INCLUDING TARGET ZONE ANGIOPLASTY WHEN PERFORMED INCLUDING THREE VISCERAL ARTERY ENDOPROSTHESES (SUPERIOR MESENTERIC CELIAC AND OR RENAL ARTERY[S])
34848	ENDOVASCULAR REPAIR OF VISCERAL AORTA AND INFRARENAL ABDOMINAL AORTA (EG ANEURYSM PSEUDOANEURYSM DISSECTION PENETRATING ULCER INTRAMURAL HEMATOMA OR TRAUMATIC DISRUPTION) WITH A FENESTRATED VISCERAL AORTIC ENDOGRAFT AND CONCOMITANT UNIBODY OR MODULAR INFRARENAL AORTIC ENDOGRAFT AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION INCLUDING TARGET ZONE ANGIOPLASTY WHEN PERFORMED INCLUDING FOUR OR MORE VISCERAL ARTERY ENDOPROSTHESES (SUPERIOR MESENTERIC CELIAC AND OR RENAL ARTERY[S])
35001	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR ANEURYSM AND ASSOCIATED OCCLUSIVE DISEASE CAROTID SUBCLAVIAN ARTERY BY NECK INCISION
35002	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR RUPTURED ANEURYSM CAROTID SUBCLAVIAN ARTERY BY NECK INCISION
35005	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR ANEURYSM PSEUDOANEURYSM AND ASSOCIATED OCCLUSIVE DISEASE VERTEBRAL ARTERY
35011	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR ANEURYSM AND ASSOCIATED OCCLUSIVE DISEASE AXILLARY-BRACHIAL ARTERY BY ARM INCISION
35013	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR RUPTURED ANEURYSM AXILLARY-BRACHIAL ARTERY BY ARM INCISION

35021	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR ANEURYSM PSEUDOANEURYSM AND ASSOCIATED OCCLUSIVE DISEASE INNOMINATE SUBCLAVIAN ARTERY BY THORACIC INCISION
35022	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR RUPTURED ANEURYSM INNOMINATE SUBCLAVIAN ARTERY BY THORACIC INCISION
35045	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR ANEURYSM PSEUDOANEURYSM AND ASSOCIATED OCCLUSIVE DISEASE RADIAL OR ULNAR ARTERY
35081	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR ANEURYSM PSEUDOANEURYSM AND ASSOCIATED OCCLUSIVE DISEASE ABDOMINAL AORTA
35082	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR RUPTURED ANEURYSM ABDOMINAL AORTA
35091	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR ANEURYSM PSEUDOANEURYSM AND ASSOCIATED OCCLUSIVE DISEASE ABDOMINAL AORTA INVOLVING VISCERAL VESSELS (MESENTERIC CELIAC RENAL)
35092	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR RUPTURED ANEURYSM ABDOMINAL AORTA INVOLVING VISCERAL VESSELS (MESENTERIC CELIAC RENAL)
35102	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR ANEURYSM PSEUDOANEURYSM AND ASSOCIATED OCCLUSIVE DISEASE ABDOMINAL AORTA INVOLVING ILIAC VESSELS (COMMON HYPOGASTRIC EXTERNAL)
35103	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR RUPTURED ANEURYSM ABDOMINAL AORTA INVOLVING ILIAC VESSELS (COMMON HYPOGASTRIC EXTERNAL)
35111	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR ANEURYSM PSEUDOANEURYSM AND ASSOCIATED OCCLUSIVE DISEASE SPLENIC ARTERY
35112	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR RUPTURED ANEURYSM SPLENIC ARTERY
35121	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR ANEURYSM PSEUDOANEURYSM AND ASSOCIATED OCCLUSIVE DISEASE HEPATIC CELIAC RENAL OR MESENTERIC ARTERY

35122	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR RUPTURED ANEURYSM HEPATIC CELIAC RENAL OR MESENTERIC ARTERY
35131	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR ANEURYSM PSEUDOANEURYSM AND ASSOCIATED OCCLUSIVE DISEASE ILIAC ARTERY (COMMON HYPOGASTRIC EXTERNAL)
35132	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR RUPTURED ANEURYSM ILIAC ARTERY (COMMON HYPOGASTRIC EXTERNAL)
35141	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR ANEURYSM PSEUDOANEURYSM AND ASSOCIATED OCCLUSIVE DISEASE COMMON FEMORAL ARTERY (PROFUNDA FEMORIS SUPERFICIAL FEMORAL)
35142	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR RUPTURED ANEURYSM COMMON FEMORAL ARTERY (PROFUNDA FEMORIS SUPERFICIAL FEMORAL)
35151	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR ANEURYSM PSEUDOANEURYSM AND ASSOCIATED OCCLUSIVE DISEASE POPLITEAL ARTERY
35152	DIRECT REPAIR OF ANEURYSM PSEUDOANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION W WO PATCH GRAFT FOR RUPTURED ANEURYSM POPLITEAL ARTERY
35180	REPAIR CONGENITAL ARTERIOVENOUS FISTULA HEAD AND NECK
35182	REPAIR CONGENITAL ARTERIOVENOUS FISTULA THORAX AND ABDOMEN
35184	REPAIR CONGENITAL ARTERIOVENOUS FISTULA EXTREMITIES
35188	REPAIR ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA HEAD AND NECK
35189	REPAIR ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA THORAX AND ABDOMEN
35190	REPAIR ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA EXTREMITIES
35201	REPAIR BLOOD VESSEL DIRECT NECK
35206	REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY
35207	REPAIR BLOOD VESSEL DIRECT HAND FINGER
35211	REPAIR BLOOD VESSEL DIRECT INTRATHORACIC WITH BYPASS
35216	REPAIR BLOOD VESSEL DIRECT INTRATHORACIC WITHOUT BYPASS
35221	REPAIR BLOOD VESSEL DIRECT INTRA-ABDOMINAL
35226	REPAIR BLOOD VESSEL DIRECT LOWER EXTREMITY
35231	REPAIR BLOOD VESSEL WITH VEIN GRAFT NECK

35236	REPAIR BLOOD VESSEL WITH VEIN GRAFT UPPER EXTREMITY
35241	REPAIR BLOOD VESSEL WITH VEIN GRAFT INTRATHORACIC WITH BYPASS
35246	REPAIR BLOOD VESSEL WITH VEIN GRAFT INTRATHORACIC WITHOUT BYPASS
35251	REPAIR BLOOD VESSEL WITH VEIN GRAFT INTRA-ABDOMINAL
35256	REPAIR BLOOD VESSEL WITH VEIN GRAFT LOWER EXTREMITY
35261	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN NECK
35266	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN UPPER EXTREMITY
35271	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN INTRATHORACIC WITH BYPASS
35276	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN INTRATHORACIC WITHOUT BYPASS
35281	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN INTRA-ABDOMINAL
35286	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN LOWER EXTREMITY
35301	THROMBOENDARTERECTOMY INCLUDING PATCH GRAFT IF PERFORMED CAROTID VERTEBRAL SUBCLAVIAN BY NECK INCISION
35302	THROMBOENDARTERECTOMY INCLUDING PATCH GRAFT IF PERFORMED SUPERFICIAL FEMORAL ARTERY
35303	THROMBOENDARTERECTOMY INCLUDING PATCH GRAFT IF PERFORMED POPLITEAL ARTERY
35304	THROMBOENDARTERECTOMY INCLUDING PATCH GRAFT IF PERFORMED TIBIOPERONEAL TRUNK ARTERY
35305	THROMBOENDARTERECTOMY INCLUDING PATCH GRAFT IF PERFORMED TIBIAL OR PERONEAL ARTERY INITIAL VESSEL
35306	THROMBOENDARTERECTOMY INCLUDING PATCH GRAFT IF PERFORMED EACH ADDITIONAL TIBIAL OR PERONEAL ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
35311	THROMBOENDARTERECTOMY INCLUDING PATCH GRAFT IF PERFORMED SUBCLAVIAN INNOMINATE BY THORACIC INCISION
35321	THROMBOENDARTERECTOMY INCLUDING PATCH GRAFT IF PERFORMED AXILLARY-BRACHIAL
35331	THROMBOENDARTERECTOMY INCLUDING PATCH GRAFT IF PERFORMED ABDOMINAL AORTA
35341	THROMBOENDARTERECTOMY INCLUDING PATCH GRAFT IF PERFORMED MESENTERIC CELIAC OR RENAL
35351	THROMBOENDARTERECTOMY INCLUDING PATCH GRAFT IF PERFORMED ILIAC
35355	THROMBOENDARTERECTOMY INCLUDING PATCH GRAFT IF PERFORMED ILIOFEMORAL
35361	THROMBOENDARTERECTOMY INCLUDING PATCH GRAFT IF PERFORMED COMBINED AORTOILIAC
35363	THROMBOENDARTERECTOMY INCLUDING PATCH GRAFT IF PERFORMED COMBINED AORTOILIOFEMORAL
35371	THROMBOENDARTERECTOMY INCLUDING PATCH GRAFT IF PERFORMED COMMON FEMORAL
35372	THROMBOENDARTERECTOMY INCLUDING PATCH GRAFT IF PERFORMED DEEP (PROFUNDA) FEMORAL
35390	REOPERATION CAROTID THROMBOENDARTERECTOMY MORE THAN 1 MONTH AFTER ORIGINAL OPERATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

35400	ANGIOSCOPY (NONCORONARY VESSELS OR GRAFTS) DURING THERAPEUTIC INTERVENTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
35500	HARVEST OF UPPER EXTREMITY VEIN 1 SEGMENT FOR LOWER EXTREMITY OR CORONARY ARTERY BYPASS PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
35501	BYPASS GRAFT WITH VEIN COMMON CAROTID-IPSILATERAL INTERNAL CAROTID
35506	BYPASS GRAFT WITH VEIN CAROTID-SUBCLAVIAN OR SUBCLAVIAN-CAROTID
35508	BYPASS GRAFT WITH VEIN CAROTID-VERTEBRAL
35509	BYPASS GRAFT WITH VEIN CAROTID-CONTRALATERAL CAROTID
35510	BYPASS GRAFT WITH VEIN CAROTID-BRACHIAL
35511	BYPASS GRAFT WITH VEIN SUBCLAVIAN-SUBCLAVIAN
35512	BYPASS GRAFT WITH VEIN SUBCLAVIAN-BRACHIAL
35515	BYPASS GRAFT WITH VEIN SUBCLAVIAN-VERTEBRAL
35516	BYPASS GRAFT WITH VEIN SUBCLAVIAN-AXILLARY
35518	BYPASS GRAFT WITH VEIN AXILLARY-AXILLARY
35521	BYPASS GRAFT WITH VEIN AXILLARY-FEMORAL
35522	BYPASS GRAFT WITH VEIN AXILLARY-BRACHIAL
35523	BYPASS GRAFT WITH VEIN BRACHIAL-ULNAR OR -RADIAL
35525	BYPASS GRAFT WITH VEIN BRACHIAL-BRACHIAL
35526	BYPASS GRAFT WITH VEIN AORTOSUBCLAVIAN AORTOINNOMINATE OR AORTOCAROTID
35531	BYPASS GRAFT WITH VEIN AORTOCELIAC OR AORTOMESENTERIC
35533	BYPASS GRAFT WITH VEIN AXILLARY-FEMORAL-FEMORAL
35535	BYPASS GRAFT WITH VEIN HEPATORENAL
35536	BYPASS GRAFT WITH VEIN SPLENORENAL
35537	BYPASS GRAFT WITH VEIN AORTOILIAC
35538	BYPASS GRAFT WITH VEIN AORTOBI-ILIAC
35539	BYPASS GRAFT WITH VEIN AORTOFEMORAL
35540	BYPASS GRAFT WITH VEIN AORTOBIFEMORAL
35556	BYPASS GRAFT WITH VEIN FEMORAL-POPLITEAL
35558	BYPASS GRAFT WITH VEIN FEMORAL-FEMORAL
35560	BYPASS GRAFT WITH VEIN AORTORENAL
35563	BYPASS GRAFT WITH VEIN ILIOILIAC
35565	BYPASS GRAFT WITH VEIN ILIOFEMORAL
35566	BYPASS GRAFT WITH VEIN FEMORAL-ANTERIOR TIBIAL POSTERIOR TIBIAL PERONEAL ARTERY OR OTHER DISTAL VESSELS

35570	BYPASS GRAFT WITH VEIN TIBIAL-TIBIAL PERONEAL-TIBIAL OR TIBIAL PERONEAL TRUNK-TIBIAL
35571	BYPASS GRAFT WITH VEIN POPLITEAL-TIBIAL -PERONEAL ARTERY OR OTHER DISTAL VESSELS
35572	HARVEST OF FEMOROPOPLITEAL VEIN 1 SEGMENT FOR VASCULAR RECONSTRUCTION PROCEDURE (EG AORTIC VENA CAVAL CORONARY PERIPHERAL ARTERY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
35583	IN-SITU VEIN BYPASS FEMORAL-POPLITEAL
35585	IN-SITU VEIN BYPASS FEMORAL-ANTERIOR TIBIAL POSTERIOR TIBIAL OR PERONEAL ARTERY
35587	IN-SITU VEIN BYPASS POPLITEAL-TIBIAL PERONEAL
35600	HARVEST OF UPPER EXTREMITY ARTERY 1 SEGMENT FOR CORONARY ARTERY BYPASS PROCEDURE OPEN
35601	BYPASS GRAFT WITH OTHER THAN VEIN COMMON CAROTID-IPSILATERAL INTERNAL CAROTID
35602	BYPASS GRAFT WITH OTHER THAN VEIN CAROTID-CONTRALATERAL CAROTID
35606	BYPASS GRAFT WITH OTHER THAN VEIN CAROTID-SUBCLAVIAN
35612	BYPASS GRAFT WITH OTHER THAN VEIN SUBCLAVIAN-SUBCLAVIAN
35616	BYPASS GRAFT WITH OTHER THAN VEIN SUBCLAVIAN-AXILLARY
35621	BYPASS GRAFT WITH OTHER THAN VEIN AXILLARY-FEMORAL
35623	BYPASS GRAFT WITH OTHER THAN VEIN AXILLARY-POPLITEAL OR -TIBIAL
35626	BYPASS GRAFT WITH OTHER THAN VEIN AORTOSUBCLAVIAN AORTOINNOMINATE OR AORTOCAROTID
35631	BYPASS GRAFT WITH OTHER THAN VEIN AORTOCELIAC AORTOMESENTERIC AORTORENAL
35632	BYPASS GRAFT WITH OTHER THAN VEIN ILIO-CELIAC
35633	BYPASS GRAFT WITH OTHER THAN VEIN ILIO-MESENTERIC
35634	BYPASS GRAFT WITH OTHER THAN VEIN ILIORENAL
35636	BYPASS GRAFT WITH OTHER THAN VEIN SPLENORENAL (SPLENIC TO RENAL ARTERIAL ANASTOMOSIS)
35637	BYPASS GRAFT WITH OTHER THAN VEIN AORTOILIAC
35638	BYPASS GRAFT WITH OTHER THAN VEIN AORTOBI-ILIAC
35642	BYPASS GRAFT WITH OTHER THAN VEIN CAROTID-VERTEBRAL
35645	BYPASS GRAFT WITH OTHER THAN VEIN SUBCLAVIAN-VERTEBRAL
35646	BYPASS GRAFT WITH OTHER THAN VEIN AORTOBIFEMORAL
35647	BYPASS GRAFT WITH OTHER THAN VEIN AORTOFEMORAL
35650	BYPASS GRAFT WITH OTHER THAN VEIN AXILLARY-AXILLARY
35654	BYPASS GRAFT WITH OTHER THAN VEIN AXILLARY-FEMORAL-FEMORAL
35656	BYPASS GRAFT WITH OTHER THAN VEIN FEMORAL-POPLITEAL
35661	BYPASS GRAFT WITH OTHER THAN VEIN FEMORAL-FEMORAL
35663	BYPASS GRAFT WITH OTHER THAN VEIN ILIOILIAC
35665	BYPASS GRAFT WITH OTHER THAN VEIN ILIOFEMORAL

35666	BYPASS GRAFT WITH OTHER THAN VEIN FEMORAL-ANTERIOR TIBIAL POSTERIOR TIBIAL OR PERONEAL ARTERY
35671	BYPASS GRAFT WITH OTHER THAN VEIN POPLITEAL-TIBIAL OR -PERONEAL ARTERY
35681	BYPASS GRAFT COMPOSITE PROSTHETIC AND VEIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
35682	BYPASS GRAFT AUTOGENOUS COMPOSITE 2 SEGMENTS OF VEINS FROM 2 LOCATIONS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
35683	BYPASS GRAFT AUTOGENOUS COMPOSITE 3 OR MORE SEGMENTS OF VEIN FROM 2 OR MORE LOCATIONS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT SYNTHETIC CONDUIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
35686	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS SURGERY (NON-HEMODIALYSIS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
35691	TRANSPOSITION AND OR REIMPLANTATION VERTEBRAL TO CAROTID ARTERY
35693	TRANSPOSITION AND OR REIMPLANTATION VERTEBRAL TO SUBCLAVIAN ARTERY
35694	TRANSPOSITION AND OR REIMPLANTATION SUBCLAVIAN TO CAROTID ARTERY
35695	TRANSPOSITION AND OR REIMPLANTATION CAROTID TO SUBCLAVIAN ARTERY
35697	REIMPLANTATION VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS EACH ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
35700	REOPERATION FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL)-ANTERIOR TIBIAL POSTERIOR TIBIAL PERONEAL ARTERY OR OTHER DISTAL VESSELS MORE THAN 1 MONTH AFTER ORIGINAL OPERATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
35701	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR OF ARTERY NECK (CAROTID SUBCLAVIAN)
35702	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR ARTERY UPPER EXTREMITY (EG AXILLARY BRACHIAL RADIAL ULNAR)
35703	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR ARTERY LOWER EXTREMITY (EG COMMON FEMORAL DEEP FEMORAL SUPERFICIAL FEMORAL POPLITEAL TIBIAL PERONEAL)
35800	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE THROMBOSIS OR INFECTION NECK
35820	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE THROMBOSIS OR INFECTION CHEST
35840	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE THROMBOSIS OR INFECTION ABDOMEN
35860	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE THROMBOSIS OR INFECTION EXTREMITY
35870	REPAIR OF GRAFT-ENTERIC FISTULA
35875	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR FISTULA)

35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR FISTULA) WITH REVISION OF ARTERIAL OR VENOUS GRAFT
35879	REVISION LOWER EXTREMITY ARTERIAL BYPASS WITHOUT THROMBECTOMY OPEN WITH VEIN PATCH ANGIOPLASTY
35881	REVISION LOWER EXTREMITY ARTERIAL BYPASS WITHOUT THROMBECTOMY OPEN WITH SEGMENTAL VEIN INTERPOSITION
35883	REVISION FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN OPEN WITH NONAUTOGENOUS PATCH GRAFT (EG POLYESTER EPTFE BOVINE PERICARDIUM)
35884	REVISION FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN OPEN WITH AUTOGENOUS VEIN PATCH GRAFT
35901	EXCISION OF INFECTED GRAFT NECK
35903	EXCISION OF INFECTED GRAFT EXTREMITY
35905	EXCISION OF INFECTED GRAFT THORAX
35907	EXCISION OF INFECTED GRAFT ABDOMEN
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER VEIN
36002	INJECTION PROCEDURES (EG THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM
36005	INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE OR INTRACATHETER)
36010	INTRODUCTION OF CATHETER SUPERIOR OR INFERIOR VENA CAVA
36011	SELECTIVE CATHETER PLACEMENT VENOUS SYSTEM FIRST ORDER BRANCH (EG RENAL VEIN JUGULAR VEIN)
36012	SELECTIVE CATHETER PLACEMENT VENOUS SYSTEM SECOND ORDER OR MORE SELECTIVE BRANCH (EG LEFT ADRENAL VEIN PETROSAL SINUS)
36013	INTRODUCTION OF CATHETER RIGHT HEART OR MAIN PULMONARY ARTERY
36014	SELECTIVE CATHETER PLACEMENT LEFT OR RIGHT PULMONARY ARTERY
36015	SELECTIVE CATHETER PLACEMENT SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY
36100	INTRODUCTION OF NEEDLE OR INTRACATHETER CAROTID OR VERTEBRAL ARTERY
36140	INTRODUCTION OF NEEDLE OR INTRACATHETER UPPER OR LOWER EXTREMITY ARTERY
36160	INTRODUCTION OF NEEDLE OR INTRACATHETER AORTIC TRANSLUMBAR
36200	INTRODUCTION OF CATHETER AORTA
36215	SELECTIVE CATHETER PLACEMENT ARTERIAL SYSTEM EACH FIRST ORDER THORACIC OR BRACHIOCEPHALIC BRANCH WITHIN A VASCULAR FAMILY
36216	SELECTIVE CATHETER PLACEMENT ARTERIAL SYSTEM INITIAL SECOND ORDER THORACIC OR BRACHIOCEPHALIC BRANCH WITHIN A VASCULAR FAMILY

36217	SELECTIVE CATHETER PLACEMENT ARTERIAL SYSTEM INITIAL THIRD ORDER OR MORE SELECTIVE THORACIC OR BRACHIOCEPHALIC BRANCH WITHIN A VASCULAR FAMILY
36218	SELECTIVE CATHETER PLACEMENT ARTERIAL SYSTEM ADDITIONAL SECOND ORDER THIRD ORDER AND BEYOND THORACIC OR BRACHIOCEPHALIC BRANCH WITHIN A VASCULAR FAMILY (LIST IN ADDITION TO CODE FOR INITIAL SECOND OR THIRD ORDER VESSEL AS APPROPRIATE)
36221	NON-SELECTIVE CATHETER PLACEMENT THORACIC AORTA WITH ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID VERTEBRAL AND OR INTRACRANIAL VESSELS UNILATERAL OR BILATERAL AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION INCLUDES ANGIOGRAPHY OF THE CERVICOCEREBRAL ARCH WHEN PERFORMED
36222	SELECTIVE CATHETER PLACEMENT COMMON CAROTID OR INNOMINATE ARTERY UNILATERAL ANY APPROACH WITH ANGIOGRAPHY OF THE IPSILATERAL EXTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION INCLUDES ANGIOGRAPHY OF THE CERVICOCEREBRAL ARCH WHEN PERFORMED
36223	SELECTIVE CATHETER PLACEMENT COMMON CAROTID OR INNOMINATE ARTERY UNILATERAL ANY APPROACH WITH ANGIOGRAPHY OF THE IPSILATERAL INTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION INCLUDES ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID AND CERVICOCEREBRAL ARCH WHEN PERFORMED
36224	SELECTIVE CATHETER PLACEMENT INTERNAL CAROTID ARTERY UNILATERAL WITH ANGIOGRAPHY OF THE IPSILATERAL INTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION INCLUDES ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID AND CERVICOCEREBRAL ARCH WHEN PERFORMED
36225	SELECTIVE CATHETER PLACEMENT SUBCLAVIAN OR INNOMINATE ARTERY UNILATERAL WITH ANGIOGRAPHY OF THE IPSILATERAL VERTEBRAL CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION INCLUDES ANGIOGRAPHY OF THE CERVICOCEREBRAL ARCH WHEN PERFORMED
36226	SELECTIVE CATHETER PLACEMENT VERTEBRAL ARTERY UNILATERAL WITH ANGIOGRAPHY OF THE IPSILATERAL VERTEBRAL CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION INCLUDES ANGIOGRAPHY OF THE CERVICOCEREBRAL ARCH WHEN PERFORMED
36227	SELECTIVE CATHETER PLACEMENT EXTERNAL CAROTID ARTERY UNILATERAL WITH ANGIOGRAPHY OF THE IPSILATERAL EXTERNAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
36228	SELECTIVE CATHETER PLACEMENT EACH INTRACRANIAL BRANCH OF THE INTERNAL CAROTID OR VERTEBRAL ARTERIES UNILATERAL WITH ANGIOGRAPHY OF THE SELECTED VESSEL CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (EG MIDDLE CEREBRAL ARTERY POSTERIOR INFERIOR CEREBELLAR ARTERY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

36245	SELECTIVE CATHETER PLACEMENT ARTERIAL SYSTEM EACH FIRST ORDER ABDOMINAL PELVIC OR LOWER EXTREMITY ARTERY BRANCH WITHIN A VASCULAR FAMILY
36246	SELECTIVE CATHETER PLACEMENT ARTERIAL SYSTEM INITIAL SECOND ORDER ABDOMINAL PELVIC OR LOWER EXTREMITY ARTERY BRANCH WITHIN A VASCULAR FAMILY
36247	SELECTIVE CATHETER PLACEMENT ARTERIAL SYSTEM INITIAL THIRD ORDER OR MORE SELECTIVE ABDOMINAL PELVIC OR LOWER EXTREMITY ARTERY BRANCH WITHIN A VASCULAR FAMILY
36248	SELECTIVE CATHETER PLACEMENT ARTERIAL SYSTEM ADDITIONAL SECOND ORDER THIRD ORDER AND BEYOND ABDOMINAL PELVIC OR LOWER EXTREMITY ARTERY BRANCH WITHIN A VASCULAR FAMILY (LIST IN ADDITION TO CODE FOR INITIAL SECOND OR THIRD ORDER VESSEL AS APPROPRIATE)
36251	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER) MAIN RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ANGIOGRAPHY INCLUDING ARTERIAL PUNCTURE AND CATHETER PLACEMENT(S) FLUOROSCOPY CONTRAST INJECTION(S) IMAGE POSTPROCESSING PERMANENT RECORDING OF IMAGES AND RADIOLOGICAL SUPERVISION AND INTERPRETATION INCLUDING PRESSURE GRADIENT MEASUREMENTS WHEN PERFORMED AND FLUSH AORTOGRAM WHEN PERFORMED UNILATERAL
36252	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER) MAIN RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ANGIOGRAPHY INCLUDING ARTERIAL PUNCTURE AND CATHETER PLACEMENT(S) FLUOROSCOPY CONTRAST INJECTION(S) IMAGE POSTPROCESSING PERMANENT RECORDING OF IMAGES AND RADIOLOGICAL SUPERVISION AND INTERPRETATION INCLUDING PRESSURE GRADIENT MEASUREMENTS WHEN PERFORMED AND FLUSH AORTOGRAM WHEN PERFORMED BILATERAL
36253	SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTERY BRANCHES) RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ANGIOGRAPHY INCLUDING ARTERIAL PUNCTURE CATHETERIZATION FLUOROSCOPY CONTRAST INJECTION(S) IMAGE POSTPROCESSING PERMANENT RECORDING OF IMAGES AND RADIOLOGICAL SUPERVISION AND INTERPRETATION INCLUDING PRESSURE GRADIENT MEASUREMENTS WHEN PERFORMED AND FLUSH AORTOGRAM WHEN PERFORMED UNILATERAL
36254	SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTERY BRANCHES) RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ANGIOGRAPHY INCLUDING ARTERIAL PUNCTURE CATHETERIZATION FLUOROSCOPY CONTRAST INJECTION(S) IMAGE POSTPROCESSING PERMANENT RECORDING OF IMAGES AND RADIOLOGICAL SUPERVISION AND INTERPRETATION INCLUDING PRESSURE GRADIENT MEASUREMENTS WHEN PERFORMED AND FLUSH AORTOGRAM WHEN PERFORMED BILATERAL
36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG FOR CHEMOTHERAPY OF LIVER)
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP
36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP

36299	UNLISTED PROCEDURE VASCULAR INJECTION
36400	VENIPUNCTURE YOUNGER THAN AGE 3 YEARS NECESSITATING THE SKILL OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL NOT TO BE USED FOR ROUTINE VENIPUNCTURE FEMORAL OR JUGULAR VEIN
36405	VENIPUNCTURE YOUNGER THAN AGE 3 YEARS NECESSITATING THE SKILL OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL NOT TO BE USED FOR ROUTINE VENIPUNCTURE SCALP VEIN
36406	VENIPUNCTURE YOUNGER THAN AGE 3 YEARS NECESSITATING THE SKILL OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL NOT TO BE USED FOR ROUTINE VENIPUNCTURE OTHER VEIN
36410	VENIPUNCTURE AGE 3 YEARS OR OLDER NECESSITATING THE SKILL OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (SEPARATE PROCEDURE) FOR DIAGNOSTIC OR THERAPEUTIC PURPOSES (NOT TO BE USED FOR ROUTINE VENIPUNCTURE)
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG FINGER HEEL EAR STICK)
36420	VENIPUNCTURE CUTDOWN YOUNGER THAN AGE 1 YEAR
36425	VENIPUNCTURE CUTDOWN AGE 1 OR OVER
36430	TRANSFUSION BLOOD OR BLOOD COMPONENTS
36440	PUSH TRANSFUSION BLOOD 2 YEARS OR YOUNGER
36450	EXCHANGE TRANSFUSION BLOOD NEWBORN
36455	EXCHANGE TRANSFUSION BLOOD OTHER THAN NEWBORN
36456	PARTIAL EXCHANGE TRANSFUSION BLOOD PLASMA OR CRYSTALLOID NECESSITATING THE SKILL OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL NEWBORN
36460	TRANSFUSION INTRAUTERINE FETAL
36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG GREAT SAPHENOUS VEIN ACCESSORY SAPHENOUS VEIN)
36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING MULTIPLE INCOMPETENT TRUNCAL VEINS (EG GREAT SAPHENOUS VEIN ACCESSORY SAPHENOUS VEIN) SAME LEG
36468	INJECTION(S) OF SCLEROSANT FOR SPIDER VEINS (TELANGIECTASIA) LIMB OR TRUNK
36470	INJECTION OF SCLEROSANT SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)
36471	INJECTION OF SCLEROSANT MULTIPLE INCOMPETENT VEINS (OTHER THAN TELANGIECTASIA) SAME LEG
36473	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING PERCUTANEOUS MECHANOCHEMICAL FIRST VEIN TREATED

36474	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING PERCUTANEOUS MECHANOCHEMICAL SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENCY FIRST VEIN TREATED
36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING PERCUTANEOUS RADIOFREQUENCY SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING PERCUTANEOUS LASER FIRST VEIN TREATED
36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING PERCUTANEOUS LASER SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD
36482	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG CYANOACRYLATE) REMOTE FROM THE ACCESS SITE INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING PERCUTANEOUS FIRST VEIN TREATED
36483	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN EXTREMITY BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG CYANOACRYLATE) REMOTE FROM THE ACCESS SITE INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING PERCUTANEOUS SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
36500	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING
36510	CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY NEWBORN
36511	THERAPEUTIC APHERESIS FOR WHITE BLOOD CELLS
36512	THERAPEUTIC APHERESIS FOR RED BLOOD CELLS
36513	THERAPEUTIC APHERESIS FOR PLATELETS
36514	THERAPEUTIC APHERESIS FOR PLASMA PHERESIS
36516	THERAPEUTIC APHERESIS WITH EXTRACORPOREAL IMMUNOADSORPTION SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSION
36522	PHOTOPHERESIS EXTRACORPOREAL

36555	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER YOUNGER THAN 5 YEARS OF AGE
36556	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER AGE 5 YEARS OR OLDER
36557	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER WITHOUT SUBCUTANEOUS PORT OR PUMP YOUNGER THAN 5 YEARS OF AGE
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER WITHOUT SUBCUTANEOUS PORT OR PUMP AGE 5 YEARS OR OLDER
36560	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE WITH SUBCUTANEOUS PORT YOUNGER THAN 5 YEARS OF AGE
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE WITH SUBCUTANEOUS PORT AGE 5 YEARS OR OLDER
36563	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE WITH SUBCUTANEOUS PUMP
36565	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE REQUIRING 2 CATHETERS VIA 2 SEPARATE VENOUS ACCESS SITES WITHOUT SUBCUTANEOUS PORT OR PUMP (EG TESIO TYPE CATHETER)
36566	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE REQUIRING 2 CATHETERS VIA 2 SEPARATE VENOUS ACCESS SITES WITH SUBCUTANEOUS PORT(S)
36568	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC) WITHOUT SUBCUTANEOUS PORT OR PUMP WITHOUT IMAGING GUIDANCE YOUNGER THAN 5 YEARS OF AGE
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC) WITHOUT SUBCUTANEOUS PORT OR PUMP WITHOUT IMAGING GUIDANCE AGE 5 YEARS OR OLDER
36570	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE WITH SUBCUTANEOUS PORT YOUNGER THAN 5 YEARS OF AGE
36571	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE WITH SUBCUTANEOUS PORT AGE 5 YEARS OR OLDER
36572	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC) WITHOUT SUBCUTANEOUS PORT OR PUMP INCLUDING ALL IMAGING GUIDANCE IMAGE DOCUMENTATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION REQUIRED TO PERFORM THE INSERTION YOUNGER THAN 5 YEARS OF AGE
36573	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC) WITHOUT SUBCUTANEOUS PORT OR PUMP INCLUDING ALL IMAGING GUIDANCE IMAGE DOCUMENTATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION REQUIRED TO PERFORM THE INSERTION AGE 5 YEARS OR OLDER

36575	REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CATHETER WITHOUT SUBCUTANEOUS PORT OR PUMP CENTRAL OR PERIPHERAL INSERTION SITE
36576	REPAIR OF CENTRAL VENOUS ACCESS DEVICE WITH SUBCUTANEOUS PORT OR PUMP CENTRAL OR PERIPHERAL INSERTION SITE
36578	REPLACEMENT CATHETER ONLY OF CENTRAL VENOUS ACCESS DEVICE WITH SUBCUTANEOUS PORT OR PUMP CENTRAL OR PERIPHERAL INSERTION SITE
36580	REPLACEMENT COMPLETE OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER WITHOUT SUBCUTANEOUS PORT OR PUMP THROUGH SAME VENOUS ACCESS
36581	REPLACEMENT COMPLETE OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER WITHOUT SUBCUTANEOUS PORT OR PUMP THROUGH SAME VENOUS ACCESS
36582	REPLACEMENT COMPLETE OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE WITH SUBCUTANEOUS PORT THROUGH SAME VENOUS ACCESS
36583	REPLACEMENT COMPLETE OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE WITH SUBCUTANEOUS PUMP THROUGH SAME VENOUS ACCESS
36584	REPLACEMENT COMPLETE OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC) WITHOUT SUBCUTANEOUS PORT OR PUMP THROUGH SAME VENOUS ACCESS INCLUDING ALL IMAGING GUIDANCE IMAGE DOCUMENTATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION REQUIRED TO PERFORM THE REPLACEMENT
36585	REPLACEMENT COMPLETE OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE WITH SUBCUTANEOUS PORT THROUGH SAME VENOUS ACCESS
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER WITHOUT SUBCUTANEOUS PORT OR PUMP
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE WITH SUBCUTANEOUS PORT OR PUMP CENTRAL OR PERIPHERAL INSERTION
36591	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE
36592	COLLECTION OF BLOOD SPECIMEN USING ESTABLISHED CENTRAL OR PERIPHERAL CATHETER VENOUS NOT OTHERWISE SPECIFIED
36593	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER
36595	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG FIBRIN SHEATH) FROM CENTRAL VENOUS DEVICE VIA SEPARATE VENOUS ACCESS
36596	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE LUMEN
36597	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GUIDANCE
36598	CONTRAST INJECTION(S) FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VENOUS ACCESS DEVICE INCLUDING FLUOROSCOPY IMAGE DOCUMENTATION AND REPORT

36600	ARTERIAL PUNCTURE WITHDRAWAL OF BLOOD FOR DIAGNOSIS
36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING MONITORING OR TRANSFUSION (SEPARATE PROCEDURE) PERCUTANEOUS
36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING MONITORING OR TRANSFUSION (SEPARATE PROCEDURE) CUTDOWN
36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY) CUTDOWN
36660	CATHETERIZATION UMBILICAL ARTERY NEWBORN FOR DIAGNOSIS OR THERAPY
36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION
36800	INSERTION OF CANNULA FOR HEMODIALYSIS OTHER PURPOSE (SEPARATE PROCEDURE) VEIN TO VEIN
36810	INSERTION OF CANNULA FOR HEMODIALYSIS OTHER PURPOSE (SEPARATE PROCEDURE) ARTERIOVENOUS EXTERNAL (SCRIBNER TYPE)
36815	INSERTION OF CANNULA FOR HEMODIALYSIS OTHER PURPOSE (SEPARATE PROCEDURE) ARTERIOVENOUS EXTERNAL REVISION OR CLOSURE
36818	ARTERIOVENOUS ANASTOMOSIS OPEN BY UPPER ARM CEPHALIC VEIN TRANSPOSITION
36819	ARTERIOVENOUS ANASTOMOSIS OPEN BY UPPER ARM BASILIC VEIN TRANSPOSITION
36820	ARTERIOVENOUS ANASTOMOSIS OPEN BY FOREARM VEIN TRANSPOSITION
36821	ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT ANY SITE (EG CIMINO TYPE) (SEPARATE PROCEDURE)
36823	INSERTION OF ARTERIAL AND VENOUS CANNULA(S) FOR ISOLATED EXTRACORPOREAL CIRCULATION INCLUDING REGIONAL CHEMOTHERAPY PERFUSION TO AN EXTREMITY W WO HYPERTHERMIA WITH REMOVAL OF CANNULA(S) AND REPAIR OF ARTERIOTOMY AND VENOTOMY SITES
36825	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTOMOSIS (SEPARATE PROCEDURE) AUTOGENOUS GRAFT
36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTOMOSIS (SEPARATE PROCEDURE) NONAUTOGENOUS GRAFT (EG BIOLOGICAL COLLAGEN THERMOPLASTIC GRAFT)
36831	THROMBECTOMY OPEN ARTERIOVENOUS FISTULA WITHOUT REVISION AUTOGENOUS OR NONAUTOGENOUS DIALYSIS GRAFT (SEPARATE PROCEDURE)
36832	REVISION OPEN ARTERIOVENOUS FISTULA WITHOUT THROMBECTOMY AUTOGENOUS OR NONAUTOGENOUS DIALYSIS GRAFT (SEPARATE PROCEDURE)
36833	REVISION OPEN ARTERIOVENOUS FISTULA WITH THROMBECTOMY AUTOGENOUS OR NONAUTOGENOUS DIALYSIS GRAFT (SEPARATE PROCEDURE)
36835	INSERTION OF THOMAS SHUNT (SEPARATE PROCEDURE)

36836	PERCUTANEOUS ARTERIOVENOUS FISTULA CREATION UPPER EXTREMITY SINGLE ACCESS OF BOTH THE PERIPHERAL ARTERY AND PERIPHERAL VEIN INCLUDING FISTULA MATURATION PROCEDURES (EG TRANSLUMINAL BALLOON ANGIOPLASTY COIL EMBOLIZATION) WHEN PERFORMED INCLUDING ALL VASCULAR ACCESS IMAGING GUIDANCE AND RADIOLOGIC SUPERVISION AND INTERPRETATION
36837	PERCUTANEOUS ARTERIOVENOUS FISTULA CREATION UPPER EXTREMITY SEPARATE ACCESS SITES OF THE PERIPHERAL ARTERY AND PERIPHERAL VEIN INCLUDING FISTULA MATURATION PROCEDURES (EG TRANSLUMINAL BALLOON ANGIOPLASTY COIL EMBOLIZATION) WHEN PERFORMED INCLUDING ALL VASCULAR ACCESS IMAGING GUIDANCE AND RADIOLOGIC SUPERVISION AND INTERPRETATION
36838	DISTAL REVASCULARIZATION AND INTERVAL LIGATION (DRIL) UPPER EXTREMITY HEMODIALYSIS ACCESS (STEAL SYNDROME)
36860	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE) WITHOUT BALLOON CATHETER
36861	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE) WITH BALLOON CATHETER
36901	INTRODUCTION OF NEEDLE(S) AND OR CATHETER(S) DIALYSIS CIRCUIT WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S) INJECTION(S) OF CONTRAST ALL NECESSARY IMAGING FROM THE ARTERIAL ANASTOMOSIS AND ADJACENT ARTERY THROUGH ENTIRE VENOUS OUTFLOW INCLUDING THE INFERIOR OR SUPERIOR VENA CAVA FLUOROSCOPIC GUIDANCE RADIOLOGICAL SUPERVISION AND INTERPRETATION AND IMAGE DOCUMENTATION AND REPORT
36902	INTRODUCTION OF NEEDLE(S) AND OR CATHETER(S) DIALYSIS CIRCUIT WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S) INJECTION(S) OF CONTRAST ALL NECESSARY IMAGING FROM THE ARTERIAL ANASTOMOSIS AND ADJACENT ARTERY THROUGH ENTIRE VENOUS OUTFLOW INCLUDING THE INFERIOR OR SUPERIOR VENA CAVA FLUOROSCOPIC GUIDANCE RADIOLOGICAL SUPERVISION AND INTERPRETATION AND IMAGE DOCUMENTATION AND REPORT WITH TRANSLUMINAL BALLOON ANGIOPLASTY PERIPHERAL DIALYSIS SEGMENT INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY
36903	INTRODUCTION OF NEEDLE(S) AND OR CATHETER(S) DIALYSIS CIRCUIT WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S) INJECTION(S) OF CONTRAST ALL NECESSARY IMAGING FROM THE ARTERIAL ANASTOMOSIS AND ADJACENT ARTERY THROUGH ENTIRE VENOUS OUTFLOW INCLUDING THE INFERIOR OR SUPERIOR VENA CAVA FLUOROSCOPIC GUIDANCE RADIOLOGICAL SUPERVISION AND INTERPRETATION AND IMAGE DOCUMENTATION AND REPORT WITH TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S) PERIPHERAL DIALYSIS SEGMENT INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENTING AND ALL ANGIOPLASTY WITHIN THE PERIPHERAL DIALYSIS SEGMENT

36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND OR INFUSION FOR THROMBOLYSIS DIALYSIS CIRCUIT ANY METHOD INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION DIAGNOSTIC ANGIOGRAPHY FLUOROSCOPIC GUIDANCE CATHETER PLACEMENT(S) AND INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTION(S)
36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND OR INFUSION FOR THROMBOLYSIS DIALYSIS CIRCUIT ANY METHOD INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION DIAGNOSTIC ANGIOGRAPHY FLUOROSCOPIC GUIDANCE CATHETER PLACEMENT(S) AND INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTION(S) WITH TRANSLUMINAL BALLOON ANGIOPLASTY PERIPHERAL DIALYSIS SEGMENT INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY
36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND OR INFUSION FOR THROMBOLYSIS DIALYSIS CIRCUIT ANY METHOD INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION DIAGNOSTIC ANGIOGRAPHY FLUOROSCOPIC GUIDANCE CATHETER PLACEMENT(S) AND INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTION(S) WITH TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S) PERIPHERAL DIALYSIS SEGMENT INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENTING AND ALL ANGIOPLASTY WITHIN THE PERIPHERAL DIALYSIS CIRCUIT
36907	TRANSLUMINAL BALLOON ANGIOPLASTY CENTRAL DIALYSIS SEGMENT PERFORMED THROUGH DIALYSIS CIRCUIT INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION REQUIRED TO PERFORM THE ANGIOPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
36908	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S) CENTRAL DIALYSIS SEGMENT PERFORMED THROUGH DIALYSIS CIRCUIT INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION REQUIRED TO PERFORM THE STENTING AND ALL ANGIOPLASTY IN THE CENTRAL DIALYSIS SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
36909	DIALYSIS CIRCUIT PERMANENT VASCULAR EMBOLIZATION OR OCCLUSION (INCLUDING MAIN CIRCUIT OR ANY ACCESSORY VEINS) ENDOVASCULAR INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO COMPLETE THE INTERVENTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37140	VENOUS ANASTOMOSIS OPEN PORTOCAVAL
37145	VENOUS ANASTOMOSIS OPEN RENOPORTAL
37160	VENOUS ANASTOMOSIS OPEN CAVAL-MESENTERIC
37180	VENOUS ANASTOMOSIS OPEN SPLENORENAL PROXIMAL
37181	VENOUS ANASTOMOSIS OPEN SPLENORENAL DISTAL (SELECTIVE DECOMPRESSION OF ESOPHAGOGASTRIC VARICES ANY TECHNIQUE)

37182	INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDES VENOUS ACCESS HEPATIC AND PORTAL VEIN CATHETERIZATION PORTOGRAPHY WITH HEMODYNAMIC EVALUATION INTRAHEPATIC TRACT FORMATION DILATATION STENT PLACEMENT AND ALL ASSOCIATED IMAGING GUIDANCE AND DOCUMENTATION)
37183	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDES VENOUS ACCESS HEPATIC AND PORTAL VEIN CATHETERIZATION PORTOGRAPHY WITH HEMODYNAMIC EVALUATION INTRAHEPATIC TRACT RECANULIZATION DILATATION STENT PLACEMENT AND ALL ASSOCIATED IMAGING GUIDANCE AND DOCUMENTATION)
37184	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY NONCORONARY NON-INTRACRANIAL ARTERIAL OR ARTERIAL BYPASS GRAFT INCLUDING FLUOROSCOPIC GUIDANCE AND INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTION(S) INITIAL VESSEL
37185	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY NONCORONARY NON-INTRACRANIAL ARTERIAL OR ARTERIAL BYPASS GRAFT INCLUDING FLUOROSCOPIC GUIDANCE AND INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTION(S) SECOND AND ALL SUBSEQUENT VESSEL(S) WITHIN THE SAME VASCULAR FAMILY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY MECHANICAL THROMBECTOMY PROCEDURE)
37186	SECONDARY PERCUTANEOUS TRANSLUMINAL THROMBECTOMY (EG NONPRIMARY MECHANICAL SNARE BASKET SUCTION TECHNIQUE) NONCORONARY NON-INTRACRANIAL ARTERIAL OR ARTERIAL BYPASS GRAFT INCLUDING FLUOROSCOPIC GUIDANCE AND INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTIONS PROVIDED IN CONJUNCTION WITH ANOTHER PERCUTANEOUS INTERVENTION OTHER THAN PRIMARY MECHANICAL THROMBECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37187	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN(S) INCLUDING INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTIONS AND FLUOROSCOPIC GUIDANCE
37188	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN(S) INCLUDING INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTIONS AND FLUOROSCOPIC GUIDANCE REPEAT TREATMENT ON SUBSEQUENT DAY DURING COURSE OF THROMBOLYTIC THERAPY
37191	INSERTION OF INTRAVASCULAR VENA CAVA FILTER ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS VESSEL SELECTION AND RADIOLOGICAL SUPERVISION AND INTERPRETATION INTRAPROCEDURAL ROADMAPPING AND IMAGING GUIDANCE (ULTRASOUND AND FLUOROSCOPY) WHEN PERFORMED
37192	REPOSITIONING OF INTRAVASCULAR VENA CAVA FILTER ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS VESSEL SELECTION AND RADIOLOGICAL SUPERVISION AND INTERPRETATION INTRAPROCEDURAL ROADMAPPING AND IMAGING GUIDANCE (ULTRASOUND AND FLUOROSCOPY) WHEN PERFORMED

37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR VENA CAVA FILTER ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS VESSEL SELECTION AND RADIOLOGICAL SUPERVISION AND INTERPRETATION INTRAPROCEDURAL ROADMAPPING AND IMAGING GUIDANCE (ULTRASOUND AND FLUOROSCOPY) WHEN PERFORMED
37195	THROMBOLYSIS CEREBRAL BY INTRAVENOUS INFUSION
37197	TRANSCATHETER RETRIEVAL PERCUTANEOUS OF INTRAVASCULAR FOREIGN BODY (EG FRACTURED VENOUS OR ARTERIAL CATHETER) INCLUDES RADIOLOGICAL SUPERVISION AND INTERPRETATION AND IMAGING GUIDANCE (ULTRASOUND OR FLUOROSCOPY) WHEN PERFORMED
37200	TRANSCATHETER BIOPSY
37211	TRANSCATHETER THERAPY ARTERIAL INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY OR INTRACRANIAL ANY METHOD INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION INITIAL TREATMENT DAY
37212	TRANSCATHETER THERAPY VENOUS INFUSION FOR THROMBOLYSIS ANY METHOD INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION INITIAL TREATMENT DAY
37213	TRANSCATHETER THERAPY ARTERIAL OR VENOUS INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY ANY METHOD INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION CONTINUED TREATMENT ON SUBSEQUENT DAY DURING COURSE OF THROMBOLYTIC THERAPY INCLUDING FOLLOW-UP CATHETER CONTRAST INJECTION POSITION CHANGE OR EXCHANGE WHEN PERFORMED
37214	TRANSCATHETER THERAPY ARTERIAL OR VENOUS INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY ANY METHOD INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION CONTINUED TREATMENT ON SUBSEQUENT DAY DURING COURSE OF THROMBOLYTIC THERAPY INCLUDING FOLLOW-UP CATHETER CONTRAST INJECTION POSITION CHANGE OR EXCHANGE WHEN PERFORMED CESSATION OF THROMBOLYSIS INCLUDING REMOVAL OF CATHETER AND VESSEL CLOSURE BY ANY METHOD
37215	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S) CERVICAL CAROTID ARTERY OPEN OR PERCUTANEOUS INCLUDING ANGIOPLASTY WHEN PERFORMED AND RADIOLOGICAL SUPERVISION AND INTERPRETATION WITH DISTAL EMBOLIC PROTECTION
37216	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S) CERVICAL CAROTID ARTERY OPEN OR PERCUTANEOUS INCLUDING ANGIOPLASTY WHEN PERFORMED AND RADIOLOGICAL SUPERVISION AND INTERPRETATION WITHOUT DISTAL EMBOLIC PROTECTION
37217	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S) INTRATHORACIC COMMON CAROTID ARTERY OR INNOMINATE ARTERY BY RETROGRADE TREATMENT OPEN IPSILATERAL CERVICAL CAROTID ARTERY EXPOSURE INCLUDING ANGIOPLASTY WHEN PERFORMED AND RADIOLOGICAL SUPERVISION AND INTERPRETATION

37218	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S) INTRATHORACIC COMMON CAROTID ARTERY OR INNOMINATE ARTERY OPEN OR PERCUTANEOUS ANTEGRADE APPROACH INCLUDING ANGIOPLASTY WHEN PERFORMED AND RADIOLOGICAL SUPERVISION AND INTERPRETATION
37220	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS ILIAC ARTERY UNILATERAL INITIAL VESSEL WITH TRANSLUMINAL ANGIOPLASTY
37221	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS ILIAC ARTERY UNILATERAL INITIAL VESSEL WITH TRANSLUMINAL STENT PLACEMENT(S) INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL WHEN PERFORMED
37222	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS ILIAC ARTERY EACH ADDITIONAL IPSILATERAL ILIAC VESSEL WITH TRANSLUMINAL ANGIOPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37223	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS ILIAC ARTERY EACH ADDITIONAL IPSILATERAL ILIAC VESSEL WITH TRANSLUMINAL STENT PLACEMENT(S) INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37224	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL POPLITEAL ARTERY(S) UNILATERAL WITH TRANSLUMINAL ANGIOPLASTY
37225	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL POPLITEAL ARTERY(S) UNILATERAL WITH ATHERECTOMY INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL WHEN PERFORMED
37226	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL POPLITEAL ARTERY(S) UNILATERAL WITH TRANSLUMINAL STENT PLACEMENT(S) INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL WHEN PERFORMED
37227	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL POPLITEAL ARTERY(S) UNILATERAL WITH TRANSLUMINAL STENT PLACEMENT(S) AND ATHERECTOMY INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL WHEN PERFORMED
37228	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL PERONEAL ARTERY UNILATERAL INITIAL VESSEL WITH TRANSLUMINAL ANGIOPLASTY
37229	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL PERONEAL ARTERY UNILATERAL INITIAL VESSEL WITH ATHERECTOMY INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL WHEN PERFORMED
37230	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL PERONEAL ARTERY UNILATERAL INITIAL VESSEL WITH TRANSLUMINAL STENT PLACEMENT(S) INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL WHEN PERFORMED
37231	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL PERONEAL ARTERY UNILATERAL INITIAL VESSEL WITH TRANSLUMINAL STENT PLACEMENT(S) AND ATHERECTOMY INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL WHEN PERFORMED

37232	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL PERONEAL ARTERY UNILATERAL EACH ADDITIONAL VESSEL WITH TRANSLUMINAL ANGIOPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37233	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL PERONEAL ARTERY UNILATERAL EACH ADDITIONAL VESSEL WITH ATHERECTOMY INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37234	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL PERONEAL ARTERY UNILATERAL EACH ADDITIONAL VESSEL WITH TRANSLUMINAL STENT PLACEMENT(S) INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37235	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL PERONEAL ARTERY UNILATERAL EACH ADDITIONAL VESSEL WITH TRANSLUMINAL STENT PLACEMENT(S) AND ATHERECTOMY INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37236	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY ARTERY(S) FOR OCCLUSIVE DISEASE CERVICAL CAROTID EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID INTRACRANIAL OR CORONARY) OPEN OR PERCUTANEOUS INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ALL ANGIOPLASTY WITHIN THE SAME VESSEL WHEN PERFORMED INITIAL ARTERY
37237	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY ARTERY(S) FOR OCCLUSIVE DISEASE CERVICAL CAROTID EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID INTRACRANIAL OR CORONARY) OPEN OR PERCUTANEOUS INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ALL ANGIOPLASTY WITHIN THE SAME VESSEL WHEN PERFORMED EACH ADDITIONAL ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37238	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) OPEN OR PERCUTANEOUS INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ANGIOPLASTY WITHIN THE SAME VESSEL WHEN PERFORMED INITIAL VEIN
37239	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) OPEN OR PERCUTANEOUS INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ANGIOPLASTY WITHIN THE SAME VESSEL WHEN PERFORMED EACH ADDITIONAL VEIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37241	VASCULAR EMBOLIZATION OR OCCLUSION INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION INTRAPROCEDURAL ROADMAPPING AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION VENOUS OTHER THAN HEMORRHAGE (EG CONGENITAL OR ACQUIRED VENOUS MALFORMATIONS VENOUS AND CAPILLARY HEMANGIOMAS VARICES VARICOCELES)

37242	VASCULAR EMBOLIZATION OR OCCLUSION INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION INTRAPROCEDURAL ROADMAPPING AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION ARTERIAL OTHER THAN HEMORRHAGE OR TUMOR (EG CONGENITAL OR ACQUIRED ARTERIAL MALFORMATIONS ARTERIOVENOUS MALFORMATIONS ARTERIOVENOUS FISTULAS ANEURYSMS PSEUDOANEURYSMS)
37243	VASCULAR EMBOLIZATION OR OCCLUSION INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION INTRAPROCEDURAL ROADMAPPING AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION FOR TUMORS ORGAN ISCHEMIA OR INFARCTION
37244	VASCULAR EMBOLIZATION OR OCCLUSION INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION INTRAPROCEDURAL ROADMAPPING AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION FOR ARTERIAL OR VENOUS HEMORRHAGE OR LYMPHATIC EXTRAVASATION
37246	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSIVE DISEASE INTRACRANIAL CORONARY PULMONARY OR DIALYSIS CIRCUIT) OPEN OR PERCUTANEOUS INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY INITIAL ARTERY
37247	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSIVE DISEASE INTRACRANIAL CORONARY PULMONARY OR DIALYSIS CIRCUIT) OPEN OR PERCUTANEOUS INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY EACH ADDITIONAL ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37248	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT) OPEN OR PERCUTANEOUS INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME VEIN INITIAL VEIN
37249	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT) OPEN OR PERCUTANEOUS INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME VEIN EACH ADDITIONAL VEIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37252	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND OR THERAPEUTIC INTERVENTION INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION INITIAL NONCORONARY VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37253	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND OR THERAPEUTIC INTERVENTION INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION EACH ADDITIONAL NONCORONARY VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

37254	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS ILIAC VASCULAR TERRITORY WITH TRANSLUMINAL ANGIOPLASTY INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY UNILATERAL STRAIGHTFORWARD LESION INITIAL VESSEL
37255	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS ILIAC VASCULAR TERRITORY WITH TRANSLUMINAL ANGIOPLASTY INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY UNILATERAL STRAIGHTFORWARD LESION EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37256	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS ILIAC VASCULAR TERRITORY WITH TRANSLUMINAL ANGIOPLASTY INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY UNILATERAL COMPLEX LESION INITIAL VESSEL
37257	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS ILIAC VASCULAR TERRITORY WITH TRANSLUMINAL ANGIOPLASTY INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY UNILATERAL COMPLEX LESION EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37258	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS ILIAC VASCULAR TERRITORY WITH TRANSLUMINAL STENT PLACEMENT INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENT PLACEMENT AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL STRAIGHTFORWARD LESION INITIAL VESSEL

37259	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS ILIAC VASCULAR TERRITORY WITH TRANSLUMINAL STENT PLACEMENT INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENT PLACEMENT AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL STRAIGHTFORWARD LESION EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37260	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS ILIAC VASCULAR TERRITORY WITH TRANSLUMINAL STENT PLACEMENT INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENT PLACEMENT AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL COMPLEX LESION INITIAL VESSEL
37261	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS ILIAC VASCULAR TERRITORY WITH TRANSLUMINAL STENT PLACEMENT INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENT PLACEMENT AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL COMPLEX LESION EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37262	INTRAVASCULAR LITHOTRIPSY(IES) ILIAC VASCULAR TERRITORY INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE INTRAVASCULAR LITHOTRIPSY(IES) WITHIN THE SAME ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37263	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL AND POPLITEAL VASCULAR TERRITORY WITH TRANSLUMINAL ANGIOPLASTY INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY UNILATERAL STRAIGHTFORWARD LESION INITIAL VESSEL

37264	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL AND POPLITEAL VASCULAR TERRITORY WITH TRANSLUMINAL ANGIOPLASTY INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY UNILATERAL STRAIGHTFORWARD LESION EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37265	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL AND POPLITEAL VASCULAR TERRITORY WITH TRANSLUMINAL ANGIOPLASTY INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY UNILATERAL COMPLEX LESION INITIAL VESSEL
37266	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL AND POPLITEAL VASCULAR TERRITORY WITH TRANSLUMINAL ANGIOPLASTY INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY UNILATERAL COMPLEX LESION EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37267	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL AND POPLITEAL VASCULAR TERRITORY WITH TRANSLUMINAL STENT PLACEMENT INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENT PLACEMENT AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL STRAIGHTFORWARD LESION INITIAL VESSEL
37268	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL AND POPLITEAL VASCULAR TERRITORY WITH TRANSLUMINAL STENT PLACEMENT INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENT PLACEMENT AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL STRAIGHTFORWARD LESION EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

37269	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL AND POPLITEAL VASCULAR TERRITORY WITH TRANSLUMINAL STENT PLACEMENT INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENT PLACEMENT AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL COMPLEX LESION INITIAL VESSEL
37270	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL AND POPLITEAL VASCULAR TERRITORY WITH TRANSLUMINAL STENT PLACEMENT INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENT PLACEMENT AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL COMPLEX LESION EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37271	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL AND POPLITEAL VASCULAR TERRITORY WITH TRANSLUMINAL ATHERECTOMY INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ATHERECTOMY AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL STRAIGHTFORWARD LESION INITIAL VESSEL
37272	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL AND POPLITEAL VASCULAR TERRITORY WITH TRANSLUMINAL ATHERECTOMY INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ATHERECTOMY AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL STRAIGHTFORWARD LESION EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37273	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL AND POPLITEAL VASCULAR TERRITORY WITH TRANSLUMINAL ATHERECTOMY INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ATHERECTOMY AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL COMPLEX LESION INITIAL VESSEL

37274	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL AND POPLITEAL VASCULAR TERRITORY WITH TRANSLUMINAL ATHERECTOMY INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ATHERECTOMY AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL COMPLEX LESION EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37275	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL AND POPLITEAL VASCULAR TERRITORY WITH TRANSLUMINAL STENT PLACEMENT WITH TRANSLUMINAL ATHERECTOMY INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENT PLACEMENT ATHERECTOMY AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL STRAIGHTFORWARD LESION INITIAL VESSEL
37276	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL AND POPLITEAL VASCULAR TERRITORY WITH TRANSLUMINAL STENT PLACEMENT WITH TRANSLUMINAL ATHERECTOMY INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENT PLACEMENT ATHERECTOMY AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL STRAIGHTFORWARD LESION EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37277	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL AND POPLITEAL VASCULAR TERRITORY WITH TRANSLUMINAL STENT PLACEMENT WITH TRANSLUMINAL ATHERECTOMY INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENT PLACEMENT ATHERECTOMY AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL COMPLEX LESION INITIAL VESSEL

37278	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL AND POPLITEAL VASCULAR TERRITORY WITH TRANSLUMINAL STENT PLACEMENT WITH TRANSLUMINAL ATHERECTOMY INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENT PLACEMENT ATHERECTOMY AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL COMPLEX LESION EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37279	INTRAVASCULAR LITHOTRIPSY(IES) FEMORAL AND POPLITEAL VASCULAR TERRITORY INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE INTRAVASCULAR LITHOTRIPSY(IES) WITHIN THE SAME ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37280	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL AND PERONEAL VASCULAR TERRITORY WITH TRANSLUMINAL ANGIOPLASTY INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY UNILATERAL STRAIGHTFORWARD LESION INITIAL VESSEL
37281	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL AND PERONEAL VASCULAR TERRITORY WITH TRANSLUMINAL ANGIOPLASTY INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY UNILATERAL STRAIGHTFORWARD LESION EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37282	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL AND PERONEAL VASCULAR TERRITORY WITH TRANSLUMINAL ANGIOPLASTY INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY UNILATERAL COMPLEX LESION INITIAL VESSEL
37283	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL AND PERONEAL VASCULAR TERRITORY WITH TRANSLUMINAL ANGIOPLASTY INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY UNILATERAL COMPLEX LESION EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

37284	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL AND PERONEAL VASCULAR TERRITORY WITH TRANSLUMINAL STENT PLACEMENT INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENT PLACEMENT AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL STRAIGHTFORWARD LESION INITIAL VESSEL
37285	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL AND PERONEAL VASCULAR TERRITORY WITH TRANSLUMINAL STENT PLACEMENT INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENT PLACEMENT AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL STRAIGHTFORWARD LESION EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37286	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL AND PERONEAL VASCULAR TERRITORY WITH TRANSLUMINAL STENT PLACEMENT INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENT PLACEMENT AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL COMPLEX LESION INITIAL VESSEL
37287	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL AND PERONEAL VASCULAR TERRITORY WITH TRANSLUMINAL STENT PLACEMENT INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENT PLACEMENT AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL COMPLEX LESION EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37288	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL AND PERONEAL VASCULAR TERRITORY WITH TRANSLUMINAL ATHERECTOMY INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ATHERECTOMY AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL STRAIGHTFORWARD LESION INITIAL VESSEL

37289	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL AND PERONEAL VASCULAR TERRITORY WITH TRANSLUMINAL ATHERECTOMY INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ATHERECTOMY AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL STRAIGHTFORWARD LESION EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37290	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL AND PERONEAL VASCULAR TERRITORY WITH TRANSLUMINAL ATHERECTOMY INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ATHERECTOMY AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL COMPLEX LESION INITIAL VESSEL
37291	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL AND PERONEAL VASCULAR TERRITORY WITH TRANSLUMINAL ATHERECTOMY INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ATHERECTOMY AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL COMPLEX LESION EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37292	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL AND PERONEAL VASCULAR TERRITORY WITH TRANSLUMINAL STENT PLACEMENT WITH TRANSLUMINAL ATHERECTOMY INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENT PLACEMENT ATHERECTOMY AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL STRAIGHTFORWARD LESION INITIAL VESSEL

37293	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL AND PERONEAL VASCULAR TERRITORY WITH TRANSLUMINAL STENT PLACEMENT WITH TRANSLUMINAL ATHERECTOMY INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENT PLACEMENT ATHERECTOMY AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL STRAIGHTFORWARD LESION EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37294	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL AND PERONEAL VASCULAR TERRITORY WITH TRANSLUMINAL STENT PLACEMENT WITH TRANSLUMINAL ATHERECTOMY INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENT PLACEMENT ATHERECTOMY AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL COMPLEX LESION INITIAL VESSEL
37295	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL AND PERONEAL VASCULAR TERRITORY WITH TRANSLUMINAL STENT PLACEMENT WITH TRANSLUMINAL ATHERECTOMY INCLUDING TRANSLUMINAL ANGIOPLASTY WHEN PERFORMED INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE STENT PLACEMENT ATHERECTOMY AND ANGIOPLASTY WHEN PERFORMED WITHIN THE SAME ARTERY UNILATERAL COMPLEX LESION EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37296	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS INFRAMALLEOLAR VASCULAR TERRITORY WITH TRANSLUMINAL ANGIOPLASTY INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY UNILATERAL STRAIGHTFORWARD LESION INITIAL VESSEL
37297	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS INFRAMALLEOLAR VASCULAR TERRITORY WITH TRANSLUMINAL ANGIOPLASTY INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY UNILATERAL STRAIGHTFORWARD LESION EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

37298	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS INFRAMALLEOLAR VASCULAR TERRITORY WITH TRANSLUMINAL ANGIOPLASTY INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY UNILATERAL COMPLEX LESION INITIAL VESSEL
37299	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS INFRAMALLEOLAR VASCULAR TERRITORY WITH TRANSLUMINAL ANGIOPLASTY INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY UNILATERAL COMPLEX LESION EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
37500	VASCULAR ENDOSCOPY SURGICAL WITH LIGATION OF PERFORATOR VEINS SUBFASCIAL (SEPS)
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE
37565	LIGATION INTERNAL JUGULAR VEIN
37600	LIGATION EXTERNAL CAROTID ARTERY
37605	LIGATION INTERNAL OR COMMON CAROTID ARTERY
37606	LIGATION INTERNAL OR COMMON CAROTID ARTERY WITH GRADUAL OCCLUSION AS WITH SELVERSTONE OR CRUTCHFIELD CLAMP
37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA
37609	LIGATION OR BIOPSY TEMPORAL ARTERY
37615	LIGATION MAJOR ARTERY (EG POST-TRAUMATIC RUPTURE) NECK
37616	LIGATION MAJOR ARTERY (EG POST-TRAUMATIC RUPTURE) CHEST
37617	LIGATION MAJOR ARTERY (EG POST-TRAUMATIC RUPTURE) ABDOMEN
37618	LIGATION MAJOR ARTERY (EG POST-TRAUMATIC RUPTURE) EXTREMITY
37619	LIGATION OF INFERIOR VENA CAVA
37650	LIGATION OF FEMORAL VEIN
37660	LIGATION OF COMMON ILIAC VEIN
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION OR DISTAL INTERRUPTIONS
37718	LIGATION DIVISION AND STRIPPING SHORT SAPHENOUS VEIN
37722	LIGATION DIVISION AND STRIPPING LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW

37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS WITH RADICAL EXCISION OF ULCER AND SKIN GRAFT AND OR INTERRUPTION OF COMMUNICATING VEINS OF LOWER LEG WITH EXCISION OF DEEP FASCIA
37760	LIGATION OF PERFORATOR VEINS SUBFASCIAL RADICAL (LINTON TYPE) INCLUDING SKIN GRAFT WHEN PERFORMED OPEN 1 LEG
37761	LIGATION OF PERFORATOR VEIN(S) SUBFASCIAL OPEN INCLUDING ULTRASOUND GUIDANCE WHEN PERFORMED 1 LEG
37765	STAB PHLEBECTOMY OF VARICOSE VEINS 1 EXTREMITY 10-20 STAB INCISIONS
37766	STAB PHLEBECTOMY OF VARICOSE VEINS 1 EXTREMITY MORE THAN 20 INCISIONS
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)
37785	LIGATION DIVISION AND OR EXCISION OF VARICOSE VEIN CLUSTER(S) 1 LEG
37788	PENILE REVASCULARIZATION ARTERY W WO VEIN GRAFT
37790	PENILE VENOUS OCCLUSIVE PROCEDURE
37799	UNLISTED PROCEDURE VASCULAR SURGERY
38100	SPLENECTOMY TOTAL (SEPARATE PROCEDURE)
38101	SPLENECTOMY PARTIAL (SEPARATE PROCEDURE)
38102	SPLENECTOMY TOTAL EN BLOC FOR EXTENSIVE DISEASE IN CONJUNCTION WITH OTHER PROCEDURE (LIST IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
38115	REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) W WO PARTIAL SPLENECTOMY
38120	LAPAROSCOPY SURGICAL SPLENECTOMY
38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN
38200	INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY
38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQUISITION
38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION PER COLLECTION ALLOGENEIC
38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION PER COLLECTION AUTOLOGOUS
38207	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS CRYOPRESERVATION AND STORAGE
38208	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS THAWING OF PREVIOUSLY FROZEN HARVEST WITHOUT WASHING PER DONOR
38209	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS THAWING OF PREVIOUSLY FROZEN HARVEST WITH WASHING PER DONOR

38210	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS SPECIFIC CELL DEPLETION WITHIN HARVEST T-CELL DEPLETION
38211	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS TUMOR CELL DEPLETION
38212	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS RED BLOOD CELL REMOVAL
38213	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS PLATELET DEPLETION
38214	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS PLASMA (VOLUME) DEPLETION
38215	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS CELL CONCENTRATION IN PLASMA MONONUCLEAR OR BUFFY COAT LAYER
38220	DIAGNOSTIC BONE MARROW ASPIRATION(S)
38221	DIAGNOSTIC BONE MARROW BIOPSY(IES)
38222	DIAGNOSTIC BONE MARROW BIOPSY(IES) AND ASPIRATION(S)
38225	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY HARVESTING OF BLOOD-DERIVED T LYMPHOCYTES FOR DEVELOPMENT OF GENETICALLY MODIFIED AUTOLOGOUS CAR-T CELLS PER DAY
38226	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY PREPARATION OF BLOOD-DERIVED T LYMPHOCYTES FOR TRANSPORTATION (EG CRYOPRESERVATION STORAGE)
38227	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY RECEIPT AND PREPARATION OF CAR-T CELLS FOR ADMINISTRATION
38228	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY CAR-T CELL ADMINISTRATION AUTOLOGOUS
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION ALLOGENEIC
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION AUTOLOGOUS
38240	HEMATOPOIETIC PROGENITOR CELL (HPC) ALLOGENEIC TRANSPLANTATION PER DONOR
38241	HEMATOPOIETIC PROGENITOR CELL (HPC) AUTOLOGOUS TRANSPLANTATION
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS
38243	HEMATOPOIETIC PROGENITOR CELL (HPC) HPC BOOST
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS SIMPLE
38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS EXTENSIVE
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS
38380	SUTURE AND OR LIGATION OF THORACIC DUCT CERVICAL APPROACH
38381	SUTURE AND OR LIGATION OF THORACIC DUCT THORACIC APPROACH
38382	SUTURE AND OR LIGATION OF THORACIC DUCT ABDOMINAL APPROACH
38500	BIOPSY OR EXCISION OF LYMPH NODE(S) OPEN SUPERFICIAL
38505	BIOPSY OR EXCISION OF LYMPH NODE(S) BY NEEDLE SUPERFICIAL (EG CERVICAL INGUINAL AXILLARY)
38510	BIOPSY OR EXCISION OF LYMPH NODE(S) OPEN DEEP CERVICAL NODE(S)
38520	BIOPSY OR EXCISION OF LYMPH NODE(S) OPEN DEEP CERVICAL NODE(S) WITH EXCISION SCALENE FAT PAD

38525	BIOPSY OR EXCISION OF LYMPH NODE(S) OPEN DEEP AXILLARY NODE(S)
38530	BIOPSY OR EXCISION OF LYMPH NODE(S) OPEN INTERNAL MAMMARY NODE(S)
38531	BIOPSY OR EXCISION OF LYMPH NODE(S) OPEN INGUINOFEMORAL NODE(S)
38542	DISSECTION DEEP JUGULAR NODE(S)
38550	EXCISION OF CYSTIC HYGROMA AXILLARY OR CERVICAL WITHOUT DEEP NEUROVASCULAR DISSECTION
38555	EXCISION OF CYSTIC HYGROMA AXILLARY OR CERVICAL WITH DEEP NEUROVASCULAR DISSECTION
38562	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE) PELVIC AND PARA-AORTIC
38564	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE) RETROPERITONEAL (AORTIC AND OR SPLENIC)
38570	LAPAROSCOPY SURGICAL WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY) SINGLE OR MULTIPLE
38571	LAPAROSCOPY SURGICAL WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY
38572	LAPAROSCOPY SURGICAL WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING (BIOPSY) SINGLE OR MULTIPLE
38573	LAPAROSCOPY SURGICAL WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING PERITONEAL WASHINGS PERITONEAL BIOPSY(IES) OMENTECTOMY AND DIAPHRAGMATIC WASHINGS INCLUDING DIAPHRAGMATIC AND OTHER SEROSAL BIOPSY(IES) WHEN PERFORMED
38589	UNLISTED LAPAROSCOPY PROCEDURE LYMPHATIC SYSTEM
38700	SUPRAHYOID LYMPHADENECTOMY
38720	CERVICAL LYMPHADENECTOMY (COMPLETE)
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)
38740	AXILLARY LYMPHADENECTOMY SUPERFICIAL
38745	AXILLARY LYMPHADENECTOMY COMPLETE
38746	THORACIC LYMPHADENECTOMY BY THORACOTOMY MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
38747	ABDOMINAL LYMPHADENECTOMY REGIONAL INCLUDING CELIAC GASTRIC PORTAL PERIPANCREATIC W WO PARA-AORTIC AND VENA CAVAL NODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
38760	INGUINOFEMORAL LYMPHADENECTOMY SUPERFICIAL INCLUDING CLOQUET S NODE (SEPARATE PROCEDURE)
38765	INGUINOFEMORAL LYMPHADENECTOMY SUPERFICIAL IN CONTINUITY WITH PELVIC LYMPHADENECTOMY INCLUDING EXTERNAL ILIAC HYPOGASTRIC AND OBTURATOR NODES (SEPARATE PROCEDURE)
38770	PELVIC LYMPHADENECTOMY INCLUDING EXTERNAL ILIAC HYPOGASTRIC AND OBTURATOR NODES (SEPARATE PROCEDURE)

38780	RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY EXTENSIVE INCLUDING PELVIC AORTIC AND RENAL NODES (SEPARATE PROCEDURE)
38790	INJECTION PROCEDURE LYMPHANGIOGRAPHY
38792	INJECTION PROCEDURE RADIOACTIVE TRACER FOR IDENTIFICATION OF SENTINEL NODE
38794	CANNULATION THORACIC DUCT
38900	INTRAOPERATIVE IDENTIFICATION (EG MAPPING) OF SENTINEL LYMPH NODE(S) INCLUDES INJECTION OF NON-RADIOACTIVE DYE WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM
39000	MEDIASTINOTOMY WITH EXPLORATION DRAINAGE REMOVAL OF FOREIGN BODY OR BIOPSY CERVICAL APPROACH
39010	MEDIASTINOTOMY WITH EXPLORATION DRAINAGE REMOVAL OF FOREIGN BODY OR BIOPSY TRANSTHORACIC APPROACH INCLUDING EITHER TRANSTHORACIC OR MEDIAN STERNOTOMY
39200	RESECTION OF MEDIASTINAL CYST
39220	RESECTION OF MEDIASTINAL TUMOR
39401	MEDIASTINOSCOPY INCLUDES BIOPSY(IES) OF MEDIASTINAL MASS (EG LYMPHOMA) WHEN PERFORMED
39402	MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY(IES) (EG LUNG CANCER STAGING)
39499	UNLISTED PROCEDURE MEDIASTINUM
39501	REPAIR LACERATION OF DIAPHRAGM ANY APPROACH
39503	REPAIR NEONATAL DIAPHRAGMATIC HERNIA W WO CHEST TUBE INSERTION AND W WO CREATION OF VENTRAL HERNIA
39540	REPAIR DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL) TRAUMATIC ACUTE
39541	REPAIR DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL) TRAUMATIC CHRONIC
39545	IMBRICATION OF DIAPHRAGM FOR EVENTRATION TRANSTHORACIC OR TRANSABDOMINAL PARALYTIC OR NONPARALYTIC
39560	RESECTION DIAPHRAGM WITH SIMPLE REPAIR (EG PRIMARY SUTURE)
39561	RESECTION DIAPHRAGM WITH COMPLEX REPAIR (EG PROSTHETIC MATERIAL LOCAL MUSCLE FLAP)
39599	UNLISTED PROCEDURE DIAPHRAGM
40490	BIOPSY OF LIP
40500	VERMILIONECTOMY (LIP SHAVE) WITH MUCOSAL ADVANCEMENT
40510	EXCISION OF LIP TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE
40520	EXCISION OF LIP V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE
40525	EXCISION OF LIP FULL THICKNESS RECONSTRUCTION WITH LOCAL FLAP (EG ESTLANDER OR FAN)
40527	EXCISION OF LIP FULL THICKNESS RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-ESTLANDER)

40530	RESECTION OF LIP MORE THAN ONE-FOURTH WITHOUT RECONSTRUCTION
40650	REPAIR LIP FULL THICKNESS VERMILION ONLY
40652	REPAIR LIP FULL THICKNESS UP TO HALF VERTICAL HEIGHT
40654	REPAIR LIP FULL THICKNESS OVER ONE-HALF VERTICAL HEIGHT OR COMPLEX
40700	PLASTIC REPAIR OF CLEFT LIP NASAL DEFORMITY PRIMARY PARTIAL OR COMPLETE UNILATERAL
40701	PLASTIC REPAIR OF CLEFT LIP NASAL DEFORMITY PRIMARY BILATERAL 1-STAGE PROCEDURE
40702	PLASTIC REPAIR OF CLEFT LIP NASAL DEFORMITY PRIMARY BILATERAL 1 OF 2 STAGES
40720	PLASTIC REPAIR OF CLEFT LIP NASAL DEFORMITY SECONDARY BY RECREATION OF DEFECT AND RECLOSURE
40761	PLASTIC REPAIR OF CLEFT LIP NASAL DEFORMITY WITH CROSS LIP PEDICLE FLAP (ABBE-ESTLANDER TYPE) INCLUDING SECTIONING AND INSERTING OF PEDICLE
40799	UNLISTED PROCEDURE LIPS
40800	DRAINAGE OF ABSCESS CYST HEMATOMA VESTIBULE OF MOUTH SIMPLE
40801	DRAINAGE OF ABSCESS CYST HEMATOMA VESTIBULE OF MOUTH COMPLICATED
40804	REMOVAL OF EMBEDDED FOREIGN BODY VESTIBULE OF MOUTH SIMPLE
40805	REMOVAL OF EMBEDDED FOREIGN BODY VESTIBULE OF MOUTH COMPLICATED
40806	INCISION OF LABIAL FRENUM (FRENOTOMY)
40808	BIOPSY VESTIBULE OF MOUTH
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA VESTIBULE OF MOUTH WITHOUT REPAIR
40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA VESTIBULE OF MOUTH WITH SIMPLE REPAIR
40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA VESTIBULE OF MOUTH WITH COMPLEX REPAIR
40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA VESTIBULE OF MOUTH COMPLEX WITH EXCISION OF UNDERLYING MUSCLE
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT
40819	EXCISION OF FRENUM LABIAL OR BUCCAL (FRENUMECTOMY FRENULECTOMY FRENECTOMY)
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG LASER THERMAL CRYO CHEMICAL)
40830	CLOSURE OF LACERATION VESTIBULE OF MOUTH 2.5 CM OR LESS
40831	CLOSURE OF LACERATION VESTIBULE OF MOUTH OVER 2.5 CM OR COMPLEX
40840	VESTIBULOPLASTY ANTERIOR
40842	VESTIBULOPLASTY POSTERIOR UNILATERAL
40843	VESTIBULOPLASTY POSTERIOR BILATERAL
40844	VESTIBULOPLASTY ENTIRE ARCH
40845	VESTIBULOPLASTY COMPLEX (INCLUDING RIDGE EXTENSION MUSCLE REPOSITIONING)
40899	UNLISTED PROCEDURE VESTIBULE OF MOUTH

41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS CYST OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH LINGUAL
41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS CYST OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH SUBLINGUAL SUPERFICIAL
41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS CYST OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH SUBLINGUAL DEEP SUPRAMYLOHYOID
41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS CYST OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH SUBMENTAL SPACE
41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS CYST OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH SUBMANDIBULAR SPACE
41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS CYST OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH MASTICATOR SPACE
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)
41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS CYST OR HEMATOMA OF FLOOR OF MOUTH SUBLINGUAL
41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS CYST OR HEMATOMA OF FLOOR OF MOUTH SUBMENTAL
41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS CYST OR HEMATOMA OF FLOOR OF MOUTH SUBMANDIBULAR
41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS CYST OR HEMATOMA OF FLOOR OF MOUTH MASTICATOR SPACE
41019	PLACEMENT OF NEEDLES CATHETERS OR OTHER DEVICE(S) INTO THE HEAD AND OR NECK REGION (PERCUTANEOUS TRANSORAL OR TRANSNASAL) FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION
41100	BIOPSY OF TONGUE ANTERIOR TWO-THIRDS
41105	BIOPSY OF TONGUE POSTERIOR ONE-THIRD
41108	BIOPSY OF FLOOR OF MOUTH
41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE ANTERIOR TWO-THIRDS
41113	EXCISION OF LESION OF TONGUE WITH CLOSURE POSTERIOR ONE-THIRD
41114	EXCISION OF LESION OF TONGUE WITH CLOSURE WITH LOCAL TONGUE FLAP
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)
41116	EXCISION LESION OF FLOOR OF MOUTH
41120	GLOSSECTOMY LESS THAN ONE-HALF TONGUE
41130	GLOSSECTOMY HEMIGLOSSECTOMY
41135	GLOSSECTOMY PARTIAL WITH UNILATERAL RADICAL NECK DISSECTION

41140	GLOSSECTOMY COMPLETE OR TOTAL W WO TRACHEOSTOMY WITHOUT RADICAL NECK DISSECTION
41145	GLOSSECTOMY COMPLETE OR TOTAL W WO TRACHEOSTOMY WITH UNILATERAL RADICAL NECK DISSECTION
41150	GLOSSECTOMY COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANDIBULAR RESECTION WITHOUT RADICAL NECK DISSECTION
41153	GLOSSECTOMY COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH WITH SUPRAHYOID NECK DISSECTION
41155	GLOSSECTOMY COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH MANDIBULAR RESECTION AND RADICAL NECK DISSECTION (COMMANDO TYPE)
41250	REPAIR OF LACERATION 2.5 CM OR LESS FLOOR OF MOUTH AND OR ANTERIOR TWO-THIRDS OF TONGUE
41251	REPAIR OF LACERATION 2.5 CM OR LESS POSTERIOR ONE-THIRD OF TONGUE
41252	REPAIR OF LACERATION OF TONGUE FLOOR OF MOUTH OVER 2.6 CM OR COMPLEX
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)
41512	TONGUE BASE SUSPENSION PERMANENT SUTURE TECHNIQUE
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM EG WITH Z-PLASTY)
41530	SUBMUCOSAL ABLATION OF THE TONGUE BASE RADIOFREQUENCY 1 OR MORE SITES PER SESSION
41599	UNLISTED PROCEDURE TONGUE FLOOR OF MOUTH
41800	DRAINAGE OF ABSCESS CYST HEMATOMA FROM DENTOALVEOLAR STRUCTURES
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES SOFT TISSUES
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES BONE
41820	GINGIVECTOMY EXCISION GINGIVA EACH QUADRANT
41821	OPERCULECTOMY EXCISION PERICORONAL TISSUES
41822	EXCISION OF FIBROUS TUBEROSITIES DENTOALVEOLAR STRUCTURES
41823	EXCISION OF OSSEOUS TUBEROSITIES DENTOALVEOLAR STRUCTURES
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE) DENTOALVEOLAR STRUCTURES WITHOUT REPAIR
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE) DENTOALVEOLAR STRUCTURES WITH SIMPLE REPAIR
41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE) DENTOALVEOLAR STRUCTURES WITH COMPLEX REPAIR
41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA EACH QUADRANT (SPECIFY)
41830	ALVEOLECTOMY INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY
41850	DESTRUCTION OF LESION (EXCEPT EXCISION) DENTOALVEOLAR STRUCTURES
41870	PERIODONTAL MUCOSAL GRAFTING
41872	GINGIVOPLASTY EACH QUADRANT (SPECIFY)
41874	ALVEOLOPLASTY EACH QUADRANT (SPECIFY)

41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES
42000	DRAINAGE OF ABSCESS OF PALATE UVULA
42100	BIOPSY OF PALATE UVULA
42104	EXCISION LESION OF PALATE UVULA WITHOUT CLOSURE
42106	EXCISION LESION OF PALATE UVULA WITH SIMPLE PRIMARY CLOSURE
42107	EXCISION LESION OF PALATE UVULA WITH LOCAL FLAP CLOSURE
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION
42140	UVULECTOMY EXCISION OF UVULA
42145	PALATOPHARYNGOPLASTY (EG UVULOPALATOPHARYNGOPLASTY UVULOPHARYNGOPLASTY)
42160	DESTRUCTION OF LESION PALATE OR UVULA (THERMAL CRYO OR CHEMICAL)
42180	REPAIR LACERATION OF PALATE UP TO 2 CM
42182	REPAIR LACERATION OF PALATE OVER 2 CM OR COMPLEX
42200	PALATOPLASTY FOR CLEFT PALATE SOFT AND OR HARD PALATE ONLY
42205	PALATOPLASTY FOR CLEFT PALATE WITH CLOSURE OF ALVEOLAR RIDGE SOFT TISSUE ONLY
42210	PALATOPLASTY FOR CLEFT PALATE WITH CLOSURE OF ALVEOLAR RIDGE WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAINING GRAFT)
42215	PALATOPLASTY FOR CLEFT PALATE MAJOR REVISION
42220	PALATOPLASTY FOR CLEFT PALATE SECONDARY LENGTHENING PROCEDURE
42225	PALATOPLASTY FOR CLEFT PALATE ATTACHMENT PHARYNGEAL FLAP
42226	LENGTHENING OF PALATE AND PHARYNGEAL FLAP
42227	LENGTHENING OF PALATE WITH ISLAND FLAP
42235	REPAIR OF ANTERIOR PALATE INCLUDING VOMER FLAP
42260	REPAIR OF NASOLABIAL FISTULA
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS
42299	UNLISTED PROCEDURE PALATE UVULA
42300	DRAINAGE OF ABSCESS PAROTID SIMPLE
42305	DRAINAGE OF ABSCESS PAROTID COMPLICATED
42310	DRAINAGE OF ABSCESS SUBMAXILLARY OR SUBLINGUAL INTRAORAL
42320	DRAINAGE OF ABSCESS SUBMAXILLARY EXTERNAL
42330	SIALOLITHOTOMY SUBMANDIBULAR (SUBMAXILLARY) SUBLINGUAL OR PAROTID UNCOMPLICATED INTRAORAL
42335	SIALOLITHOTOMY SUBMANDIBULAR (SUBMAXILLARY) COMPLICATED INTRAORAL
42340	SIALOLITHOTOMY PAROTID EXTRAORAL OR COMPLICATED INTRAORAL

42400	BIOPSY OF SALIVARY GLAND NEEDLE
42405	BIOPSY OF SALIVARY GLAND INCISIONAL
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND LATERAL LOBE WITHOUT NERVE DISSECTION
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND LATERAL LOBE WITH DISSECTION AND PRESERVATION OF FACIAL NERVE
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND TOTAL WITH DISSECTION AND PRESERVATION OF FACIAL NERVE
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND TOTAL EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE
42426	EXCISION OF PAROTID TUMOR OR PAROTID GLAND TOTAL WITH UNILATERAL RADICAL NECK DISSECTION
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND
42450	EXCISION OF SUBLINGUAL GLAND
42500	PLASTIC REPAIR OF SALIVARY DUCT SIALODOCHOPLASTY PRIMARY OR SIMPLE
42505	PLASTIC REPAIR OF SALIVARY DUCT SIALODOCHOPLASTY SECONDARY OR COMPLICATED
42507	PAROTID DUCT DIVERSION BILATERAL (WILKE TYPE PROCEDURE)
42509	PAROTID DUCT DIVERSION BILATERAL (WILKE TYPE PROCEDURE) WITH EXCISION OF BOTH SUBMANDIBULAR GLANDS
42510	PAROTID DUCT DIVERSION BILATERAL (WILKE TYPE PROCEDURE) WITH LIGATION OF BOTH SUBMANDIBULAR (WHARTON S) DUCTS
42550	INJECTION PROCEDURE FOR SIALOGRAPHY
42600	CLOSURE SALIVARY FISTULA
42650	DILATION SALIVARY DUCT
42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT W WO INJECTION
42665	LIGATION SALIVARY DUCT INTRAORAL
42699	UNLISTED PROCEDURE SALIVARY GLANDS OR DUCTS
42700	INCISION AND DRAINAGE ABSCESS PERITONSILLAR
42720	INCISION AND DRAINAGE ABSCESS RETROPHARYNGEAL OR PARAPHARYNGEAL INTRAORAL APPROACH
42725	INCISION AND DRAINAGE ABSCESS RETROPHARYNGEAL OR PARAPHARYNGEAL EXTERNAL APPROACH
42800	BIOPSY OROPHARYNX
42804	BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE
42806	BIOPSY NASOPHARYNX SURVEY FOR UNKNOWN PRIMARY LESION
42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX ANY METHOD

42809	REMOVAL OF FOREIGN BODY FROM PHARYNX
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE CONFINED TO SKIN AND SUBCUTANEOUS TISSUES
42815	EXCISION BRANCHIAL CLEFT CYST VESTIGE OR FISTULA EXTENDING BENEATH SUBCUTANEOUS TISSUES AND OR INTO PHARYNX
42820	TONSILLECTOMY AND ADENOIDECTOMY YOUNGER THAN AGE 12
42821	TONSILLECTOMY AND ADENOIDECTOMY AGE 12 OR OVER
42825	TONSILLECTOMY PRIMARY OR SECONDARY YOUNGER THAN AGE 12
42826	TONSILLECTOMY PRIMARY OR SECONDARY AGE 12 OR OVER
42830	ADENOIDECTOMY PRIMARY YOUNGER THAN AGE 12
42831	ADENOIDECTOMY PRIMARY AGE 12 OR OVER
42835	ADENOIDECTOMY SECONDARY YOUNGER THAN AGE 12
42836	ADENOIDECTOMY SECONDARY AGE 12 OR OVER
42842	RADICAL RESECTION OF TONSIL TONSILLAR PILLARS AND OR RETROMOLAR TRIGONE WITHOUT CLOSURE
42844	RADICAL RESECTION OF TONSIL TONSILLAR PILLARS AND OR RETROMOLAR TRIGONE CLOSURE WITH LOCAL FLAP (EG TONGUE BUCCAL)
42845	RADICAL RESECTION OF TONSIL TONSILLAR PILLARS AND OR RETROMOLAR TRIGONE CLOSURE WITH OTHER FLAP
42860	EXCISION OF TONSIL TAGS
42870	EXCISION OR DESTRUCTION LINGUAL TONSIL ANY METHOD (SEPARATE PROCEDURE)
42890	LIMITED PHARYNGECTOMY
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS DIRECT CLOSURE BY ADVANCEMENT OF LATERAL AND POSTERIOR PHARYNGEAL WALLS
42894	RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP OR FREE MUSCLE SKIN OR FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS
42900	SUTURE PHARYNX FOR WOUND OR INJURY
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)
42953	PHARYNGOESOPHAGEAL REPAIR
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX EXTERNAL FOR FEEDING)
42960	CONTROL OROPHARYNGEAL HEMORRHAGE PRIMARY OR SECONDARY (EG POST-TONSILLECTOMY) SIMPLE
42961	CONTROL OROPHARYNGEAL HEMORRHAGE PRIMARY OR SECONDARY (EG POST-TONSILLECTOMY) COMPLICATED REQUIRING HOSPITALIZATION
42962	CONTROL OROPHARYNGEAL HEMORRHAGE PRIMARY OR SECONDARY (EG POST-TONSILLECTOMY) WITH SECONDARY SURGICAL INTERVENTION

42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE PRIMARY OR SECONDARY (EG POSTADENOIDECTOMY) SIMPLE WITH POSTERIOR NASAL PACKS W WO ANTERIOR PACKS AND OR CAUTERY
42971	CONTROL OF NASOPHARYNGEAL HEMORRHAGE PRIMARY OR SECONDARY (EG POSTADENOIDECTOMY) COMPLICATED REQUIRING HOSPITALIZATION
42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE PRIMARY OR SECONDARY (EG POSTADENOIDECTOMY) WITH SECONDARY SURGICAL INTERVENTION
42975	DRUG-INDUCED SLEEP ENDOSCOPY WITH DYNAMIC EVALUATION OF VELUM PHARYNX TONGUE BASE AND LARYNX FOR EVALUATION OF SLEEP-DISORDERED BREATHING FLEXIBLE DIAGNOSTIC
42999	UNLISTED PROCEDURE PHARYNX ADENOIDS OR TONSILS
43020	ESOPHAGOTOMY CERVICAL APPROACH WITH REMOVAL OF FOREIGN BODY
43030	CRICOPHARYNGEAL MYOTOMY
43045	ESOPHAGOTOMY THORACIC APPROACH WITH REMOVAL OF FOREIGN BODY
43100	EXCISION OF LESION ESOPHAGUS WITH PRIMARY REPAIR CERVICAL APPROACH
43101	EXCISION OF LESION ESOPHAGUS WITH PRIMARY REPAIR THORACIC OR ABDOMINAL APPROACH
43107	TOTAL OR NEAR TOTAL ESOPHAGECTOMY WITHOUT THORACOTOMY WITH PHARYNGOGASTROSTOMY OR CERVICAL ESOPHAGOGASTROSTOMY W WO PYLOROPLASTY (TRANSHIATAL)
43108	TOTAL OR NEAR TOTAL ESOPHAGECTOMY WITHOUT THORACOTOMY WITH COLON INTERPOSITION OR SMALL INTESTINE RECONSTRUCTION INCLUDING INTESTINE MOBILIZATION PREPARATION AND ANASTOMOSIS(ES)
43112	TOTAL OR NEAR TOTAL ESOPHAGECTOMY WITH THORACOTOMY WITH PHARYNGOGASTROSTOMY OR CERVICAL ESOPHAGOGASTROSTOMY W WO PYLOROPLASTY (IE MCKEOWN ESOPHAGECTOMY OR TRI-INCISIONAL ESOPHAGECTOMY)
43113	TOTAL OR NEAR TOTAL ESOPHAGECTOMY WITH THORACOTOMY WITH COLON INTERPOSITION OR SMALL INTESTINE RECONSTRUCTION INCLUDING INTESTINE MOBILIZATION PREPARATION AND ANASTOMOSIS(ES)
43116	PARTIAL ESOPHAGECTOMY CERVICAL WITH FREE INTESTINAL GRAFT INCLUDING MICROVASCULAR ANASTOMOSIS OBTAINING THE GRAFT AND INTESTINAL RECONSTRUCTION
43117	PARTIAL ESOPHAGECTOMY DISTAL TWO-THIRDS WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION W WO PROXIMAL GASTRECTOMY WITH THORACIC ESOPHAGOGASTROSTOMY W WO PYLOROPLASTY (IVOR LEWIS)
43118	PARTIAL ESOPHAGECTOMY DISTAL TWO-THIRDS WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION W WO PROXIMAL GASTRECTOMY WITH COLON INTERPOSITION OR SMALL INTESTINE RECONSTRUCTION INCLUDING INTESTINE MOBILIZATION PREPARATION AND ANASTOMOSIS(ES)
43121	PARTIAL ESOPHAGECTOMY DISTAL TWO-THIRDS WITH THORACOTOMY ONLY W WO PROXIMAL GASTRECTOMY WITH THORACIC ESOPHAGOGASTROSTOMY W WO PYLOROPLASTY

43122	PARTIAL ESOPHAGECTOMY THORACOABDOMINAL OR ABDOMINAL APPROACH W WO PROXIMAL GASTRECTOMY WITH ESOPHAGOGASTROSTOMY W WO PYLOROPLASTY
43123	PARTIAL ESOPHAGECTOMY THORACOABDOMINAL OR ABDOMINAL APPROACH W WO PROXIMAL GASTRECTOMY WITH COLON INTERPOSITION OR SMALL INTESTINE RECONSTRUCTION INCLUDING INTESTINE MOBILIZATION PREPARATION AND ANASTOMOSIS(ES)
43124	TOTAL OR PARTIAL ESOPHAGECTOMY WITHOUT RECONSTRUCTION (ANY APPROACH) WITH CERVICAL ESOPHAGOSTOMY
43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS W WO MYOTOMY CERVICAL APPROACH
43135	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS W WO MYOTOMY THORACIC APPROACH
43180	ESOPHAGOSCOPY RIGID TRANSORAL WITH DIVERTICULECTOMY OF HYPOPHARYNX OR CERVICAL ESOPHAGUS (EG ZENKER S DIVERTICULUM) WITH CRICOPHARYNGEAL MYOTOMY INCLUDES USE OF TELESCOPE OR OPERATING MICROSCOPE AND REPAIR WHEN PERFORMED
43191	ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN PERFORMED (SEPARATE PROCEDURE)
43192	ESOPHAGOSCOPY RIGID TRANSORAL WITH DIRECTED SUBMUCOSAL INJECTION(S) ANY SUBSTANCE
43193	ESOPHAGOSCOPY RIGID TRANSORAL WITH BIOPSY SINGLE OR MULTIPLE
43194	ESOPHAGOSCOPY RIGID TRANSORAL WITH REMOVAL OF FOREIGN BODY(S)
43195	ESOPHAGOSCOPY RIGID TRANSORAL WITH BALLOON DILATION (LESS THAN 30 MM DIAMETER)
43196	ESOPHAGOSCOPY RIGID TRANSORAL WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OVER GUIDE WIRE
43197	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL DIAGNOSTIC INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN PERFORMED (SEPARATE PROCEDURE)
43198	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL WITH BIOPSY SINGLE OR MULTIPLE
43200	ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN PERFORMED (SEPARATE PROCEDURE)
43201	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH DIRECTED SUBMUCOSAL INJECTION(S) ANY SUBSTANCE
43202	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY SINGLE OR MULTIPLE
43204	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH INJECTION SCLEROSIS OF ESOPHAGEAL VARICES
43205	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BAND LIGATION OF ESOPHAGEAL VARICES
43206	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH OPTICAL ENDOMICROSCOPY
43210	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE INCLUDES DUODENOSCOPY WHEN PERFORMED
43211	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH ENDOSCOPIC MUCOSAL RESECTION

43212	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE WHEN PERFORMED)
43213	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH DILATION OF ESOPHAGUS BY BALLOON OR DILATOR RETROGRADE (INCLUDES FLUOROSCOPIC GUIDANCE WHEN PERFORMED)
43214	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER) (INCLUDES FLUOROSCOPIC GUIDANCE WHEN PERFORMED)
43215	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH REMOVAL OF FOREIGN BODY(S)
43216	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH REMOVAL OF TUMOR(S) POLYP(S) OR OTHER LESION(S) BY HOT BIOPSY FORCEPS
43217	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH REMOVAL OF TUMOR(S) POLYP(S) OR OTHER LESION(S) BY SNARE TECHNIQUE
43220	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH TRANSENDOSCOPIC BALLOON DILATION (LESS THAN 30 MM DIAMETER)
43226	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH INSERTION OF GUIDE WIRE FOLLOWED BY PASSAGE OF DILATOR(S) OVER GUIDE WIRE
43227	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH CONTROL OF BLEEDING ANY METHOD
43229	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH ABLATION OF TUMOR(S) POLYP(S) OR OTHER LESION(S) (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE WHEN PERFORMED)
43231	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH ENDOSCOPIC ULTRASOUND EXAMINATION
43232	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH TRANSENDOSCOPIC ULTRASOUND-GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATION BIOPSY(S)
43233	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER) (INCLUDES FLUOROSCOPIC GUIDANCE WHEN PERFORMED)
43235	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN PERFORMED (SEPARATE PROCEDURE)
43236	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH DIRECTED SUBMUCOSAL INJECTION(S) ANY SUBSTANCE
43237	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE ESOPHAGUS STOMACH OR DUODENUM AND ADJACENT STRUCTURES
43238	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH TRANSENDOSCOPIC ULTRASOUND-GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATION BIOPSY(S) (INCLUDES ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE ESOPHAGUS STOMACH OR DUODENUM AND ADJACENT STRUCTURES)
43239	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY SINGLE OR MULTIPLE

43240	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH TRANSMURAL DRAINAGE OF PSEUDOCYST (INCLUDES PLACEMENT OF TRANSMURAL DRAINAGE CATHETER[S] STENT[S] WHEN PERFORMED AND ENDOSCOPIC ULTRASOUND WHEN PERFORMED)
43241	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH INSERTION OF INTRALUMINAL TUBE OR CATHETER
43242	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH TRANSENDOSCOPIC ULTRASOUND-GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATION BIOPSY(S) (INCLUDES ENDOSCOPIC ULTRASOUND EXAMINATION OF THE ESOPHAGUS STOMACH AND EITHER THE DUODENUM OR A SURGICALLY ALTERED STOMACH WHERE THE JEJUNUM IS EXAMINED DISTAL TO THE ANASTOMOSIS)
43243	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH INJECTION SCLEROSIS OF ESOPHAGEAL GASTRIC VARICES
43244	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH BAND LIGATION OF ESOPHAGEAL GASTRIC VARICES
43245	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH DILATION OF GASTRIC DUODENAL STRICTURE(S) (EG BALLOON BOUGIE)
43246	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH DIRECTED PLACEMENT OF PERCUTANEOUS GASTROSTOMY TUBE
43247	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH REMOVAL OF FOREIGN BODY(S)
43248	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH INSERTION OF GUIDE WIRE FOLLOWED BY PASSAGE OF DILATOR(S) THROUGH ESOPHAGUS OVER GUIDE WIRE
43249	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH TRANSENDOSCOPIC BALLOON DILATION OF ESOPHAGUS (LESS THAN 30 MM DIAMETER)
43250	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH REMOVAL OF TUMOR(S) POLYP(S) OR OTHER LESION(S) BY HOT BIOPSY FORCEPS
43251	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH REMOVAL OF TUMOR(S) POLYP(S) OR OTHER LESION(S) BY SNARE TECHNIQUE
43252	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH OPTICAL ENDOMICROSCOPY
43253	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH TRANSENDOSCOPIC ULTRASOUND-GUIDED TRANSMURAL INJECTION OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG ANESTHETIC NEUROLYTIC AGENT) OR FIDUCIAL MARKER(S) (INCLUDES ENDOSCOPIC ULTRASOUND EXAMINATION OF THE ESOPHAGUS STOMACH AND EITHER THE DUODENUM OR A SURGICALLY ALTERED STOMACH WHERE THE JEJUNUM IS EXAMINED DISTAL TO THE ANASTOMOSIS)
43254	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH ENDOSCOPIC MUCOSAL RESECTION
43255	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH CONTROL OF BLEEDING ANY METHOD

43257	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH DELIVERY OF THERMAL ENERGY TO THE MUSCLE OF LOWER ESOPHAGEAL SPHINCTER AND OR GASTRIC CARDIA FOR TREATMENT OF GASTROESOPHAGEAL REFLUX DISEASE
43259	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH ENDOSCOPIC ULTRASOUND EXAMINATION INCLUDING THE ESOPHAGUS STOMACH AND EITHER THE DUODENUM OR A SURGICALLY ALTERED STOMACH WHERE THE JEJUNUM IS EXAMINED DISTAL TO THE ANASTOMOSIS
43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP) DIAGNOSTIC INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN PERFORMED (SEPARATE PROCEDURE)
43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP) WITH BIOPSY SINGLE OR MULTIPLE
43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP) WITH SPHINCTEROTOMY PAPILLOTOMY
43263	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP) WITH PRESSURE MEASUREMENT OF SPHINCTER OF ODDI
43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP) WITH REMOVAL OF CALCULI DEBRIS FROM BILIARY PANCREATIC DUCT(S)
43265	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP) WITH DESTRUCTION OF CALCULI ANY METHOD (EG MECHANICAL ELECTROHYDRAULIC LITHOTRIPSY)
43266	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE WHEN PERFORMED)
43270	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH ABLATION OF TUMOR(S) POLYP(S) OR OTHER LESION(S) (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE WHEN PERFORMED)
43273	ENDOSCOPIC CANNULATION OF PAPILLA WITH DIRECT VISUALIZATION OF PANCREATIC COMMON BILE DUCT(S) (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY PROCEDURE)
43274	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP) WITH PLACEMENT OF ENDOSCOPIC STENT INTO BILIARY OR PANCREATIC DUCT INCLUDING PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE WHEN PERFORMED INCLUDING SPHINCTEROTOMY WHEN PERFORMED EACH STENT
43275	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP) WITH REMOVAL OF FOREIGN BODY(S) OR STENT(S) FROM BILIARY PANCREATIC DUCT(S)
43276	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP) WITH REMOVAL AND EXCHANGE OF STENT(S) BILIARY OR PANCREATIC DUCT INCLUDING PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE WHEN PERFORMED INCLUDING SPHINCTEROTOMY WHEN PERFORMED EACH STENT EXCHANGED
43277	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP) WITH TRANS-ENDOSCOPIC BALLOON DILATION OF BILIARY PANCREATIC DUCT(S) OR OF AMPULLA (SPHINCTEROPLASTY) INCLUDING SPHINCTEROTOMY WHEN PERFORMED EACH DUCT

43278	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP) WITH ABLATION OF TUMOR(S) POLYP(S) OR OTHER LESION(S) INCLUDING PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE WHEN PERFORMED
43279	LAPAROSCOPY SURGICAL ESOPHAGOMYOTOMY (HELLER TYPE) WITH FUNDOPLASTY WHEN PERFORMED
43280	LAPAROSCOPY SURGICAL ESOPHAGOGASTRIC FUNDOPLASTY (EG NISSEN TOUPET PROCEDURES)
43281	LAPAROSCOPY SURGICAL REPAIR OF PARAESOPHAGEAL HERNIA INCLUDES FUNDOPLASTY WHEN PERFORMED WITHOUT IMPLANTATION OF MESH
43282	LAPAROSCOPY SURGICAL REPAIR OF PARAESOPHAGEAL HERNIA INCLUDES FUNDOPLASTY WHEN PERFORMED WITH IMPLANTATION OF MESH
43283	LAPAROSCOPY SURGICAL ESOPHAGEAL LENGTHENING PROCEDURE (EG COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
43284	LAPAROSCOPY SURGICAL ESOPHAGEAL SPHINCTER AUGMENTATION PROCEDURE PLACEMENT OF SPHINCTER AUGMENTATION DEVICE (IE MAGNETIC BAND) INCLUDING CRUROPLASTY WHEN PERFORMED
43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGMENTATION DEVICE
43286	ESOPHAGECTOMY TOTAL OR NEAR TOTAL WITH LAPAROSCOPIC MOBILIZATION OF THE ABDOMINAL AND MEDIASTINAL ESOPHAGUS AND PROXIMAL GASTRECTOMY WITH LAPAROSCOPIC PYLORIC DRAINAGE PROCEDURE IF PERFORMED WITH OPEN CERVICAL PHARYNGOGASTROSTOMY OR ESOPHAGOGASTROSTOMY (IE LAPAROSCOPIC TRANSHIATAL ESOPHAGECTOMY)
43287	ESOPHAGECTOMY DISTAL TWO-THIRDS WITH LAPAROSCOPIC MOBILIZATION OF THE ABDOMINAL AND LOWER MEDIASTINAL ESOPHAGUS AND PROXIMAL GASTRECTOMY WITH LAPAROSCOPIC PYLORIC DRAINAGE PROCEDURE IF PERFORMED WITH SEPARATE THORACOSCOPIC MOBILIZATION OF THE MIDDLE AND UPPER MEDIASTINAL ESOPHAGUS AND THORACIC ESOPHAGOGASTROSTOMY (IE LAPAROSCOPIC THORACOSCOPIC ESOPHAGECTOMY IVOR LEWIS ESOPHAGECTOMY)
43288	ESOPHAGECTOMY TOTAL OR NEAR TOTAL WITH THORACOSCOPIC MOBILIZATION OF THE UPPER MIDDLE AND LOWER MEDIASTINAL ESOPHAGUS WITH SEPARATE LAPAROSCOPIC PROXIMAL GASTRECTOMY WITH LAPAROSCOPIC PYLORIC DRAINAGE PROCEDURE IF PERFORMED WITH OPEN CERVICAL PHARYNGOGASTROSTOMY OR ESOPHAGOGASTROSTOMY (IE THORACOSCOPIC LAPAROSCOPIC AND CERVICAL INCISION ESOPHAGECTOMY MCKEOWN ESOPHAGECTOMY TRI-INCISIONAL ESOPHAGECTOMY)
43289	UNLISTED LAPAROSCOPY PROCEDURE ESOPHAGUS
43290	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH DEPLOYMENT OF INTRAGASTRIC BARIATRIC BALLOON
43291	ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE TRANSORAL WITH REMOVAL OF INTRAGASTRIC BARIATRIC BALLOON(S)

43300	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION) CERVICAL APPROACH WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA
43305	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION) CERVICAL APPROACH WITH REPAIR OF TRACHEOESOPHAGEAL FISTULA
43310	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA
43312	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH WITH REPAIR OF TRACHEOESOPHAGEAL FISTULA
43313	ESOPHAGOPLASTY FOR CONGENITAL DEFECT (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH WITHOUT REPAIR OF CONGENITAL TRACHEOESOPHAGEAL FISTULA
43314	ESOPHAGOPLASTY FOR CONGENITAL DEFECT (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH WITH REPAIR OF CONGENITAL TRACHEOESOPHAGEAL FISTULA
43320	ESOPHAGOGASTROSTOMY (CARDIOPLASTY) W WO VAGOTOMY AND PYLOROPLASTY TRANSABDOMINAL OR TRANSTHORACIC APPROACH
43325	ESOPHAGOGASTRIC FUNDOPLASTY WITH FUNDIC PATCH (THAL-NISSEN PROCEDURE)
43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE LAPAROTOMY
43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE THORACOTOMY
43330	ESOPHAGOMYOTOMY (HELLER TYPE) ABDOMINAL APPROACH
43331	ESOPHAGOMYOTOMY (HELLER TYPE) THORACIC APPROACH
43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION) VIA LAPAROTOMY EXCEPT NEONATAL WITHOUT IMPLANTATION OF MESH OR OTHER PROSTHESIS
43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION) VIA LAPAROTOMY EXCEPT NEONATAL WITH IMPLANTATION OF MESH OR OTHER PROSTHESIS
43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION) VIA THORACOTOMY EXCEPT NEONATAL WITHOUT IMPLANTATION OF MESH OR OTHER PROSTHESIS
43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION) VIA THORACOTOMY EXCEPT NEONATAL WITH IMPLANTATION OF MESH OR OTHER PROSTHESIS
43336	REPAIR PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION) VIA THORACOABDOMINAL INCISION EXCEPT NEONATAL WITHOUT IMPLANTATION OF MESH OR OTHER PROSTHESIS
43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION) VIA THORACOABDOMINAL INCISION EXCEPT NEONATAL WITH IMPLANTATION OF MESH OR OTHER PROSTHESIS
43338	ESOPHAGEAL LENGTHENING PROCEDURE (EG COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY) ABDOMINAL APPROACH

43341	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY) THORACIC APPROACH
43351	ESOPHAGOSTOMY FISTULIZATION OF ESOPHAGUS EXTERNAL THORACIC APPROACH
43352	ESOPHAGOSTOMY FISTULIZATION OF ESOPHAGUS EXTERNAL CERVICAL APPROACH
43360	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY FOR OBSTRUCTING ESOPHAGEAL LESION OR FISTULA OR FOR PREVIOUS ESOPHAGEAL EXCLUSION WITH STOMACH W WO PYLOROPLASTY
43361	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY FOR OBSTRUCTING ESOPHAGEAL LESION OR FISTULA OR FOR PREVIOUS ESOPHAGEAL EXCLUSION WITH COLON INTERPOSITION OR SMALL INTESTINE RECONSTRUCTION INCLUDING INTESTINE MOBILIZATION PREPARATION AND ANASTOMOSIS(ES)
43400	LIGATION DIRECT ESOPHAGEAL VARICES
43405	LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING ESOPHAGEAL PERFORATION
43410	SUTURE OF ESOPHAGEAL WOUND OR INJURY CERVICAL APPROACH
43415	SUTURE OF ESOPHAGEAL WOUND OR INJURY TRANSTHORACIC OR TRANSABDOMINAL APPROACH
43420	CLOSURE OF ESOPHAGOSTOMY OR FISTULA CERVICAL APPROACH
43425	CLOSURE OF ESOPHAGOSTOMY OR FISTULA TRANSTHORACIC OR TRANSABDOMINAL APPROACH
43450	DILATION OF ESOPHAGUS BY UNGUIDED SOUND OR BOUGIE SINGLE OR MULTIPLE PASSES
43453	DILATION OF ESOPHAGUS OVER GUIDE WIRE
43460	ESOPHAGOGASTRIC TAMPONADE WITH BALLOON (SENGSTAKEN TYPE)
43496	FREE JEJUNUM TRANSFER WITH MICROVASCULAR ANASTOMOSIS
43497	LOWER ESOPHAGEAL MYOTOMY TRANSORAL (IE PERORAL ENDOSCOPIC MYOTOMY [POEM])
43499	UNLISTED PROCEDURE ESOPHAGUS
43500	GASTROTOMY WITH EXPLORATION OR FOREIGN BODY REMOVAL
43501	GASTROTOMY WITH SUTURE REPAIR OF BLEEDING ULCER
43502	GASTROTOMY WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERATION (EG MALLORY-WEISS)
43510	GASTROTOMY WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANENT INTRALUMINAL TUBE (EG CELESTIN OR MOUSSEAUX-BARBIN)
43520	PYLOROMYOTOMY CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION)
43605	BIOPSY OF STOMACH BY LAPAROTOMY
43610	EXCISION LOCAL ULCER OR BENIGN TUMOR OF STOMACH
43611	EXCISION LOCAL MALIGNANT TUMOR OF STOMACH
43620	GASTRECTOMY TOTAL WITH ESOPHAGOENTEROSTOMY
43621	GASTRECTOMY TOTAL WITH ROUX-EN-Y RECONSTRUCTION
43622	GASTRECTOMY TOTAL WITH FORMATION OF INTESTINAL POUCH ANY TYPE
43631	GASTRECTOMY PARTIAL DISTAL WITH GASTRODUODENOSTOMY

43632	GASTRECTOMY PARTIAL DISTAL WITH GASTROJEJUNOSTOMY
43633	GASTRECTOMY PARTIAL DISTAL WITH ROUX-EN-Y RECONSTRUCTION
43634	GASTRECTOMY PARTIAL DISTAL WITH FORMATION OF INTESTINAL POUCH
43635	VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY IN ADDITION TO CODE[S] FOR PRIMARY PROCEDURE)
43640	VAGOTOMY INCLUDING PYLOROPLASTY W WO GASTROSTOMY TRUNCAL OR SELECTIVE
43641	VAGOTOMY INCLUDING PYLOROPLASTY W WO GASTROSTOMY PARIETAL CELL (HIGHLY SELECTIVE)
43644	LAPAROSCOPY SURGICAL GASTRIC RESTRICTIVE PROCEDURE WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)
43645	LAPAROSCOPY SURGICAL GASTRIC RESTRICTIVE PROCEDURE WITH GASTRIC BYPASS AND SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION
43647	LAPAROSCOPY SURGICAL IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES ANTRUM
43648	LAPAROSCOPY SURGICAL REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES ANTRUM
43651	LAPAROSCOPY SURGICAL TRANSECTION OF VAGUS NERVES TRUNCAL
43652	LAPAROSCOPY SURGICAL TRANSECTION OF VAGUS NERVES SELECTIVE OR HIGHLY SELECTIVE
43653	LAPAROSCOPY SURGICAL GASTROSTOMY WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG STAMM PROCEDURE) (SEPARATE PROCEDURE)
43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH
43752	NASO- OR ORO-GASTRIC TUBE PLACEMENT REQUIRING PHYSICIAN S SKILL AND FLUOROSCOPIC GUIDANCE (INCLUDES FLUOROSCOPY IMAGE DOCUMENTATION AND REPORT)
43753	GASTRIC INTUBATION AND ASPIRATION(S) THERAPEUTIC NECESSITATING PHYSICIAN S SKILL (EG FOR GASTROINTESTINAL HEMORRHAGE) INCLUDING LAVAGE IF PERFORMED
43754	GASTRIC INTUBATION AND ASPIRATION DIAGNOSTIC SINGLE SPECIMEN (EG ACID ANALYSIS)
43755	GASTRIC INTUBATION AND ASPIRATION DIAGNOSTIC COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH GASTRIC STIMULATION SINGLE OR DOUBLE LUMEN TUBE (GASTRIC SECRETORY STUDY) (EG HISTAMINE INSULIN PENTAGASTRIN CALCIUM SECRETIN) INCLUDES DRUG ADMINISTRATION
43756	DUODENAL INTUBATION AND ASPIRATION DIAGNOSTIC INCLUDES IMAGE GUIDANCE SINGLE SPECIMEN (EG BILE STUDY FOR CRYSTALS OR AFFERENT LOOP CULTURE)
43757	DUODENAL INTUBATION AND ASPIRATION DIAGNOSTIC INCLUDES IMAGE GUIDANCE COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH PANCREATIC OR GALLBLADDER STIMULATION SINGLE OR DOUBLE LUMEN TUBE INCLUDES DRUG ADMINISTRATION
43761	REPOSITIONING OF A NASO- OR ORO-GASTRIC FEEDING TUBE THROUGH THE DUODENUM FOR ENTERIC NUTRITION

43762	REPLACEMENT OF GASTROSTOMY TUBE PERCUTANEOUS INCLUDES REMOVAL WHEN PERFORMED WITHOUT IMAGING OR ENDOSCOPIC GUIDANCE NOT REQUIRING REVISION OF GASTROSTOMY TRACT
43763	REPLACEMENT OF GASTROSTOMY TUBE PERCUTANEOUS INCLUDES REMOVAL WHEN PERFORMED WITHOUT IMAGING OR ENDOSCOPIC GUIDANCE REQUIRING REVISION OF GASTROSTOMY TRACT
43770	LAPAROSCOPY SURGICAL GASTRIC RESTRICTIVE PROCEDURE PLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (EG GASTRIC BAND AND SUBCUTANEOUS PORT COMPONENTS)
43771	LAPAROSCOPY SURGICAL GASTRIC RESTRICTIVE PROCEDURE REVISION OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY
43772	LAPAROSCOPY SURGICAL GASTRIC RESTRICTIVE PROCEDURE REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY
43773	LAPAROSCOPY SURGICAL GASTRIC RESTRICTIVE PROCEDURE REMOVAL AND REPLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY
43774	LAPAROSCOPY SURGICAL GASTRIC RESTRICTIVE PROCEDURE REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS
43775	LAPAROSCOPY SURGICAL GASTRIC RESTRICTIVE PROCEDURE LONGITUDINAL GASTRECTOMY (IE SLEEVE GASTRECTOMY)
43800	PYLOROPLASTY
43810	GASTRODUODENOSTOMY
43820	GASTROJEJUNOSTOMY WITHOUT VAGOTOMY
43825	GASTROJEJUNOSTOMY WITH VAGOTOMY ANY TYPE
43830	GASTROSTOMY OPEN WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG STAMM PROCEDURE) (SEPARATE PROCEDURE)
43831	GASTROSTOMY OPEN NEONATAL FOR FEEDING
43832	GASTROSTOMY OPEN WITH CONSTRUCTION OF GASTRIC TUBE (EG JANEWAY PROCEDURE)
43840	GASTRORRHAPHY SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER WOUND OR INJURY
43842	GASTRIC RESTRICTIVE PROCEDURE WITHOUT GASTRIC BYPASS FOR MORBID OBESITY VERTICAL-BANDED GASTROPLASTY
43843	GASTRIC RESTRICTIVE PROCEDURE WITHOUT GASTRIC BYPASS FOR MORBID OBESITY OTHER THAN VERTICAL-BANDED GASTROPLASTY
43845	GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY PYLORUS-PRESERVING DUODENOILEOSTOMY AND ILEOILEOSTOMY (50 TO 100 CM COMMON CHANNEL) TO LIMIT ABSORPTION (BILIOPANCREATIC DIVERSION WITH DUODENAL SWITCH)
43846	GASTRIC RESTRICTIVE PROCEDURE WITH GASTRIC BYPASS FOR MORBID OBESITY WITH SHORT LIMB (150 CM OR LESS) ROUX-EN-Y GASTROENTEROSTOMY

43847	GASTRIC RESTRICTIVE PROCEDURE WITH GASTRIC BYPASS FOR MORBID OBESITY WITH SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION
43848	REVISION OPEN OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY OTHER THAN ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (SEPARATE PROCEDURE)
43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION W WO PARTIAL GASTRECTOMY OR INTESTINE RESECTION WITHOUT VAGOTOMY
43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION W WO PARTIAL GASTRECTOMY OR INTESTINE RESECTION WITH VAGOTOMY
43870	CLOSURE OF GASTROSTOMY SURGICAL
43880	CLOSURE OF GASTROCOLIC FISTULA
43881	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES ANTRUM OPEN
43882	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES ANTRUM OPEN
43886	GASTRIC RESTRICTIVE PROCEDURE OPEN REVISION OF SUBCUTANEOUS PORT COMPONENT ONLY
43887	GASTRIC RESTRICTIVE PROCEDURE OPEN REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY
43888	GASTRIC RESTRICTIVE PROCEDURE OPEN REMOVAL AND REPLACEMENT OF SUBCUTANEOUS PORT COMPONENT ONLY
43889	GASTRIC RESTRICTIVE PROCEDURE TRANSORAL ENDOSCOPIC SLEEVE GASTROPLASTY (ESG) INCLUDING ARGON PLASMA COAGULATION WHEN PERFORMED
43999	UNLISTED PROCEDURE STOMACH
44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)
44010	DUODENOTOMY FOR EXPLORATION BIOPSY(S) OR FOREIGN BODY REMOVAL
44015	TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL ALIMENTATION INTRAOPERATIVE ANY METHOD (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
44020	ENTEROTOMY SMALL INTESTINE OTHER THAN DUODENUM FOR EXPLORATION BIOPSY(S) OR FOREIGN BODY REMOVAL
44021	ENTEROTOMY SMALL INTESTINE OTHER THAN DUODENUM FOR DECOMPRESSION (EG BAKER TUBE)
44025	COLOTOMY FOR EXPLORATION BIOPSY(S) OR FOREIGN BODY REMOVAL
44050	REDUCTION OF VOLVULUS INTUSSUSCEPTION INTERNAL HERNIA BY LAPAROTOMY
44055	CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND OR REDUCTION OF MIDGUT VOLVULUS (EG LADD PROCEDURE)
44100	BIOPSY OF INTESTINE BY CAPSULE TUBE PERORAL (1 OR MORE SPECIMENS)
44110	EXCISION OF 1 OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIRING ANASTOMOSIS EXTERIORIZATION OR FISTULIZATION SINGLE ENTEROTOMY

44111	EXCISION OF 1 OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIRING ANASTOMOSIS EXTERIORIZATION OR FISTULIZATION MULTIPLE ENTEROTOMIES
44120	ENTERECTOMY RESECTION OF SMALL INTESTINE SINGLE RESECTION AND ANASTOMOSIS
44121	ENTERECTOMY RESECTION OF SMALL INTESTINE EACH ADDITIONAL RESECTION AND ANASTOMOSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
44125	ENTERECTOMY RESECTION OF SMALL INTESTINE WITH ENTEROSTOMY
44126	ENTERECTOMY RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA SINGLE RESECTION AND ANASTOMOSIS OF PROXIMAL SEGMENT OF INTESTINE WITHOUT TAPERING
44127	ENTERECTOMY RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA SINGLE RESECTION AND ANASTOMOSIS OF PROXIMAL SEGMENT OF INTESTINE WITH TAPERING
44128	ENTERECTOMY RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA SINGLE RESECTION AND ANASTOMOSIS OF PROXIMAL SEGMENT OF INTESTINE EACH ADDITIONAL RESECTION AND ANASTOMOSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
44130	ENTEROENTEROSTOMY ANASTOMOSIS OF INTESTINE W WO CUTANEOUS ENTEROSTOMY (SEPARATE PROCEDURE)
44132	DONOR ENTERECTOMY (INCLUDING COLD PRESERVATION) OPEN FROM CADAVER DONOR
44133	DONOR ENTERECTOMY (INCLUDING COLD PRESERVATION) OPEN PARTIAL FROM LIVING DONOR
44135	INTESTINAL ALLOTRANSPLANTATION FROM CADAVER DONOR
44136	INTESTINAL ALLOTRANSPLANTATION FROM LIVING DONOR
44137	REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT COMPLETE
44139	MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
44140	COLECTOMY PARTIAL WITH ANASTOMOSIS
44141	COLECTOMY PARTIAL WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY
44143	COLECTOMY PARTIAL WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE)
44144	COLECTOMY PARTIAL WITH RESECTION WITH COLOSTOMY OR ILEOSTOMY AND CREATION OF MUCOFISTULA
44145	COLECTOMY PARTIAL WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)
44146	COLECTOMY PARTIAL WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY
44147	COLECTOMY PARTIAL ABDOMINAL AND TRANSANAL APPROACH
44150	COLECTOMY TOTAL ABDOMINAL WITHOUT PROCTECTOMY WITH ILEOSTOMY OR ILEOPROCTOSTOMY
44151	COLECTOMY TOTAL ABDOMINAL WITHOUT PROCTECTOMY WITH CONTINENT ILEOSTOMY
44155	COLECTOMY TOTAL ABDOMINAL WITH PROCTECTOMY WITH ILEOSTOMY
44156	COLECTOMY TOTAL ABDOMINAL WITH PROCTECTOMY WITH CONTINENT ILEOSTOMY

44157	COLECTOMY TOTAL ABDOMINAL WITH PROCTECTOMY WITH ILEOANAL ANASTOMOSIS INCLUDES LOOP ILEOSTOMY AND RECTAL MUCOSECTOMY WHEN PERFORMED
44158	COLECTOMY TOTAL ABDOMINAL WITH PROCTECTOMY WITH ILEOANAL ANASTOMOSIS CREATION OF ILEAL RESERVOIR (S OR J) INCLUDES LOOP ILEOSTOMY AND RECTAL MUCOSECTOMY WHEN PERFORMED
44160	COLECTOMY PARTIAL WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY
44180	LAPAROSCOPY SURGICAL ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)
44186	LAPAROSCOPY SURGICAL JEJUNOSTOMY (EG FOR DECOMPRESSION OR FEEDING)
44187	LAPAROSCOPY SURGICAL ILEOSTOMY OR JEJUNOSTOMY NON-TUBE
44188	LAPAROSCOPY SURGICAL COLOSTOMY OR SKIN LEVEL CECOSTOMY
44202	LAPAROSCOPY SURGICAL ENTERECTOMY RESECTION OF SMALL INTESTINE SINGLE RESECTION AND ANASTOMOSIS
44203	LAPAROSCOPY SURGICAL EACH ADDITIONAL SMALL INTESTINE RESECTION AND ANASTOMOSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
44204	LAPAROSCOPY SURGICAL COLECTOMY PARTIAL WITH ANASTOMOSIS
44205	LAPAROSCOPY SURGICAL COLECTOMY PARTIAL WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY
44206	LAPAROSCOPY SURGICAL COLECTOMY PARTIAL WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE)
44207	LAPAROSCOPY SURGICAL COLECTOMY PARTIAL WITH ANASTOMOSIS WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)
44208	LAPAROSCOPY SURGICAL COLECTOMY PARTIAL WITH ANASTOMOSIS WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY
44210	LAPAROSCOPY SURGICAL COLECTOMY TOTAL ABDOMINAL WITHOUT PROCTECTOMY WITH ILEOSTOMY OR ILEOPROCTOSTOMY
44211	LAPAROSCOPY SURGICAL COLECTOMY TOTAL ABDOMINAL WITH PROCTECTOMY WITH ILEOANAL ANASTOMOSIS CREATION OF ILEAL RESERVOIR (S OR J) WITH LOOP ILEOSTOMY INCLUDES RECTAL MUCOSECTOMY WHEN PERFORMED
44212	LAPAROSCOPY SURGICAL COLECTOMY TOTAL ABDOMINAL WITH PROCTECTOMY WITH ILEOSTOMY
44213	LAPAROSCOPY SURGICAL MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
44227	LAPAROSCOPY SURGICAL CLOSURE OF ENTEROSTOMY LARGE OR SMALL INTESTINE WITH RESECTION AND ANASTOMOSIS
44238	UNLISTED LAPAROSCOPY PROCEDURE INTESTINE (EXCEPT RECTUM)

44300	PLACEMENT ENTEROSTOMY OR CECOSTOMY TUBE OPEN (EG FOR FEEDING OR DECOMPRESSION) (SEPARATE PROCEDURE)
44310	ILEOSTOMY OR JEJUNOSTOMY NON-TUBE
44312	REVISION OF ILEOSTOMY SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)
44314	REVISION OF ILEOSTOMY COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)
44316	CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE)
44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY
44322	COLOSTOMY OR SKIN LEVEL CECOSTOMY WITH MULTIPLE BIOPSIES (EG FOR CONGENITAL MEGACOLON) (SEPARATE PROCEDURE)
44340	REVISION OF COLOSTOMY SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)
44345	REVISION OF COLOSTOMY COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)
44346	REVISION OF COLOSTOMY WITH REPAIR OF PARACOLOSTOMY HERNIA (SEPARATE PROCEDURE)
44360	SMALL INTESTINAL ENDOSCOPY ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM NOT INCLUDING ILEUM DIAGNOSTIC INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN PERFORMED (SEPARATE PROCEDURE)
44361	SMALL INTESTINAL ENDOSCOPY ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM NOT INCLUDING ILEUM WITH BIOPSY SINGLE OR MULTIPLE
44363	SMALL INTESTINAL ENDOSCOPY ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM NOT INCLUDING ILEUM WITH REMOVAL OF FOREIGN BODY(S)
44364	SMALL INTESTINAL ENDOSCOPY ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM NOT INCLUDING ILEUM WITH REMOVAL OF TUMOR(S) POLYP(S) OR OTHER LESION(S) BY SNARE TECHNIQUE
44365	SMALL INTESTINAL ENDOSCOPY ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM NOT INCLUDING ILEUM WITH REMOVAL OF TUMOR(S) POLYP(S) OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
44366	SMALL INTESTINAL ENDOSCOPY ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM NOT INCLUDING ILEUM WITH CONTROL OF BLEEDING (EG INJECTION BIPOLAR CAUTERY UNIPOLAR CAUTERY LASER HEATER PROBE STAPLER PLASMA COAGULATOR)
44369	SMALL INTESTINAL ENDOSCOPY ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM NOT INCLUDING ILEUM WITH ABLATION OF TUMOR(S) POLYP(S) OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS BIPOLAR CAUTERY OR SNARE TECHNIQUE
44370	SMALL INTESTINAL ENDOSCOPY ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM NOT INCLUDING ILEUM WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)
44372	SMALL INTESTINAL ENDOSCOPY ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM NOT INCLUDING ILEUM WITH PLACEMENT OF PERCUTANEOUS JEJUNOSTOMY TUBE

44373	SMALL INTESTINAL ENDOSCOPY ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM NOT INCLUDING ILEUM WITH CONVERSION OF PERCUTANEOUS GASTROSTOMY TUBE TO PERCUTANEOUS JEJUNOSTOMY TUBE
44376	SMALL INTESTINAL ENDOSCOPY ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM INCLUDING ILEUM DIAGNOSTIC W WO COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
44377	SMALL INTESTINAL ENDOSCOPY ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM INCLUDING ILEUM WITH BIOPSY SINGLE OR MULTIPLE
44378	SMALL INTESTINAL ENDOSCOPY ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM INCLUDING ILEUM WITH CONTROL OF BLEEDING (EG INJECTION BIPOLAR CAUTERY UNIPOLAR CAUTERY LASER HEATER PROBE STAPLER PLASMA COAGULATOR)
44379	SMALL INTESTINAL ENDOSCOPY ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM INCLUDING ILEUM WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)
44380	ILEOSCOPY THROUGH STOMA DIAGNOSTIC INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN PERFORMED (SEPARATE PROCEDURE)
44381	ILEOSCOPY THROUGH STOMA WITH TRANSENDOSCOPIC BALLOON DILATION
44382	ILEOSCOPY THROUGH STOMA WITH BIOPSY SINGLE OR MULTIPLE
44384	ILEOSCOPY THROUGH STOMA WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE WHEN PERFORMED)
44385	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL POUCH (EG KOCK POUCH ILEAL RESERVOIR [S OR J]) DIAGNOSTIC INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN PERFORMED (SEPARATE PROCEDURE)
44386	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL POUCH (EG KOCK POUCH ILEAL RESERVOIR [S OR J]) WITH BIOPSY SINGLE OR MULTIPLE
44388	COLONOSCOPY THROUGH STOMA DIAGNOSTIC INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN PERFORMED (SEPARATE PROCEDURE)
44389	COLONOSCOPY THROUGH STOMA WITH BIOPSY SINGLE OR MULTIPLE
44390	COLONOSCOPY THROUGH STOMA WITH REMOVAL OF FOREIGN BODY(S)
44391	COLONOSCOPY THROUGH STOMA WITH CONTROL OF BLEEDING ANY METHOD
44392	COLONOSCOPY THROUGH STOMA WITH REMOVAL OF TUMOR(S) POLYP(S) OR OTHER LESION(S) BY HOT BIOPSY FORCEPS
44394	COLONOSCOPY THROUGH STOMA WITH REMOVAL OF TUMOR(S) POLYP(S) OR OTHER LESION(S) BY SNARE TECHNIQUE

44401	COLONOSCOPY THROUGH STOMA WITH ABLATION OF TUMOR(S) POLYP(S) OR OTHER LESION(S) (INCLUDES PRE-AND POST-DILATION AND GUIDE WIRE PASSAGE WHEN PERFORMED)
44402	COLONOSCOPY THROUGH STOMA WITH ENDOSCOPIC STENT PLACEMENT (INCLUDING PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE WHEN PERFORMED)
44403	COLONOSCOPY THROUGH STOMA WITH ENDOSCOPIC MUCOSAL RESECTION
44404	COLONOSCOPY THROUGH STOMA WITH DIRECTED SUBMUCOSAL INJECTION(S) ANY SUBSTANCE
44405	COLONOSCOPY THROUGH STOMA WITH TRANSENDOSCOPIC BALLOON DILATION
44406	COLONOSCOPY THROUGH STOMA WITH ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE SIGMOID DESCENDING TRANSVERSE OR ASCENDING COLON AND CECUM AND ADJACENT STRUCTURES
44407	COLONOSCOPY THROUGH STOMA WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATION BIOPSY(S) INCLUDES ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE SIGMOID DESCENDING TRANSVERSE OR ASCENDING COLON AND CECUM AND ADJACENT STRUCTURES
44408	COLONOSCOPY THROUGH STOMA WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG VOLVULUS MEGACOLON) INCLUDING PLACEMENT OF DECOMPRESSION TUBE WHEN PERFORMED
44500	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG MILLER-ABBOTT) (SEPARATE PROCEDURE)
44602	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER DIVERTICULUM WOUND INJURY OR RUPTURE SINGLE PERFORATION
44603	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER DIVERTICULUM WOUND INJURY OR RUPTURE MULTIPLE PERFORATIONS
44604	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER DIVERTICULUM WOUND INJURY OR RUPTURE (SINGLE OR MULTIPLE PERFORATIONS) WITHOUT COLOSTOMY
44605	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER DIVERTICULUM WOUND INJURY OR RUPTURE (SINGLE OR MULTIPLE PERFORATIONS) WITH COLOSTOMY
44615	INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) W WO DILATION FOR INTESTINAL OBSTRUCTION
44620	CLOSURE OF ENTEROSTOMY LARGE OR SMALL INTESTINE
44625	CLOSURE OF ENTEROSTOMY LARGE OR SMALL INTESTINE WITH RESECTION AND ANASTOMOSIS OTHER THAN COLORECTAL
44626	CLOSURE OF ENTEROSTOMY LARGE OR SMALL INTESTINE WITH RESECTION AND COLORECTAL ANASTOMOSIS (EG CLOSURE OF HARTMANN TYPE PROCEDURE)
44640	CLOSURE OF INTESTINAL CUTANEOUS FISTULA
44650	CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA
44660	CLOSURE OF ENTEROVESICAL FISTULA WITHOUT INTESTINAL OR BLADDER RESECTION

44661	CLOSURE OF ENTEROVESICAL FISTULA WITH INTESTINE AND OR BLADDER RESECTION
44680	INTESTINAL PLICATION (SEPARATE PROCEDURE)
44700	EXCLUSION OF SMALL INTESTINE FROM PELVIS BY MESH OR OTHER PROSTHESIS OR NATIVE TISSUE (EG BLADDER OR OMENTUM)
44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
44705	PREPARATION OF FECAL MICROBIOTA FOR INSTILLATION INCLUDING ASSESSMENT OF DONOR SPECIMEN
44715	BACKBENCH STANDARD PREPARATION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION INCLUDING MOBILIZATION AND FASHIONING OF THE SUPERIOR MESENTERIC ARTERY AND VEIN
44720	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION VENOUS ANASTOMOSIS EACH
44721	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION ARTERIAL ANASTOMOSIS EACH
44799	UNLISTED PROCEDURE SMALL INTESTINE
44800	EXCISION OF MECKEL S DIVERTICULUM (DIVERTICULECTOMY) OR OMPHALOMESENTERIC DUCT
44820	EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)
44850	SUTURE OF MESENTERY (SEPARATE PROCEDURE)
44899	UNLISTED PROCEDURE MECKEL S DIVERTICULUM AND THE MESENTERY
44900	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS OPEN
44950	APPENDECTOMY
44955	APPENDECTOMY WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE (NOT AS SEPARATE PROCEDURE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
44960	APPENDECTOMY FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITONITIS
44970	LAPAROSCOPY SURGICAL APPENDECTOMY
44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS
45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS RECTUM
45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR PELVIRECTAL OR RETRORECTAL ABSCESS
45100	BIOPSY OF ANORECTAL WALL ANAL APPROACH (EG CONGENITAL MEGACOLON)
45108	ANORECTAL MYOMECTOMY
45110	PROCTECTOMY COMPLETE COMBINED ABDOMINOPERINEAL WITH COLOSTOMY
45111	PROCTECTOMY PARTIAL RESECTION OF RECTUM TRANSABDOMINAL APPROACH
45112	PROCTECTOMY COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG COLO-ANAL ANASTOMOSIS)

45113	PROCTECTOMY PARTIAL WITH RECTAL MUCOSECTOMY ILEOANAL ANASTOMOSIS CREATION OF ILEAL RESERVOIR (S OR J) W WO LOOP ILEOSTOMY
45114	PROCTECTOMY PARTIAL WITH ANASTOMOSIS ABDOMINAL AND TRANSSACRAL APPROACH
45116	PROCTECTOMY PARTIAL WITH ANASTOMOSIS TRANSSACRAL APPROACH ONLY (KRASKE TYPE)
45119	PROCTECTOMY COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG COLO-ANAL ANASTOMOSIS) WITH CREATION OF COLONIC RESERVOIR (EG J-POUCH) WITH DIVERTING ENTEROSTOMY WHEN PERFORMED
45120	PROCTECTOMY COMPLETE (FOR CONGENITAL MEGACOLON) ABDOMINAL AND PERINEAL APPROACH WITH PULL-THROUGH PROCEDURE AND ANASTOMOSIS (EG SWENSON DUHAMEL OR SOAVE TYPE OPERATION)
45121	PROCTECTOMY COMPLETE (FOR CONGENITAL MEGACOLON) ABDOMINAL AND PERINEAL APPROACH WITH SUBTOTAL OR TOTAL COLECTOMY WITH MULTIPLE BIOPSIES
45123	PROCTECTOMY PARTIAL WITHOUT ANASTOMOSIS PERINEAL APPROACH
45126	PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY WITH PROCTECTOMY (W WO COLOSTOMY) WITH REMOVAL OF BLADDER AND URETERAL TRANSPLANTATIONS AND OR HYSTERECTOMY OR CERVICECTOMY W WO REMOVAL OF TUBE(S) W WO REMOVAL OF OVARY(S) OR ANY COMBINATION THEREOF
45130	EXCISION OF RECTAL PROCIDENTIA WITH ANASTOMOSIS PERINEAL APPROACH
45135	EXCISION OF RECTAL PROCIDENTIA WITH ANASTOMOSIS ABDOMINAL AND PERINEAL APPROACH
45136	EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY
45150	DIVISION OF STRICTURE OF RECTUM
45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY TRANSSACRAL OR TRANSCOCCYGEAL APPROACH
45171	EXCISION OF RECTAL TUMOR TRANSANAL APPROACH NOT INCLUDING MUSCULARIS PROPRIA (IE PARTIAL THICKNESS)
45172	EXCISION OF RECTAL TUMOR TRANSANAL APPROACH INCLUDING MUSCULARIS PROPRIA (IE FULL THICKNESS)
45190	DESTRUCTION OF RECTAL TUMOR (EG ELECTRODESICCATION ELECTROSURGERY LASER ABLATION LASER RESECTION CRYOSURGERY) TRANSANAL APPROACH
45300	PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC W WO COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
45303	PROCTOSIGMOIDOSCOPY RIGID WITH DILATION (EG BALLOON GUIDE WIRE BOUGIE)
45305	PROCTOSIGMOIDOSCOPY RIGID WITH BIOPSY SINGLE OR MULTIPLE
45307	PROCTOSIGMOIDOSCOPY RIGID WITH REMOVAL OF FOREIGN BODY
45308	PROCTOSIGMOIDOSCOPY RIGID WITH REMOVAL OF SINGLE TUMOR POLYP OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY

45309	PROCTOSIGMOIDOSCOPY RIGID WITH REMOVAL OF SINGLE TUMOR POLYP OR OTHER LESION BY SNARE TECHNIQUE
45315	PROCTOSIGMOIDOSCOPY RIGID WITH REMOVAL OF MULTIPLE TUMORS POLYPS OR OTHER LESIONS BY HOT BIOPSY FORCEPS BIPOLAR CAUTERY OR SNARE TECHNIQUE
45317	PROCTOSIGMOIDOSCOPY RIGID WITH CONTROL OF BLEEDING (EG INJECTION BIPOLAR CAUTERY UNIPOLAR CAUTERY LASER HEATER PROBE STAPLER PLASMA COAGULATOR)
45320	PROCTOSIGMOIDOSCOPY RIGID WITH ABLATION OF TUMOR(S) POLYP(S) OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS BIPOLAR CAUTERY OR SNARE TECHNIQUE (EG LASER)
45321	PROCTOSIGMOIDOSCOPY RIGID WITH DECOMPRESSION OF VOLVULUS
45327	PROCTOSIGMOIDOSCOPY RIGID WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)
45330	SIGMOIDOSCOPY FLEXIBLE DIAGNOSTIC INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN PERFORMED (SEPARATE PROCEDURE)
45331	SIGMOIDOSCOPY FLEXIBLE WITH BIOPSY SINGLE OR MULTIPLE
45332	SIGMOIDOSCOPY FLEXIBLE WITH REMOVAL OF FOREIGN BODY(S)
45333	SIGMOIDOSCOPY FLEXIBLE WITH REMOVAL OF TUMOR(S) POLYP(S) OR OTHER LESION(S) BY HOT BIOPSY FORCEPS
45334	SIGMOIDOSCOPY FLEXIBLE WITH CONTROL OF BLEEDING ANY METHOD
45335	SIGMOIDOSCOPY FLEXIBLE WITH DIRECTED SUBMUCOSAL INJECTION(S) ANY SUBSTANCE
45337	SIGMOIDOSCOPY FLEXIBLE WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG VOLVULUS MEGACOLON) INCLUDING PLACEMENT OF DECOMPRESSION TUBE WHEN PERFORMED
45338	SIGMOIDOSCOPY FLEXIBLE WITH REMOVAL OF TUMOR(S) POLYP(S) OR OTHER LESION(S) BY SNARE TECHNIQUE
45340	SIGMOIDOSCOPY FLEXIBLE WITH TRANSENDOSCOPIC BALLOON DILATION
45341	SIGMOIDOSCOPY FLEXIBLE WITH ENDOSCOPIC ULTRASOUND EXAMINATION
45342	SIGMOIDOSCOPY FLEXIBLE WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATION BIOPSY(S)
45346	SIGMOIDOSCOPY FLEXIBLE WITH ABLATION OF TUMOR(S) POLYP(S) OR OTHER LESION(S) (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE WHEN PERFORMED)
45347	SIGMOIDOSCOPY FLEXIBLE WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE WHEN PERFORMED)
45349	SIGMOIDOSCOPY FLEXIBLE WITH ENDOSCOPIC MUCOSAL RESECTION
45350	SIGMOIDOSCOPY FLEXIBLE WITH BAND LIGATION(S) (EG HEMORRHOIDS)
45378	COLONOSCOPY FLEXIBLE DIAGNOSTIC INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN PERFORMED (SEPARATE PROCEDURE)

45379	COLONOSCOPY FLEXIBLE WITH REMOVAL OF FOREIGN BODY(S)
45380	COLONOSCOPY FLEXIBLE WITH BIOPSY SINGLE OR MULTIPLE
45381	COLONOSCOPY FLEXIBLE WITH DIRECTED SUBMUCOSAL INJECTION(S) ANY SUBSTANCE
45382	COLONOSCOPY FLEXIBLE WITH CONTROL OF BLEEDING ANY METHOD
45384	COLONOSCOPY FLEXIBLE WITH REMOVAL OF TUMOR(S) POLYP(S) OR OTHER LESION(S) BY HOT BIOPSY FORCEPS
45385	COLONOSCOPY FLEXIBLE WITH REMOVAL OF TUMOR(S) POLYP(S) OR OTHER LESION(S) BY SNARE TECHNIQUE
45386	COLONOSCOPY FLEXIBLE WITH TRANSENDOSCOPIC BALLOON DILATION
45388	COLONOSCOPY FLEXIBLE WITH ABLATION OF TUMOR(S) POLYP(S) OR OTHER LESION(S) (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE WHEN PERFORMED)
45389	COLONOSCOPY FLEXIBLE WITH ENDOSCOPIC STENT PLACEMENT (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE WHEN PERFORMED)
45390	COLONOSCOPY FLEXIBLE WITH ENDOSCOPIC MUCOSAL RESECTION
45391	COLONOSCOPY FLEXIBLE WITH ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE RECTUM SIGMOID DESCENDING TRANSVERSE OR ASCENDING COLON AND CECUM AND ADJACENT STRUCTURES
45392	COLONOSCOPY FLEXIBLE WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATION BIOPSY(S) INCLUDES ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE RECTUM SIGMOID DESCENDING TRANSVERSE OR ASCENDING COLON AND CECUM AND ADJACENT STRUCTURES
45393	COLONOSCOPY FLEXIBLE WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG VOLVULUS MEGACOLON) INCLUDING PLACEMENT OF DECOMPRESSION TUBE WHEN PERFORMED
45395	LAPAROSCOPY SURGICAL PROCTECTOMY COMPLETE COMBINED ABDOMINOPERINEAL WITH COLOSTOMY
45397	LAPAROSCOPY SURGICAL PROCTECTOMY COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG COLO-ANAL ANASTOMOSIS) WITH CREATION OF COLONIC RESERVOIR (EG J-POUCH) WITH DIVERTING ENTEROSTOMY WHEN PERFORMED
45398	COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S) (EG HEMORRHOIDS)
45399	UNLISTED PROCEDURE COLON
45400	LAPAROSCOPY SURGICAL PROCTOPEXY (FOR PROLAPSE)
45402	LAPAROSCOPY SURGICAL PROCTOPEXY (FOR PROLAPSE) WITH SIGMOID RESECTION
45499	UNLISTED LAPAROSCOPY PROCEDURE RECTUM
45500	PROCTOPLASTY FOR STENOSIS
45505	PROCTOPLASTY FOR PROLAPSE OF MUCOUS MEMBRANE
45520	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE

45540	PROCTOPEXY (EG FOR PROLAPSE) ABDOMINAL APPROACH
45541	PROCTOPEXY (EG FOR PROLAPSE) PERINEAL APPROACH
45550	PROCTOPEXY (EG FOR PROLAPSE) WITH SIGMOID RESECTION ABDOMINAL APPROACH
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)
45562	EXPLORATION REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY
45563	EXPLORATION REPAIR AND PRESACRAL DRAINAGE FOR RECTAL INJURY WITH COLOSTOMY
45800	CLOSURE OF RECTOVESICAL FISTULA
45805	CLOSURE OF RECTOVESICAL FISTULA WITH COLOSTOMY
45820	CLOSURE OF RECTOURETHRAL FISTULA
45825	CLOSURE OF RECTOURETHRAL FISTULA WITH COLOSTOMY
45900	REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA
45905	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL
45910	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL
45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA
45990	ANORECTAL EXAM SURGICAL REQUIRING ANESTHESIA (GENERAL SPINAL OR EPIDURAL) DIAGNOSTIC
45999	UNLISTED PROCEDURE RECTUM
46020	PLACEMENT OF SETON
46030	REMOVAL OF ANAL SETON OTHER MARKER
46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND OR PERIRECTAL ABSCESS (SEPARATE PROCEDURE)
46045	INCISION AND DRAINAGE OF INTRAMURAL INTRAMUSCULAR OR SUBMUCOSAL ABSCESS TRANSANAL UNDER ANESTHESIA
46050	INCISION AND DRAINAGE PERIANAL ABSCESS SUPERFICIAL
46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS WITH FISTULECTOMY OR FISTULOTOMY SUBMUSCULAR W WO PLACEMENT OF SETON
46070	INCISION ANAL SEPTUM (INFANT)
46080	SPHINCTEROTOMY ANAL DIVISION OF SPHINCTER (SEPARATE PROCEDURE)
46083	INCISION OF THROMBOSED HEMORRHOID EXTERNAL
46200	FISSURECTOMY INCLUDING SPHINCTEROTOMY WHEN PERFORMED
46220	EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG ANUS
46221	HEMORRHOIDECTOMY INTERNAL BY RUBBER BAND LIGATION(S)
46230	EXCISION OF MULTIPLE EXTERNAL PAPILLAE OR TAGS ANUS
46250	HEMORRHOIDECTOMY EXTERNAL 2 OR MORE COLUMNS GROUPS
46255	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL SINGLE COLUMN GROUP
46257	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL SINGLE COLUMN GROUP WITH FISSURECTOMY

46258	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL SINGLE COLUMN GROUP WITH FISTULECTOMY INCLUDING FISSURECTOMY WHEN PERFORMED
46260	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL 2 OR MORE COLUMNS GROUPS
46261	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL 2 OR MORE COLUMNS GROUPS WITH FISSURECTOMY
46262	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL 2 OR MORE COLUMNS GROUPS WITH FISTULECTOMY INCLUDING FISSURECTOMY WHEN PERFORMED
46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY FISTULOTOMY) SUBCUTANEOUS
46275	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY FISTULOTOMY) INTERSPHINCTERIC
46280	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY FISTULOTOMY) TRANSSPHINCTERIC SUPRASPHINCTERIC EXTRASPHINCTERIC OR MULTIPLE INCLUDING PLACEMENT OF SETON WHEN PERFORMED
46285	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY FISTULOTOMY) SECOND STAGE
46288	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP
46320	EXCISION OF THROMBOSED HEMORRHOID EXTERNAL
46500	INJECTION OF SCLEROSING SOLUTION HEMORRHOIDS
46505	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER
46600	ANOSCOPY DIAGNOSTIC INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN PERFORMED (SEPARATE PROCEDURE)
46601	ANOSCOPY DIAGNOSTIC WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG COLPOSCOPE OPERATING MICROSCOPE) AND CHEMICAL AGENT ENHANCEMENT INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN PERFORMED
46604	ANOSCOPY WITH DILATION (EG BALLOON GUIDE WIRE BOUGIE)
46606	ANOSCOPY WITH BIOPSY SINGLE OR MULTIPLE
46607	ANOSCOPY WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG COLPOSCOPE OPERATING MICROSCOPE) AND CHEMICAL AGENT ENHANCEMENT WITH BIOPSY SINGLE OR MULTIPLE
46608	ANOSCOPY WITH REMOVAL OF FOREIGN BODY
46610	ANOSCOPY WITH REMOVAL OF SINGLE TUMOR POLYP OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
46611	ANOSCOPY WITH REMOVAL OF SINGLE TUMOR POLYP OR OTHER LESION BY SNARE TECHNIQUE
46612	ANOSCOPY WITH REMOVAL OF MULTIPLE TUMORS POLYPS OR OTHER LESIONS BY HOT BIOPSY FORCEPS BIPOLAR CAUTERY OR SNARE TECHNIQUE
46614	ANOSCOPY WITH CONTROL OF BLEEDING (EG INJECTION BIPOLAR CAUTERY UNIPOLAR CAUTERY LASER HEATER PROBE STAPLER PLASMA COAGULATOR)

46615	ANOSCOPY WITH ABLATION OF TUMOR(S) POLYP(S) OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS BIPOLAR CAUTERY OR SNARE TECHNIQUE
46700	ANOPLASTY PLASTIC OPERATION FOR STRICTURE ADULT
46705	ANOPLASTY PLASTIC OPERATION FOR STRICTURE INFANT
46706	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE
46707	REPAIR OF ANORECTAL FISTULA WITH PLUG (EG PORCINE SMALL INTESTINE SUBMUCOSA [SIS])
46710	REPAIR OF ILEOANAL POUCH FISTULA SINUS (EG PERINEAL OR VAGINAL) POUCH ADVANCEMENT TRANSPERINEAL APPROACH
46712	REPAIR OF ILEOANAL POUCH FISTULA SINUS (EG PERINEAL OR VAGINAL) POUCH ADVANCEMENT COMBINED TRANSPERINEAL AND TRANSABDOMINAL APPROACH
46715	REPAIR OF LOW IMPERFORATE ANUS WITH ANOPERINEAL FISTULA (CUT-BACK PROCEDURE)
46716	REPAIR OF LOW IMPERFORATE ANUS WITH TRANSPOSITION OF ANOPERINEAL OR ANOVESTIBULAR FISTULA
46730	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA PERINEAL OR SACROPERINEAL APPROACH
46735	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA COMBINED TRANSABDOMINAL AND SACROPERINEAL APPROACHES
46740	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA PERINEAL OR SACROPERINEAL APPROACH
46742	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA COMBINED TRANSABDOMINAL AND SACROPERINEAL APPROACHES
46744	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY SACROPERINEAL APPROACH
46746	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY COMBINED ABDOMINAL AND SACROPERINEAL APPROACH
46748	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY COMBINED ABDOMINAL AND SACROPERINEAL APPROACH WITH VAGINAL LENGTHENING BY INTESTINAL GRAFT OR PEDICLE FLAPS
46750	SPHINCTEROPLASTY ANAL FOR INCONTINENCE OR PROLAPSE ADULT
46751	SPHINCTEROPLASTY ANAL FOR INCONTINENCE OR PROLAPSE CHILD
46753	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND OR PROLAPSE
46754	REMOVAL OF THIERSCH WIRE OR SUTURE ANAL CANAL
46760	SPHINCTEROPLASTY ANAL FOR INCONTINENCE ADULT MUSCLE TRANSPLANT
46761	SPHINCTEROPLASTY ANAL FOR INCONTINENCE ADULT LEVATOR MUSCLE IMBRICATION (PARK POSTERIOR ANAL REPAIR)

46900	DESTRUCTION OF LESION(S) ANUS (EG CONDYLOMA PAPILLOMA MOLLUSCUM CONTAGIOSUM HERPETIC VESICLE) SIMPLE CHEMICAL
46910	DESTRUCTION OF LESION(S) ANUS (EG CONDYLOMA PAPILLOMA MOLLUSCUM CONTAGIOSUM HERPETIC VESICLE) SIMPLE ELECTRODESICCATION
46916	DESTRUCTION OF LESION(S) ANUS (EG CONDYLOMA PAPILLOMA MOLLUSCUM CONTAGIOSUM HERPETIC VESICLE) SIMPLE CRYOSURGERY
46917	DESTRUCTION OF LESION(S) ANUS (EG CONDYLOMA PAPILLOMA MOLLUSCUM CONTAGIOSUM HERPETIC VESICLE) SIMPLE LASER SURGERY
46922	DESTRUCTION OF LESION(S) ANUS (EG CONDYLOMA PAPILLOMA MOLLUSCUM CONTAGIOSUM HERPETIC VESICLE) SIMPLE SURGICAL EXCISION
46924	DESTRUCTION OF LESION(S) ANUS (EG CONDYLOMA PAPILLOMA MOLLUSCUM CONTAGIOSUM HERPETIC VESICLE) EXTENSIVE (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY)
46930	DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG INFRARED COAGULATION CAUTERY RADIOFREQUENCY)
46940	CURETTAGE OR CAUTERY OF ANAL FISSURE INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) INITIAL
46942	CURETTAGE OR CAUTERY OF ANAL FISSURE INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) SUBSEQUENT
46945	HEMORRHOIDECTOMY INTERNAL BY LIGATION OTHER THAN RUBBER BAND SINGLE HEMORRHOID COLUMN GROUP WITHOUT IMAGING GUIDANCE
46946	HEMORRHOIDECTOMY INTERNAL BY LIGATION OTHER THAN RUBBER BAND 2 OR MORE HEMORRHOID COLUMNS GROUPS WITHOUT IMAGING GUIDANCE
46947	HEMORRHOIDOPEXY (EG FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING
46948	HEMORRHOIDECTOMY INTERNAL BY TRANSANAL HEMORRHOIDAL DEARTERIALIZATION 2 OR MORE HEMORRHOID COLUMNS GROUPS INCLUDING ULTRASOUND GUIDANCE WITH MUCOPEXY WHEN PERFORMED
46999	UNLISTED PROCEDURE ANUS
47000	BIOPSY OF LIVER NEEDLE PERCUTANEOUS
47001	BIOPSY OF LIVER NEEDLE WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
47010	HEPATOTOMY FOR OPEN DRAINAGE OF ABSCESS OR CYST 1 OR 2 STAGES
47015	LAPAROTOMY WITH ASPIRATION AND OR INJECTION OF HEPATIC PARASITIC (EG AMOEBIC OR ECHINOCOCCAL) CYST(S) OR ABSCESS(ES)
47100	BIOPSY OF LIVER WEDGE

47120	HEPATECTOMY RESECTION OF LIVER PARTIAL LOBECTOMY
47122	HEPATECTOMY RESECTION OF LIVER TRISEGMENTECTOMY
47125	HEPATECTOMY RESECTION OF LIVER TOTAL LEFT LOBECTOMY
47130	HEPATECTOMY RESECTION OF LIVER TOTAL RIGHT LOBECTOMY
47133	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION) FROM CADAVER DONOR
47135	LIVER ALLOTRANSPLANTATION ORTHOTOPIC PARTIAL OR WHOLE FROM CADAVER OR LIVING DONOR ANY AGE
47140	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION) FROM LIVING DONOR LEFT LATERAL SEGMENT ONLY (SEGMENTS II AND III)
47141	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION) FROM LIVING DONOR TOTAL LEFT LOBECTOMY (SEGMENTS II III AND IV)
47142	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION) FROM LIVING DONOR TOTAL RIGHT LOBECTOMY (SEGMENTS V VI VII AND VIII)
47143	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION INCLUDING CHOLECYSTECTOMY IF NECESSARY AND DISSECTION AND REMOVAL OF SURROUNDING SOFT TISSUES TO PREPARE THE VENA CAVA PORTAL VEIN HEPATIC ARTERY AND COMMON BILE DUCT FOR IMPLANTATION WITHOUT TRISEGMENT OR LOBE SPLIT
47144	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION INCLUDING CHOLECYSTECTOMY IF NECESSARY AND DISSECTION AND REMOVAL OF SURROUNDING SOFT TISSUES TO PREPARE THE VENA CAVA PORTAL VEIN HEPATIC ARTERY AND COMMON BILE DUCT FOR IMPLANTATION WITH 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])
47145	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION INCLUDING CHOLECYSTECTOMY IF NECESSARY AND DISSECTION AND REMOVAL OF SURROUNDING SOFT TISSUES TO PREPARE THE VENA CAVA PORTAL VEIN HEPATIC ARTERY AND COMMON BILE DUCT FOR IMPLANTATION WITH LOBE SPLIT OF WHOLE LIVER GRAFT INTO 2 PARTIAL LIVER GRAFTS (IE LEFT LOBE [SEGMENTS II III AND IV] AND RIGHT LOBE [SEGMENTS I AND V THROUGH VIII])
47146	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION VENOUS ANASTOMOSIS EACH
47147	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION ARTERIAL ANASTOMOSIS EACH
47300	MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER
47350	MANAGEMENT OF LIVER HEMORRHAGE SIMPLE SUTURE OF LIVER WOUND OR INJURY

47360	MANAGEMENT OF LIVER HEMORRHAGE COMPLEX SUTURE OF LIVER WOUND OR INJURY W WO HEPATIC ARTERY LIGATION
47361	MANAGEMENT OF LIVER HEMORRHAGE EXPLORATION OF HEPATIC WOUND EXTENSIVE DEBRIDEMENT COAGULATION AND OR SUTURE W WO PACKING OF LIVER
47362	MANAGEMENT OF LIVER HEMORRHAGE RE-EXPLORATION OF HEPATIC WOUND FOR REMOVAL OF PACKING
47370	LAPAROSCOPY SURGICAL ABLATION OF 1 OR MORE LIVER TUMOR(S) RADIOFREQUENCY
47371	LAPAROSCOPY SURGICAL ABLATION OF 1 OR MORE LIVER TUMOR(S) CRYOSURGICAL
47379	UNLISTED LAPAROSCOPIC PROCEDURE LIVER
47380	ABLATION OPEN OF 1 OR MORE LIVER TUMOR(S) RADIOFREQUENCY
47381	ABLATION OPEN OF 1 OR MORE LIVER TUMOR(S) CRYOSURGICAL
47382	ABLATION 1 OR MORE LIVER TUMOR(S) PERCUTANEOUS RADIOFREQUENCY
47383	ABLATION 1 OR MORE LIVER TUMOR(S) PERCUTANEOUS CRYOABLATION
47384	ABLATION IRREVERSIBLE ELECTROPORATION LIVER 1 OR MORE TUMORS INCLUDING IMAGING GUIDANCE PERCUTANEOUS
47399	UNLISTED PROCEDURE LIVER
47400	HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION DRAINAGE OR REMOVAL OF CALCULUS
47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION DRAINAGE OR REMOVAL OF CALCULUS W WO CHOLECYSTOTOMY WITHOUT TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY
47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION DRAINAGE OR REMOVAL OF CALCULUS W WO CHOLECYSTOTOMY WITH TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY
47460	TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY W WO TRANSDUODENAL EXTRACTION OF CALCULUS (SEPARATE PROCEDURE)
47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY OPEN WITH EXPLORATION DRAINAGE OR REMOVAL OF CALCULUS (SEPARATE PROCEDURE)
47490	CHOLECYSTOSTOMY PERCUTANEOUS COMPLETE PROCEDURE INCLUDING IMAGING GUIDANCE CATHETER PLACEMENT CHOLECYSTOGRAM WHEN PERFORMED AND RADIOLOGICAL SUPERVISION AND INTERPRETATION
47531	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY PERCUTANEOUS COMPLETE DIAGNOSTIC PROCEDURE INCLUDING IMAGING GUIDANCE (EG ULTRASOUND AND OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION EXISTING ACCESS
47532	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY PERCUTANEOUS COMPLETE DIAGNOSTIC PROCEDURE INCLUDING IMAGING GUIDANCE (EG ULTRASOUND AND OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION NEW ACCESS (EG PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAM)

47533	PLACEMENT OF BILIARY DRAINAGE CATHETER PERCUTANEOUS INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED IMAGING GUIDANCE (EG ULTRASOUND AND OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION EXTERNAL
47534	PLACEMENT OF BILIARY DRAINAGE CATHETER PERCUTANEOUS INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED IMAGING GUIDANCE (EG ULTRASOUND AND OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION INTERNAL-EXTERNAL
47535	CONVERSION OF EXTERNAL BILIARY DRAINAGE CATHETER TO INTERNAL-EXTERNAL BILIARY DRAINAGE CATHETER PERCUTANEOUS INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED IMAGING GUIDANCE (EG FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG EXTERNAL INTERNAL-EXTERNAL OR CONVERSION OF INTERNAL-EXTERNAL TO EXTERNAL ONLY) PERCUTANEOUS INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED IMAGING GUIDANCE (EG FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION
47537	REMOVAL OF BILIARY DRAINAGE CATHETER PERCUTANEOUS REQUIRING FLUOROSCOPIC GUIDANCE (EG WITH CONCURRENT INDWELLING BILIARY STENTS) INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED IMAGING GUIDANCE (EG FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION
47538	PLACEMENT OF STENT(S) INTO A BILE DUCT PERCUTANEOUS INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY IMAGING GUIDANCE (EG FLUOROSCOPY AND OR ULTRASOUND) BALLOON DILATION CATHETER EXCHANGE(S) AND CATHETER REMOVAL(S) WHEN PERFORMED AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION EXISTING ACCESS
47539	PLACEMENT OF STENT(S) INTO A BILE DUCT PERCUTANEOUS INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY IMAGING GUIDANCE (EG FLUOROSCOPY AND OR ULTRASOUND) BALLOON DILATION CATHETER EXCHANGE(S) AND CATHETER REMOVAL(S) WHEN PERFORMED AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION NEW ACCESS WITHOUT PLACEMENT OF SEPARATE BILIARY DRAINAGE CATHETER
47540	PLACEMENT OF STENT(S) INTO A BILE DUCT PERCUTANEOUS INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY IMAGING GUIDANCE (EG FLUOROSCOPY AND OR ULTRASOUND) BALLOON DILATION CATHETER EXCHANGE(S) AND CATHETER REMOVAL(S) WHEN PERFORMED AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION NEW ACCESS WITH PLACEMENT OF SEPARATE BILIARY DRAINAGE CATHETER (EG EXTERNAL OR INTERNAL-EXTERNAL)

47541	PLACEMENT OF ACCESS THROUGH THE BILIARY TREE AND INTO SMALL BOWEL TO ASSIST WITH AN ENDOSCOPIC BILIARY PROCEDURE (EG RENDEZVOUS PROCEDURE) PERCUTANEOUS INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED IMAGING GUIDANCE (EG ULTRASOUND AND OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION NEW ACCESS
47542	BALLOON DILATION OF BILIARY DUCT(S) OR OF AMPULLA (SPHINCTEROPLASTY) PERCUTANEOUS INCLUDING IMAGING GUIDANCE (EG FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION EACH DUCT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY TREE PERCUTANEOUS ANY METHOD(S) (EG BRUSH FORCEPS AND OR NEEDLE) INCLUDING IMAGING GUIDANCE (EG FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
47544	REMOVAL OF CALCULI DEBRIS FROM BILIARY DUCT(S) AND OR GALLBLADDER PERCUTANEOUS INCLUDING DESTRUCTION OF CALCULI BY ANY METHOD (EG MECHANICAL ELECTROHYDRAULIC LITHOTRIPSY) WHEN PERFORMED IMAGING GUIDANCE (EG FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
47550	BILIARY ENDOSCOPY INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
47552	BILIARY ENDOSCOPY PERCUTANEOUS VIA T-TUBE OR OTHER TRACT DIAGNOSTIC WITH COLLECTION OF SPECIMEN(S) BY BRUSHING AND OR WASHING WHEN PERFORMED (SEPARATE PROCEDURE)
47553	BILIARY ENDOSCOPY PERCUTANEOUS VIA T-TUBE OR OTHER TRACT WITH BIOPSY SINGLE OR MULTIPLE
47554	BILIARY ENDOSCOPY PERCUTANEOUS VIA T-TUBE OR OTHER TRACT WITH REMOVAL OF CALCULUS CALCULI
47555	BILIARY ENDOSCOPY PERCUTANEOUS VIA T-TUBE OR OTHER TRACT WITH DILATION OF BILIARY DUCT STRICTURE(S) WITHOUT STENT
47556	BILIARY ENDOSCOPY PERCUTANEOUS VIA T-TUBE OR OTHER TRACT WITH DILATION OF BILIARY DUCT STRICTURE(S) WITH STENT
47562	LAPAROSCOPY SURGICAL CHOLECYSTECTOMY
47563	LAPAROSCOPY SURGICAL CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY
47564	LAPAROSCOPY SURGICAL CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT
47570	LAPAROSCOPY SURGICAL CHOLECYSTOENTEROSTOMY
47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT
47600	CHOLECYSTECTOMY
47605	CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY
47610	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT
47612	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT WITH CHOLEDOCHOENTEROSTOMY

47620	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT WITH TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY W WO CHOLANGIOGRAPHY
47700	EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS WITHOUT REPAIR W WO LIVER BIOPSY W WO CHOLANGIOGRAPHY
47701	PORTOENTEROSTOMY (EG KASAI PROCEDURE)
47711	EXCISION OF BILE DUCT TUMOR W WO PRIMARY REPAIR OF BILE DUCT EXTRAHEPATIC
47712	EXCISION OF BILE DUCT TUMOR W WO PRIMARY REPAIR OF BILE DUCT INTRAHEPATIC
47715	EXCISION OF CHOLEDOCHAL CYST
47720	CHOLECYSTOENTEROSTOMY DIRECT
47721	CHOLECYSTOENTEROSTOMY WITH GASTROENTEROSTOMY
47740	CHOLECYSTOENTEROSTOMY ROUX-EN-Y
47741	CHOLECYSTOENTEROSTOMY ROUX-EN-Y WITH GASTROENTEROSTOMY
47760	ANASTOMOSIS OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT
47765	ANASTOMOSIS OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT
47780	ANASTOMOSIS ROUX-EN-Y OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT
47785	ANASTOMOSIS ROUX-EN-Y OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT
47800	RECONSTRUCTION PLASTIC OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END ANASTOMOSIS
47801	PLACEMENT OF CHOLEDOCHAL STENT
47802	U-TUBE HEPATICOENTEROSTOMY
47900	SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE PROCEDURE)
47999	UNLISTED PROCEDURE BILIARY TRACT
48000	PLACEMENT OF DRAINS PERIPANCREATIC FOR ACUTE PANCREATITIS
48001	PLACEMENT OF DRAINS PERIPANCREATIC FOR ACUTE PANCREATITIS WITH CHOLECYSTOSTOMY GASTROSTOMY AND JEJUNOSTOMY
48020	REMOVAL OF PANCREATIC CALCULUS
48100	BIOPSY OF PANCREAS OPEN (EG FINE NEEDLE ASPIRATION NEEDLE CORE BIOPSY WEDGE BIOPSY)
48102	BIOPSY OF PANCREAS PERCUTANEOUS NEEDLE
48105	RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE NECROTIZING PANCREATITIS
48120	EXCISION OF LESION OF PANCREAS (EG CYST ADENOMA)
48140	PANCREATECTOMY DISTAL SUBTOTAL W WO SPLENECTOMY WITHOUT PANCREATICOJEJUNOSTOMY
48145	PANCREATECTOMY DISTAL SUBTOTAL W WO SPLENECTOMY WITH PANCREATICOJEJUNOSTOMY
48146	PANCREATECTOMY DISTAL NEAR-TOTAL WITH PRESERVATION OF DUODENUM (CHILD-TYPE PROCEDURE)
48148	EXCISION OF AMPULLA OF VATER

48150	PANCREATECTOMY PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY PARTIAL GASTRECTOMY CHOLEDOCHOENTEROSTOMY AND GASTROJEJUNOSTOMY (WHIPPLE-TYPE PROCEDURE) WITH PANCREATOJEJUNOSTOMY
48152	PANCREATECTOMY PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY PARTIAL GASTRECTOMY CHOLEDOCHOENTEROSTOMY AND GASTROJEJUNOSTOMY (WHIPPLE-TYPE PROCEDURE) WITHOUT PANCREATOJEJUNOSTOMY
48153	PANCREATECTOMY PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY CHOLEDOCHOENTEROSTOMY AND DUODENOJEJUNOSTOMY (PYLORUS-SPARING WHIPPLE-TYPE PROCEDURE) WITH PANCREATOJEJUNOSTOMY
48154	PANCREATECTOMY PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY CHOLEDOCHOENTEROSTOMY AND DUODENOJEJUNOSTOMY (PYLORUS-SPARING WHIPPLE-TYPE PROCEDURE) WITHOUT PANCREATOJEJUNOSTOMY
48155	PANCREATECTOMY TOTAL
48160	PANCREATECTOMY TOTAL OR SUBTOTAL WITH AUTOLOGOUS TRANSPLANTATION OF PANCREAS OR PANCREATIC ISLET CELLS
48400	INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
48500	MARSUPIALIZATION OF PANCREATIC CYST
48510	EXTERNAL DRAINAGE PSEUDOCYST OF PANCREAS OPEN
48520	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT DIRECT
48540	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT ROUX-EN-Y
48545	PANCREATORRHAPHY FOR INJURY
48547	DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC INJURY
48548	PANCREATICOJEJUNOSTOMY SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TYPE OPERATION)
48550	DONOR PANCREATECTOMY (INCLUDING COLD PRESERVATION) W WO DUODENAL SEGMENT FOR TRANSPLANTATION
48551	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO TRANSPLANTATION INCLUDING DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES SPLENECTOMY DUODENOTOMY LIGATION OF BILE DUCT LIGATION OF MESENTERIC VESSELS AND Y-GRAFT ARTERIAL ANASTOMOSES FROM ILIAC ARTERY TO SUPERIOR MESENTERIC ARTERY AND TO SPLENIC ARTERY
48552	BACKBENCH RECONSTRUCTION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO TRANSPLANTATION VENOUS ANASTOMOSIS EACH
48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT
48556	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT

48999	UNLISTED PROCEDURE PANCREAS
49000	EXPLORATORY LAPAROTOMY EXPLORATORY CELIOTOMY W WO BIOPSY(S) (SEPARATE PROCEDURE)
49002	REOPENING OF RECENT LAPAROTOMY
49010	EXPLORATION RETROPERITONEAL AREA W WO BIOPSY(S) (SEPARATE PROCEDURE)
49013	PREPERITONEAL PELVIC PACKING FOR HEMORRHAGE ASSOCIATED WITH PELVIC TRAUMA INCLUDING LOCAL EXPLORATION
49014	RE-EXPLORATION OF PELVIC WOUND WITH REMOVAL OF PREPERITONEAL PELVIC PACKING INCLUDING REPACKING WHEN PERFORMED
49020	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS EXCLUSIVE OF APPENDICEAL ABSCESS OPEN
49040	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS OPEN
49060	DRAINAGE OF RETROPERITONEAL ABSCESS OPEN
49062	DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY OPEN
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC) WITHOUT IMAGING GUIDANCE
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC) WITH IMAGING GUIDANCE
49084	PERITONEAL LAVAGE INCLUDING IMAGING GUIDANCE WHEN PERFORMED
49180	BIOPSY ABDOMINAL OR RETROPERITONEAL MASS PERCUTANEOUS NEEDLE
49185	SCLEROTHERAPY OF A FLUID COLLECTION (EG LYMPHOCELE CYST OR SEROMA) PERCUTANEOUS INCLUDING CONTRAST INJECTION(S) SCLEROSANT INJECTION(S) DIAGNOSTIC STUDY IMAGING GUIDANCE (EG ULTRASOUND FLUOROSCOPY) AND RADIOLOGICAL SUPERVISION AND INTERPRETATION WHEN PERFORMED
49186	EXCISION OR DESTRUCTION OPEN INTRA-ABDOMINAL (IE PERITONEAL MESENTERIC RETROPERITONEAL) PRIMARY OR SECONDARY TUMOR(S) OR CYST(S) SUM OF THE MAXIMUM LENGTH OF TUMOR(S) OR CYST(S) 5 CM OR LESS
49187	EXCISION OR DESTRUCTION OPEN INTRA-ABDOMINAL (IE PERITONEAL MESENTERIC RETROPERITONEAL) PRIMARY OR SECONDARY TUMOR(S) OR CYST(S) SUM OF THE MAXIMUM LENGTH OF TUMOR(S) OR CYST(S) 5.1 TO 10 CM
49188	EXCISION OR DESTRUCTION OPEN INTRA-ABDOMINAL (IE PERITONEAL MESENTERIC RETROPERITONEAL) PRIMARY OR SECONDARY TUMOR(S) OR CYST(S) SUM OF THE MAXIMUM LENGTH OF TUMOR(S) OR CYST(S) 10.1 TO 20 CM
49189	EXCISION OR DESTRUCTION OPEN INTRA-ABDOMINAL (IE PERITONEAL MESENTERIC RETROPERITONEAL) PRIMARY OR SECONDARY TUMOR(S) OR CYST(S) SUM OF THE MAXIMUM LENGTH OF TUMOR(S) OR CYST(S) 20.1 TO 30 CM

49190	EXCISION OR DESTRUCTION OPEN INTRA-ABDOMINAL (IE PERITONEAL MESENTERIC RETROPERITONEAL) PRIMARY OR SECONDARY TUMOR(S) OR CYST(S) SUM OF THE MAXIMUM LENGTH OF TUMOR(S) OR CYST(S) GREATER THAN 30 CM
49203	EXCISION OR DESTRUCTION OPEN INTRA-ABDOMINAL TUMORS CYSTS OR ENDOMETRIOMAS 1 OR MORE PERITONEAL MESENTERIC OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS LARGEST TUMOR 5 CM DIAMETER OR LESS
49204	EXCISION OR DESTRUCTION OPEN INTRA-ABDOMINAL TUMORS CYSTS OR ENDOMETRIOMAS 1 OR MORE PERITONEAL MESENTERIC OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS LARGEST TUMOR 5.1-10.0 CM DIAMETER
49205	EXCISION OR DESTRUCTION OPEN INTRA-ABDOMINAL TUMORS CYSTS OR ENDOMETRIOMAS 1 OR MORE PERITONEAL MESENTERIC OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS LARGEST TUMOR GREATER THAN 10.0 CM DIAMETER
49215	EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR
49250	UMBILECTOMY OMPHALECTOMY EXCISION OF UMBILICUS (SEPARATE PROCEDURE)
49255	OMENTECTOMY EPIPLOECTOMY RESECTION OF OMENTUM (SEPARATE PROCEDURE)
49320	LAPAROSCOPY ABDOMEN PERITONEUM AND OMENTUM DIAGNOSTIC W WO COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
49321	LAPAROSCOPY SURGICAL WITH BIOPSY (SINGLE OR MULTIPLE)
49322	LAPAROSCOPY SURGICAL WITH ASPIRATION OF CAVITY OR CYST (EG OVARIAN CYST) (SINGLE OR MULTIPLE)
49323	LAPAROSCOPY SURGICAL WITH DRAINAGE OF LYMPHOCELE TO PERITONEAL CAVITY
49324	LAPAROSCOPY SURGICAL WITH INSERTION OF TUNNELED INTRAPERITONEAL CATHETER
49325	LAPAROSCOPY SURGICAL WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL CANNULA OR CATHETER WITH REMOVAL OF INTRALUMINAL OBSTRUCTIVE MATERIAL IF PERFORMED
49326	LAPAROSCOPY SURGICAL WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
49327	LAPAROSCOPY SURGICAL WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG FIDUCIAL MARKERS DOSIMETER) INTRA-ABDOMINAL INTRAPELVIC AND OR RETROPERITONEUM INCLUDING IMAGING GUIDANCE IF PERFORMED SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
49329	UNLISTED LAPAROSCOPY PROCEDURE ABDOMEN PERITONEUM AND OMENTUM
49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDURE)
49402	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY
49405	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG ABSCESS HEMATOMA SEROMA LYMPHOCELE CYST) VISCERAL (EG KIDNEY LIVER SPLEEN LUNG MEDIASTINUM) PERCUTANEOUS

49406	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG ABSCESS HEMATOMA SEROMA LYMPHOCELE CYST) PERITONEAL OR RETROPERITONEAL PERCUTANEOUS
49407	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG ABSCESS HEMATOMA SEROMA LYMPHOCELE CYST) PERITONEAL OR RETROPERITONEAL TRANSVAGINAL OR TRANSRECTAL
49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG FIDUCIAL MARKERS DOSIMETER) PERCUTANEOUS INTRA-ABDOMINAL INTRA-PELVIC (EXCEPT PROSTATE) AND OR RETROPERITONEUM SINGLE OR MULTIPLE
49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG FIDUCIAL MARKERS DOSIMETER) OPEN INTRA-ABDOMINAL INTRAPELVIC AND OR RETROPERITONEUM INCLUDING IMAGE GUIDANCE IF PERFORMED SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
49418	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG DIALYSIS INTRAPERITONEAL CHEMOTHERAPY INSTILLATION MANAGEMENT OF ASCITES) COMPLETE PROCEDURE INCLUDING IMAGING GUIDANCE CATHETER PLACEMENT CONTRAST INJECTION WHEN PERFORMED AND RADIOLOGICAL SUPERVISION AND INTERPRETATION PERCUTANEOUS
49419	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER WITH SUBCUTANEOUS PORT (IE TOTALLY IMPLANTABLE)
49421	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER FOR DIALYSIS OPEN
49422	REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER
49423	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER RADIOLOGICAL GUIDANCE (SEPARATE PROCEDURE)
49424	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED DRAINAGE CATHETER OR TUBE (SEPARATE PROCEDURE)
49425	INSERTION OF PERITONEAL-VENOUS SHUNT
49426	REVISION OF PERITONEAL-VENOUS SHUNT
49427	INJECTION PROCEDURE (EG CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED PERITONEAL-VENOUS SHUNT
49428	LIGATION OF PERITONEAL-VENOUS SHUNT
49429	REMOVAL OF PERITONEAL-VENOUS SHUNT
49435	INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER WITH REMOTE CHEST EXIT SITE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
49436	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITONEAL CANNULA OR CATHETER

49440	INSERTION OF GASTROSTOMY TUBE PERCUTANEOUS UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S) IMAGE DOCUMENTATION AND REPORT
49441	INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE PERCUTANEOUS UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S) IMAGE DOCUMENTATION AND REPORT
49442	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE PERCUTANEOUS UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S) IMAGE DOCUMENTATION AND REPORT
49446	CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S) IMAGE DOCUMENTATION AND REPORT
49450	REPLACEMENT OF GASTROSTOMY OR CECOSTOMY (OR OTHER COLONIC) TUBE PERCUTANEOUS UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S) IMAGE DOCUMENTATION AND REPORT
49451	REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY TUBE PERCUTANEOUS UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S) IMAGE DOCUMENTATION AND REPORT
49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S) IMAGE DOCUMENTATION AND REPORT
49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM GASTROSTOMY DUODENOSTOMY JEJUNOSTOMY GASTRO-JEJUNOSTOMY OR CECOSTOMY (OR OTHER COLONIC) TUBE ANY METHOD UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S) IF PERFORMED IMAGE DOCUMENTATION AND REPORT
49465	CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION OF EXISTING GASTROSTOMY DUODENOSTOMY JEJUNOSTOMY GASTRO-JEJUNOSTOMY OR CECOSTOMY (OR OTHER COLONIC) TUBE FROM A PERCUTANEOUS APPROACH INCLUDING IMAGE DOCUMENTATION AND REPORT
49491	REPAIR INITIAL INGUINAL HERNIA PRETERM INFANT (YOUNGER THAN 37 WEEKS GESTATION AT BIRTH) PERFORMED FROM BIRTH UP TO 50 WEEKS POSTCONCEPTION AGE W WO HYDROCELECTOMY REDUCIBLE
49492	REPAIR INITIAL INGUINAL HERNIA PRETERM INFANT (YOUNGER THAN 37 WEEKS GESTATION AT BIRTH) PERFORMED FROM BIRTH UP TO 50 WEEKS POSTCONCEPTION AGE W WO HYDROCELECTOMY INCARCERATED OR STRANGULATED
49495	REPAIR INITIAL INGUINAL HERNIA FULL TERM INFANT YOUNGER THAN AGE 6 MONTHS OR PRETERM INFANT OLDER THAN 50 WEEKS POSTCONCEPTION AGE AND YOUNGER THAN AGE 6 MONTHS AT THE TIME OF SURGERY W WO HYDROCELECTOMY REDUCIBLE
49496	REPAIR INITIAL INGUINAL HERNIA FULL TERM INFANT YOUNGER THAN AGE 6 MONTHS OR PRETERM INFANT OLDER THAN 50 WEEKS POSTCONCEPTION AGE AND YOUNGER THAN AGE 6 MONTHS AT THE TIME OF SURGERY W WO HYDROCELECTOMY INCARCERATED OR STRANGULATED
49500	REPAIR INITIAL INGUINAL HERNIA AGE 6 MONTHS TO YOUNGER THAN 5 YEARS W WO HYDROCELECTOMY REDUCIBLE

49501	REPAIR INITIAL INGUINAL HERNIA AGE 6 MONTHS TO YOUNGER THAN 5 YEARS W WO HYDROCELECTOMY INCARCERATED OR STRANGULATED
49505	REPAIR INITIAL INGUINAL HERNIA AGE 5 YEARS OR OLDER REDUCIBLE
49507	REPAIR INITIAL INGUINAL HERNIA AGE 5 YEARS OR OLDER INCARCERATED OR STRANGULATED
49520	REPAIR RECURRENT INGUINAL HERNIA ANY AGE REDUCIBLE
49521	REPAIR RECURRENT INGUINAL HERNIA ANY AGE INCARCERATED OR STRANGULATED
49525	REPAIR INGUINAL HERNIA SLIDING ANY AGE
49540	REPAIR LUMBAR HERNIA
49550	REPAIR INITIAL FEMORAL HERNIA ANY AGE REDUCIBLE
49553	REPAIR INITIAL FEMORAL HERNIA ANY AGE INCARCERATED OR STRANGULATED
49555	REPAIR RECURRENT FEMORAL HERNIA REDUCIBLE
49557	REPAIR RECURRENT FEMORAL HERNIA INCARCERATED OR STRANGULATED
49591	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE EPIGASTRIC INCISIONAL VENTRAL UMBILICAL SPIGELIAN) ANY APPROACH (IE OPEN LAPAROSCOPIC ROBOTIC) INITIAL INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED TOTAL LENGTH OF DEFECT(S) LESS THAN 3 CM REDUCIBLE
49592	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE EPIGASTRIC INCISIONAL VENTRAL UMBILICAL SPIGELIAN) ANY APPROACH (IE OPEN LAPAROSCOPIC ROBOTIC) INITIAL INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED TOTAL LENGTH OF DEFECT(S) LESS THAN 3 CM INCARCERATED OR STRANGULATED
49593	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE EPIGASTRIC INCISIONAL VENTRAL UMBILICAL SPIGELIAN) ANY APPROACH (IE OPEN LAPAROSCOPIC ROBOTIC) INITIAL INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED TOTAL LENGTH OF DEFECT(S) 3 CM TO 10 CM REDUCIBLE
49594	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE EPIGASTRIC INCISIONAL VENTRAL UMBILICAL SPIGELIAN) ANY APPROACH (IE OPEN LAPAROSCOPIC ROBOTIC) INITIAL INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED TOTAL LENGTH OF DEFECT(S) 3 CM TO 10 CM INCARCERATED OR STRANGULATED
49595	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE EPIGASTRIC INCISIONAL VENTRAL UMBILICAL SPIGELIAN) ANY APPROACH (IE OPEN LAPAROSCOPIC ROBOTIC) INITIAL INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED TOTAL LENGTH OF DEFECT(S) GREATER THAN 10 CM REDUCIBLE
49596	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE EPIGASTRIC INCISIONAL VENTRAL UMBILICAL SPIGELIAN) ANY APPROACH (IE OPEN LAPAROSCOPIC ROBOTIC) INITIAL INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED TOTAL LENGTH OF DEFECT(S) GREATER THAN 10 CM INCARCERATED OR STRANGULATED
49600	REPAIR OF SMALL OMPHALOCELE WITH PRIMARY CLOSURE

49605	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS W WO PROSTHESIS
49606	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS WITH REMOVAL OF PROSTHESIS FINAL REDUCTION AND CLOSURE IN OPERATING ROOM
49610	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION) FIRST STAGE
49611	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION) SECOND STAGE
49613	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE EPIGASTRIC INCISIONAL VENTRAL UMBILICAL SPIGELIAN) ANY APPROACH (IE OPEN LAPAROSCOPIC ROBOTIC) RECURRENT INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED TOTAL LENGTH OF DEFECT(S) LESS THAN 3 CM REDUCIBLE
49614	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE EPIGASTRIC INCISIONAL VENTRAL UMBILICAL SPIGELIAN) ANY APPROACH (IE OPEN LAPAROSCOPIC ROBOTIC) RECURRENT INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED TOTAL LENGTH OF DEFECT(S) LESS THAN 3 CM INCARCERATED OR STRANGULATED
49615	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE EPIGASTRIC INCISIONAL VENTRAL UMBILICAL SPIGELIAN) ANY APPROACH (IE OPEN LAPAROSCOPIC ROBOTIC) RECURRENT INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED TOTAL LENGTH OF DEFECT(S) 3 CM TO 10 CM REDUCIBLE
49616	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE EPIGASTRIC INCISIONAL VENTRAL UMBILICAL SPIGELIAN) ANY APPROACH (IE OPEN LAPAROSCOPIC ROBOTIC) RECURRENT INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED TOTAL LENGTH OF DEFECT(S) 3 CM TO 10 CM INCARCERATED OR STRANGULATED
49617	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE EPIGASTRIC INCISIONAL VENTRAL UMBILICAL SPIGELIAN) ANY APPROACH (IE OPEN LAPAROSCOPIC ROBOTIC) RECURRENT INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED TOTAL LENGTH OF DEFECT(S) GREATER THAN 10 CM REDUCIBLE
49618	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE EPIGASTRIC INCISIONAL VENTRAL UMBILICAL SPIGELIAN) ANY APPROACH (IE OPEN LAPAROSCOPIC ROBOTIC) RECURRENT INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED TOTAL LENGTH OF DEFECT(S) GREATER THAN 10 CM INCARCERATED OR STRANGULATED
49621	REPAIR OF PARASTOMAL HERNIA ANY APPROACH (IE OPEN LAPAROSCOPIC ROBOTIC) INITIAL OR RECURRENT INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED REDUCIBLE
49622	REPAIR OF PARASTOMAL HERNIA ANY APPROACH (IE OPEN LAPAROSCOPIC ROBOTIC) INITIAL OR RECURRENT INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED INCARCERATED OR STRANGULATED
49623	REMOVAL OF TOTAL OR NEAR TOTAL NON-INFECTED MESH OR OTHER PROSTHESIS AT THE TIME OF INITIAL OR RECURRENT ANTERIOR ABDOMINAL HERNIA REPAIR OR PARASTOMAL HERNIA REPAIR ANY APPROACH (IE OPEN LAPAROSCOPIC ROBOTIC) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

49650	LAPAROSCOPY SURGICAL REPAIR INITIAL INGUINAL HERNIA
49651	LAPAROSCOPY SURGICAL REPAIR RECURRENT INGUINAL HERNIA
49659	UNLISTED LAPAROSCOPY PROCEDURE HERNIOPLASTY HERNIORRHAPHY HERNIOTOMY
49900	SUTURE SECONDARY OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE
49904	OMENTAL FLAP EXTRA-ABDOMINAL (EG FOR RECONSTRUCTION OF STERNAL AND CHEST WALL DEFECTS)
49905	OMENTAL FLAP INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
49906	FREE OMENTAL FLAP WITH MICROVASCULAR ANASTOMOSIS
49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM AND OMENTUM
50010	RENAL EXPLORATION NOT NECESSITATING OTHER SPECIFIC PROCEDURES
50020	DRAINAGE OF PERIRENAL OR RENAL ABSCESS OPEN CHANGE3
50040	NEPHROSTOMY NEPHROTOMY WITH DRAINAGE AUTOPAY CPT CHANGE2
50045	NEPHROTOMY WITH EXPLORATION
50060	NEPHROLITHOTOMY REMOVAL OF CALCULUS
50065	NEPHROLITHOTOMY SECONDARY SURGICAL OPERATION FOR CALCULUS
50070	NEPHROLITHOTOMY COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY
50075	NEPHROLITHOTOMY REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS AND CALYCES (INCLUDING ANATROPHIC PYELOLITHOTOMY)
50080	PERCUTANEOUS NEPHROLITHOTOMY OR PYELOLITHOTOMY LITHOTRIPSY STONE EXTRACTION ANTEGRADE URETEROSCOPY ANTEGRADE STENT PLACEMENT AND NEPHROSTOMY TUBE PLACEMENT WHEN PERFORMED INCLUDING IMAGING GUIDANCE SIMPLE (EG STONE[S] UP TO 2 CM IN SINGLE LOCATION OF KIDNEY OR RENAL PELVIS NONBRANCHING STONES)
50081	PERCUTANEOUS NEPHROLITHOTOMY OR PYELOLITHOTOMY LITHOTRIPSY STONE EXTRACTION ANTEGRADE URETEROSCOPY ANTEGRADE STENT PLACEMENT AND NEPHROSTOMY TUBE PLACEMENT WHEN PERFORMED INCLUDING IMAGING GUIDANCE COMPLEX (EG STONE[S] 2 CM BRANCHING STONES STONES IN MULTIPLE LOCATIONS URETER STONES COMPLICATED ANATOMY)
50100	TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCEDURE)
50120	PYELOTOMY WITH EXPLORATION
50125	PYELOTOMY WITH DRAINAGE PYELOSTOMY
50130	PYELOTOMY WITH REMOVAL OF CALCULUS (PYELOLITHOTOMY PELVIOLITHOTOMY INCLUDING COAGULUM PYELOLITHOTOMY)
50135	PYELOTOMY COMPLICATED (EG SECONDARY OPERATION CONGENITAL KIDNEY ABNORMALITY)
50200	RENAL BIOPSY PERCUTANEOUS BY TROCAR OR NEEDLE
50205	RENAL BIOPSY BY SURGICAL EXPOSURE OF KIDNEY
50220	NEPHRECTOMY INCLUDING PARTIAL URETERECTOMY ANY OPEN APPROACH INCLUDING RIB RESECTION

50225	NEPHRECTOMY INCLUDING PARTIAL URETERECTOMY ANY OPEN APPROACH INCLUDING RIB RESECTION COMPLICATED BECAUSE OF PREVIOUS SURGERY ON SAME KIDNEY
50230	NEPHRECTOMY INCLUDING PARTIAL URETERECTOMY ANY OPEN APPROACH INCLUDING RIB RESECTION RADICAL WITH REGIONAL LYMPHADENECTOMY AND OR VENA CAVAL THROMBECTOMY
50234	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF THROUGH SAME INCISION
50236	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF THROUGH SEPARATE INCISION
50240	NEPHRECTOMY PARTIAL
50250	ABLATION OPEN 1 OR MORE RENAL MASS LESION(S) CRYOSURGICAL INCLUDING INTRAOPERATIVE ULTRASOUND GUIDANCE AND MONITORING IF PERFORMED
50280	EXCISION OR UNROOFING OF CYST(S) OF KIDNEY
50290	EXCISION OF PERINEPHRIC CYST
50300	DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION) FROM CADAVER DONOR UNILATERAL OR BILATERAL
50320	DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION) OPEN FROM LIVING DONOR
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
50325	BACKBENCH STANDARD PREPARATION OF LIVING DONOR RENAL ALLOGRAFT (OPEN OR LAPAROSCOPIC) PRIOR TO TRANSPLANTATION INCLUDING DISSECTION AND REMOVAL OF PERINEPHRIC FAT AND PREPARATION OF URETER(S) RENAL VEIN(S) AND RENAL ARTERY(S) LIGATING BRANCHES AS NECESSARY
50327	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION VENOUS ANASTOMOSIS EACH
50328	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION ARTERIAL ANASTOMOSIS EACH
50329	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION URETERAL ANASTOMOSIS EACH
50340	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)
50360	RENAL ALLOTRANSPLANTATION IMPLANTATION OF GRAFT WITHOUT RECIPIENT NEPHRECTOMY
50365	RENAL ALLOTRANSPLANTATION IMPLANTATION OF GRAFT WITH RECIPIENT NEPHRECTOMY
50370	REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT
50380	RENAL AUTOTRANSPLANTATION REIMPLANTATION OF KIDNEY
50382	REMOVAL (VIA SNARE CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEOUS APPROACH INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION

50384	REMOVAL (VIA SNARE CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEOUS APPROACH INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
50385	REMOVAL (VIA SNARE CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH WITHOUT USE OF CYSTOSCOPY INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
50386	REMOVAL (VIA SNARE CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH WITHOUT USE OF CYSTOSCOPY INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
50387	REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE NEPHROURETERAL CATHETER (EG EXTERNAL INTERNAL STENT) REQUIRING FLUOROSCOPIC GUIDANCE INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
50389	REMOVAL OF NEPHROSTOMY TUBE REQUIRING FLUOROSCOPIC GUIDANCE (EG WITH CONCURRENT INDWELLING URETERAL STENT)
50390	ASPIRATION AND OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE PERCUTANEOUS
50391	INSTILLATION(S) OF THERAPEUTIC AGENT INTO RENAL PELVIS AND OR URETER THROUGH ESTABLISHED NEPHROSTOMY PYELOSTOMY OR URETEROSTOMY TUBE (EG ANTICARCINOGENIC OR ANTIFUNGAL AGENT)
50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE OR INDWELLING URETERAL CATHETER
50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY) PLASTIC OPERATION ON RENAL PELVIS W WO PLASTIC OPERATION ON URETER NEPHROPEXY NEPHROSTOMY PYELOSTOMY OR URETERAL SPLINTING SIMPLE
50405	PYELOPLASTY (FOLEY Y-PYELOPLASTY) PLASTIC OPERATION ON RENAL PELVIS W WO PLASTIC OPERATION ON URETER NEPHROPEXY NEPHROSTOMY PYELOSTOMY OR URETERAL SPLINTING COMPLICATED (CONGENITAL KIDNEY ABNORMALITY SECONDARY PYELOPLASTY SOLITARY KIDNEY CALYCOPLASTY)
50430	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND OR URETEROGRAM COMPLETE DIAGNOSTIC PROCEDURE INCLUDING IMAGING GUIDANCE (EG ULTRASOUND AND FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION NEW ACCESS
50431	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND OR URETEROGRAM COMPLETE DIAGNOSTIC PROCEDURE INCLUDING IMAGING GUIDANCE (EG ULTRASOUND AND FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION EXISTING ACCESS
50432	PLACEMENT OF NEPHROSTOMY CATHETER PERCUTANEOUS INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND OR URETEROGRAM WHEN PERFORMED IMAGING GUIDANCE (EG ULTRASOUND AND OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION
50433	PLACEMENT OF NEPHROURETERAL CATHETER PERCUTANEOUS INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND OR URETEROGRAM WHEN PERFORMED IMAGING GUIDANCE (EG ULTRASOUND AND OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION NEW ACCESS

50434	CONVERT NEPHROSTOMY CATHETER TO NEPHROURETERAL CATHETER PERCUTANEOUS INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND OR URETEROGRAM WHEN PERFORMED IMAGING GUIDANCE (EG ULTRASOUND AND OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION VIA PRE-EXISTING NEPHROSTOMY TRACT
50435	EXCHANGE NEPHROSTOMY CATHETER PERCUTANEOUS INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND OR URETEROGRAM WHEN PERFORMED IMAGING GUIDANCE (EG ULTRASOUND AND OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION
50436	DILATION OF EXISTING TRACT PERCUTANEOUS FOR AN ENDOUROLOGIC PROCEDURE INCLUDING IMAGING GUIDANCE (EG ULTRASOUND AND OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION WITH POSTPROCEDURE TUBE PLACEMENT WHEN PERFORMED
50437	DILATION OF EXISTING TRACT PERCUTANEOUS FOR AN ENDOUROLOGIC PROCEDURE INCLUDING IMAGING GUIDANCE (EG ULTRASOUND AND OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION WITH POSTPROCEDURE TUBE PLACEMENT WHEN PERFORMED INCLUDING NEW ACCESS INTO THE RENAL COLLECTING SYSTEM
50500	NEPHRORRHAPHY SUTURE OF KIDNEY WOUND OR INJURY
50520	CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA
50525	CLOSURE OF NEPHROVISCERAL FISTULA (EG RENOCOLIC) INCLUDING VISCERAL REPAIR ABDOMINAL APPROACH
50526	CLOSURE OF NEPHROVISCERAL FISTULA (EG RENOCOLIC) INCLUDING VISCERAL REPAIR THORACIC APPROACH
50540	SYMPHYSIOTOMY FOR HORSESHOE KIDNEY W WO PYELOPLASTY AND OR OTHER PLASTIC PROCEDURE UNILATERAL OR BILATERAL (1 OPERATION)
50541	LAPAROSCOPY SURGICAL ABLATION OF RENAL CYSTS
50542	LAPAROSCOPY SURGICAL ABLATION OF RENAL MASS LESION(S) INCLUDING INTRAOPERATIVE ULTRASOUND GUIDANCE AND MONITORING WHEN PERFORMED
50543	LAPAROSCOPY SURGICAL PARTIAL NEPHRECTOMY
50544	LAPAROSCOPY SURGICAL PYELOPLASTY
50545	LAPAROSCOPY SURGICAL RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA S FASCIA AND SURROUNDING FATTY TISSUE REMOVAL OF REGIONAL LYMPH NODES AND ADRENALECTOMY)
50546	LAPAROSCOPY SURGICAL NEPHRECTOMY INCLUDING PARTIAL URETERECTOMY
50547	LAPAROSCOPY SURGICAL DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION) FROM LIVING DONOR
50548	LAPAROSCOPY SURGICAL NEPHRECTOMY WITH TOTAL URETERECTOMY
50549	UNLISTED LAPAROSCOPY PROCEDURE RENAL

50551	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE
50553	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE WITH URETERAL CATHETERIZATION W WO DILATION OF URETER
50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE WITH BIOPSY
50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE WITH FULGURATION AND OR INCISION W WO BIOPSY
50561	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE WITH REMOVAL OF FOREIGN BODY OR CALCULUS
50562	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE WITH RESECTION OF TUMOR
50570	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE
50572	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE WITH URETERAL CATHETERIZATION W WO DILATION OF URETER
50574	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE WITH BIOPSY
50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE WITH ENDOPYELOTOMY (INCLUDES CYSTOSCOPY URETEROSCOPY DILATION OF URETER AND URETERAL PELVIC JUNCTION INCISION OF URETERAL PELVIC JUNCTION AND INSERTION OF ENDOPYELOTOMY STENT)
50576	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE WITH FULGURATION AND OR INCISION W WO BIOPSY
50580	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE WITH REMOVAL OF FOREIGN BODY OR CALCULUS
50590	LITHOTRIPSY EXTRACORPOREAL SHOCK WAVE
50592	ABLATION 1 OR MORE RENAL TUMOR(S) PERCUTANEOUS UNILATERAL RADIOFREQUENCY

50593	ABLATION RENAL TUMOR(S) UNILATERAL PERCUTANEOUS CRYOTHERAPY
50600	URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE)
50605	URETEROTOMY FOR INSERTION OF INDWELLING STENT ALL TYPES
50606	ENDOLUMINAL BIOPSY OF URETER AND OR RENAL PELVIS NON-ENDOSCOPIC INCLUDING IMAGING GUIDANCE (EG ULTRASOUND AND OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
50610	URETEROLITHOTOMY UPPER ONE-THIRD OF URETER
50620	URETEROLITHOTOMY MIDDLE ONE-THIRD OF URETER
50630	URETEROLITHOTOMY LOWER ONE-THIRD OF URETER
50650	URETERECTOMY WITH BLADDER CUFF (SEPARATE PROCEDURE)
50660	URETERECTOMY TOTAL ECTOPIC URETER COMBINATION ABDOMINAL VAGINAL AND OR PERINEAL APPROACH
50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER
50686	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER
50688	CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETERAL STENT VIA ILEAL CONDUIT
50690	INJECTION PROCEDURE FOR VISUALIZATION OF ILEAL CONDUIT AND OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE
50693	PLACEMENT OF URETERAL STENT PERCUTANEOUS INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND OR URETEROGRAM WHEN PERFORMED IMAGING GUIDANCE (EG ULTRASOUND AND OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION PRE-EXISTING NEPHROSTOMY TRACT
50694	PLACEMENT OF URETERAL STENT PERCUTANEOUS INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND OR URETEROGRAM WHEN PERFORMED IMAGING GUIDANCE (EG ULTRASOUND AND OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION NEW ACCESS WITHOUT SEPARATE NEPHROSTOMY CATHETER
50695	PLACEMENT OF URETERAL STENT PERCUTANEOUS INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND OR URETEROGRAM WHEN PERFORMED IMAGING GUIDANCE (EG ULTRASOUND AND OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION NEW ACCESS WITH SEPARATE NEPHROSTOMY CATHETER
50700	URETEROPLASTY PLASTIC OPERATION ON URETER (EG STRICTURE)
50705	URETERAL EMBOLIZATION OR OCCLUSION INCLUDING IMAGING GUIDANCE (EG ULTRASOUND AND OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

50706	BALLOON DILATION URETERAL STRICTURE INCLUDING IMAGING GUIDANCE (EG ULTRASOUND AND OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
50715	URETEROLYSIS W WO REPOSITIONING OF URETER FOR RETROPERITONEAL FIBROSIS
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME
50725	URETEROLYSIS FOR RETROCAVAL URETER WITH REANASTOMOSIS OF UPPER URINARY TRACT OR VENA CAVA
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY)
50728	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY) WITH REPAIR OF FASCIAL DEFECT AND HERNIA
50740	URETEROPYELOSTOMY ANASTOMOSIS OF URETER AND RENAL PELVIS
50750	URETEROCALYCOSTOMY ANASTOMOSIS OF URETER TO RENAL CALYX
50760	URETEROURETEROSTOMY
50770	TRANSURETEROURETEROSTOMY ANASTOMOSIS OF URETER TO CONTRALATERAL URETER
50780	URETERONEOCYSTOSTOMY ANASTOMOSIS OF SINGLE URETER TO BLADDER
50782	URETERONEOCYSTOSTOMY ANASTOMOSIS OF DUPLICATED URETER TO BLADDER
50783	URETERONEOCYSTOSTOMY WITH EXTENSIVE URETERAL TAILORING
50785	URETERONEOCYSTOSTOMY WITH VESICO-PSOAS HITCH OR BLADDER FLAP
50800	URETEROENTEROSTOMY DIRECT ANASTOMOSIS OF URETER TO INTESTINE
50810	URETEROSIGMOIDOSTOMY WITH CREATION OF SIGMOID BLADDER AND ESTABLISHMENT OF ABDOMINAL OR PERINEAL COLOSTOMY INCLUDING INTESTINE ANASTOMOSIS
50815	URETEROCOLON CONDUIT INCLUDING INTESTINE ANASTOMOSIS
50820	URETEROILEAL CONDUIT (ILEAL BLADDER) INCLUDING INTESTINE ANASTOMOSIS (BRICKER OPERATION)
50825	CONTINENT DIVERSION INCLUDING INTESTINE ANASTOMOSIS USING ANY SEGMENT OF SMALL AND OR LARGE INTESTINE (KOCK POUCH OR CAMEY ENTEROCYSTOPLASTY)
50830	URINARY UNDIVERSION (EG TAKING DOWN OF URETEROILEAL CONDUIT URETEROSIGMOIDOSTOMY OR URETEROENTEROSTOMY WITH URETEROURETEROSTOMY OR URETERONEOCYSTOSTOMY)
50840	REPLACEMENT OF ALL OR PART OF URETER BY INTESTINE SEGMENT INCLUDING INTESTINE ANASTOMOSIS
50845	CUTANEOUS APPENDICO-VESICOSTOMY
50860	URETEROSTOMY TRANSPLANTATION OF URETER TO SKIN
50900	URETERORRHAPHY SUTURE OF URETER (SEPARATE PROCEDURE)
50920	CLOSURE OF URETEROCUTANEOUS FISTULA
50930	CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR)
50940	DELIGATION OF URETER
50945	LAPAROSCOPY SURGICAL URETEROLITHOTOMY

50947	LAPAROSCOPY SURGICAL URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL STENT PLACEMENT
50948	LAPAROSCOPY SURGICAL URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL STENT PLACEMENT
50949	UNLISTED LAPAROSCOPY PROCEDURE URETER
50951	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE
50953	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE WITH URETERAL CATHETERIZATION W WO DILATION OF URETER
50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE WITH BIOPSY
50957	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE WITH FULGURATION AND OR INCISION W WO BIOPSY
50961	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE WITH REMOVAL OF FOREIGN BODY OR CALCULUS
50970	URETERAL ENDOSCOPY THROUGH URETEROTOMY W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE
50972	URETERAL ENDOSCOPY THROUGH URETEROTOMY W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE WITH URETERAL CATHETERIZATION W WO DILATION OF URETER
50974	URETERAL ENDOSCOPY THROUGH URETEROTOMY W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE WITH BIOPSY
50976	URETERAL ENDOSCOPY THROUGH URETEROTOMY W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE WITH FULGURATION AND OR INCISION W WO BIOPSY
50980	URETERAL ENDOSCOPY THROUGH URETEROTOMY W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE WITH REMOVAL OF FOREIGN BODY OR CALCULUS
51020	CYSTOTOMY OR CYSTOSTOMY WITH FULGURATION AND OR INSERTION OF RADIOACTIVE MATERIAL
51030	CYSTOTOMY OR CYSTOSTOMY WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION
51040	CYSTOSTOMY CYSTOTOMY WITH DRAINAGE
51045	CYSTOTOMY WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)

51050	CYSTOLITHOTOMY CYSTOTOMY WITH REMOVAL OF CALCULUS WITHOUT VESICAL NECK RESECTION
51060	TRANSVESICAL URETEROLITHOTOMY
51065	CYSTOTOMY WITH CALCULUS BASKET EXTRACTION AND OR ULTRASONIC OR ELECTROHYDRAULIC FRAGMENTATION OF URETERAL CALCULUS
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS
51100	ASPIRATION OF BLADDER BY NEEDLE
51101	ASPIRATION OF BLADDER BY TROCAR OR INTRACATHETER
51102	ASPIRATION OF BLADDER WITH INSERTION OF SUPRAPUBIC CATHETER
51500	EXCISION OF URACHAL CYST OR SINUS W WO UMBILICAL HERNIA REPAIR
51520	CYSTOTOMY FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)
51525	CYSTOTOMY FOR EXCISION OF BLADDER DIVERTICULUM SINGLE OR MULTIPLE (SEPARATE PROCEDURE)
51530	CYSTOTOMY FOR EXCISION OF BLADDER TUMOR
51535	CYSTOTOMY FOR EXCISION INCISION OR REPAIR OF URETEROCELE
51550	CYSTECTOMY PARTIAL SIMPLE
51555	CYSTECTOMY PARTIAL COMPLICATED (EG POSTRADIATION PREVIOUS SURGERY DIFFICULT LOCATION)
51565	CYSTECTOMY PARTIAL WITH REIMPLANTATION OF URETER(S) INTO BLADDER (URETERONEOCYSTOSTOMY)
51570	CYSTECTOMY COMPLETE (SEPARATE PROCEDURE)
51575	CYSTECTOMY COMPLETE WITH BILATERAL PELVIC LYMPHADENECTOMY INCLUDING EXTERNAL ILIAC HYPOGASTRIC AND OBTURATOR NODES
51580	CYSTECTOMY COMPLETE WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPLANTATIONS
51585	CYSTECTOMY COMPLETE WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPLANTATIONS WITH BILATERAL PELVIC LYMPHADENECTOMY INCLUDING EXTERNAL ILIAC HYPOGASTRIC AND OBTURATOR NODES
51590	CYSTECTOMY COMPLETE WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER INCLUDING INTESTINE ANASTOMOSIS
51595	CYSTECTOMY COMPLETE WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER INCLUDING INTESTINE ANASTOMOSIS WITH BILATERAL PELVIC LYMPHADENECTOMY INCLUDING EXTERNAL ILIAC HYPOGASTRIC AND OBTURATOR NODES
51596	CYSTECTOMY COMPLETE WITH CONTINENT DIVERSION ANY OPEN TECHNIQUE USING ANY SEGMENT OF SMALL AND OR LARGE INTESTINE TO CONSTRUCT NEOBLADDER
51597	PELVIC EXENTERATION COMPLETE FOR VESICAL PROSTATIC OR URETHRAL MALIGNANCY WITH REMOVAL OF BLADDER AND URETERAL TRANSPLANTATIONS W WO HYSTERECTOMY AND OR ABDOMINOPERINEAL RESECTION OF RECTUM AND COLON AND COLOSTOMY OR ANY COMBINATION THEREOF
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY

51605	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND OR CHAIN URETHROCYSTOGRAPHY
51610	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY
51700	BLADDER IRRIGATION SIMPLE LAVAGE AND OR INSTILLATION
51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG STRAIGHT CATHETERIZATION FOR RESIDUAL URINE)
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER SIMPLE (EG FOLEY)
51703	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER COMPLICATED (EG ALTERED ANATOMY FRACTURED CATHETER BALLOON)
51705	CHANGE OF CYSTOSTOMY TUBE SIMPLE
51710	CHANGE OF CYSTOSTOMY TUBE COMPLICATED
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND OR BLADDER NECK
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING RETENTION TIME)
51721	INSERTION OF TRANSURETHRAL ABLATION TRANSDUCER FOR DELIVERY OF THERMAL ULTRASOUND FOR PROSTATE TISSUE ABLATION INCLUDING SUPRAPUBIC TUBE PLACEMENT DURING THE SAME SESSION AND PLACEMENT OF AN ENDORECTAL COOLING DEVICE WHEN PERFORMED
51725	SIMPLE CYSTOMETROGRAM (CMG) (EG SPINAL MANOMETER)
51726	COMPLEX CYSTOMETROGRAM (IE CALIBRATED ELECTRONIC EQUIPMENT)
51727	COMPLEX CYSTOMETROGRAM (IE CALIBRATED ELECTRONIC EQUIPMENT) WITH URETHRAL PRESSURE PROFILE STUDIES (IE URETHRAL CLOSURE PRESSURE PROFILE) ANY TECHNIQUE
51728	COMPLEX CYSTOMETROGRAM (IE CALIBRATED ELECTRONIC EQUIPMENT) WITH VOIDING PRESSURE STUDIES (IE BLADDER VOIDING PRESSURE) ANY TECHNIQUE
51729	COMPLEX CYSTOMETROGRAM (IE CALIBRATED ELECTRONIC EQUIPMENT) WITH VOIDING PRESSURE STUDIES (IE BLADDER VOIDING PRESSURE) AND URETHRAL PRESSURE PROFILE STUDIES (IE URETHRAL CLOSURE PRESSURE PROFILE) ANY TECHNIQUE
51736	SIMPLE UROFLOWMETRY (UFR) (EG STOP-WATCH FLOW RATE MECHANICAL UROFLOWMETER)
51741	COMPLEX UROFLOWMETRY (EG CALIBRATED ELECTRONIC EQUIPMENT)
51784	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER OTHER THAN NEEDLE ANY TECHNIQUE
51785	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER ANY TECHNIQUE
51792	STIMULUS EVOKED RESPONSE (EG MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY TIME)
51797	VOIDING PRESSURE STUDIES INTRA-ABDOMINAL (IE RECTAL GASTRIC INTRAPERITONEAL) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND OR BLADDER CAPACITY BY ULTRASOUND NON-IMAGING
51800	CYSTOPLASTY OR CYSTOURETHROPLASTY PLASTIC OPERATION ON BLADDER AND OR VESICAL NECK (ANTERIOR Y-PLASTY VESICAL FUNDUS RESECTION) ANY PROCEDURE W WO WEDGE RESECTION OF POSTERIOR VESICAL NECK
51820	CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL URETERONEOCYSTOSTOMY
51840	ANTERIOR VESICOURETHROPEXY OR URETHROPEXY (EG MARSHALL-MARCHETTI-KRANTZ BURCH) SIMPLE
51841	ANTERIOR VESICOURETHROPEXY OR URETHROPEXY (EG MARSHALL-MARCHETTI-KRANTZ BURCH) COMPLICATED (EG SECONDARY REPAIR)
51845	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION W WO ENDOSCOPIC CONTROL (EG STAMEY RAZ MODIFIED PEREYRA)
51860	CYSTORRHAPHY SUTURE OF BLADDER WOUND INJURY OR RUPTURE SIMPLE
51865	CYSTORRHAPHY SUTURE OF BLADDER WOUND INJURY OR RUPTURE COMPLICATED
51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)
51900	CLOSURE OF VESICOVAGINAL FISTULA ABDOMINAL APPROACH
51920	CLOSURE OF VESICOUTERINE FISTULA
51925	CLOSURE OF VESICOUTERINE FISTULA WITH HYSTERECTOMY
51940	CLOSURE EXSTROPHY OF BLADDER
51960	ENTEROCYSTOPLASTY INCLUDING INTESTINAL ANASTOMOSIS
51980	CUTANEOUS VESICOSTOMY
51990	LAPAROSCOPY SURGICAL URETHRAL SUSPENSION FOR STRESS INCONTINENCE
51992	LAPAROSCOPY SURGICAL SLING OPERATION FOR STRESS INCONTINENCE (EG FASCIA OR SYNTHETIC)
51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)
52001	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MULTIPLE OBSTRUCTING CLOTS
52005	CYSTOURETHROSCOPY WITH URETERAL CATHETERIZATION W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE
52007	CYSTOURETHROSCOPY WITH URETERAL CATHETERIZATION W WO IRRIGATION INSTILLATION OR URETEROPYELOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE WITH BRUSH BIOPSY OF URETER AND OR RENAL PELVIS
52010	CYSTOURETHROSCOPY WITH EJACULATORY DUCT CATHETERIZATION W WO IRRIGATION INSTILLATION OR DUCT RADIOGRAPHY EXCLUSIVE OF RADIOLOGIC SERVICE
52204	CYSTOURETHROSCOPY WITH BIOPSY(S)

52214	CYSTOURETHROSCOPY WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OF TRIGONE BLADDER NECK PROSTATIC FOSSA URETHRA OR PERIURETHRAL GLANDS
52224	CYSTOURETHROSCOPY WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR TREATMENT OF MINOR (LESS THAN 0.5 CM) LESION(S) W WO BIOPSY
52234	CYSTOURETHROSCOPY WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND OR RESECTION OF SMALL BLADDER TUMOR(S) (0.5 UP TO 2.0 CM)
52235	CYSTOURETHROSCOPY WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND OR RESECTION OF MEDIUM BLADDER TUMOR(S) (2.0 TO 5.0 CM)
52240	CYSTOURETHROSCOPY WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND OR RESECTION OF LARGE BLADDER TUMOR(S)
52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE W WO BIOPSY OR FULGURATION
52260	CYSTOURETHROSCOPY WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS GENERAL OR CONDUCTION (SPINAL) ANESTHESIA
52265	CYSTOURETHROSCOPY WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS LOCAL ANESTHESIA
52270	CYSTOURETHROSCOPY WITH INTERNAL URETHROTOMY FEMALE
52275	CYSTOURETHROSCOPY WITH INTERNAL URETHROTOMY MALE
52276	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY
52277	CYSTOURETHROSCOPY WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)
52281	CYSTOURETHROSCOPY WITH CALIBRATION AND OR DILATION OF URETHRAL STRICTURE OR STENOSIS W WO MEATOTOMY W WO INJECTION PROCEDURE FOR CYSTOGRAPHY MALE OR FEMALE
52282	CYSTOURETHROSCOPY WITH INSERTION OF PERMANENT URETHRAL STENT
52283	CYSTOURETHROSCOPY WITH STEROID INJECTION INTO STRICTURE
52284	CYSTOURETHROSCOPY WITH MECHANICAL URETHRAL DILATION AND URETHRAL THERAPEUTIC DRUG DELIVERY BY DRUG-COATED BALLOON CATHETER FOR URETHRAL STRICTURE OR STENOSIS MALE INCLUDING FLUOROSCOPY WHEN PERFORMED
52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL OF THE FOLLOWING: URETHRAL MEATOTOMY URETHRAL DILATION INTERNAL URETHROTOMY LYSIS OF URETHROVAGINAL SEPTAL FIBROSIS LATERAL INCISIONS OF THE BLADDER NECK AND FULGURATION OF POLYP(S) OF URETHRA BLADDER NECK AND OR TRIGONE
52287	CYSTOURETHROSCOPY WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER
52290	CYSTOURETHROSCOPY WITH URETERAL MEATOTOMY UNILATERAL OR BILATERAL
52300	CYSTOURETHROSCOPY WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S) UNILATERAL OR BILATERAL

52301	CYSTOURETHROSCOPY WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S) UNILATERAL OR BILATERAL
52305	CYSTOURETHROSCOPY WITH INCISION OR RESECTION OF ORIFICE OF BLADDER DIVERTICULUM SINGLE OR MULTIPLE
52310	CYSTOURETHROSCOPY WITH REMOVAL OF FOREIGN BODY CALCULUS OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE PROCEDURE) SIMPLE
52315	CYSTOURETHROSCOPY WITH REMOVAL OF FOREIGN BODY CALCULUS OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE PROCEDURE) COMPLICATED
52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS SIMPLE OR SMALL (LESS THAN 2.5 CM)
52318	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS COMPLICATED OR LARGE (OVER 2.5 CM)
52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION) WITH REMOVAL OF URETERAL CALCULUS
52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION) WITH FRAGMENTATION OF URETERAL CALCULUS (EG ULTRASONIC OR ELECTRO-HYDRAULIC TECHNIQUE)
52327	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION) WITH SUBURETERIC INJECTION OF IMPLANT MATERIAL
52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION) WITH MANIPULATION WITHOUT REMOVAL OF URETERAL CALCULUS
52332	CYSTOURETHROSCOPY WITH INSERTION OF INDWELLING URETERAL STENT (EG GIBBONS OR DOUBLE-J TYPE)
52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO ESTABLISH A PERCUTANEOUS NEPHROSTOMY RETROGRADE
52341	CYSTOURETHROSCOPY WITH TREATMENT OF URETERAL STRICTURE (EG BALLOON DILATION LASER ELECTROCAUTERY AND INCISION)
52342	CYSTOURETHROSCOPY WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG BALLOON DILATION LASER ELECTROCAUTERY AND INCISION)
52343	CYSTOURETHROSCOPY WITH TREATMENT OF INTRA-RENAL STRICTURE (EG BALLOON DILATION LASER ELECTROCAUTERY AND INCISION)
52344	CYSTOURETHROSCOPY WITH URETEROSCOPY WITH TREATMENT OF URETERAL STRICTURE (EG BALLOON DILATION LASER ELECTROCAUTERY AND INCISION)
52345	CYSTOURETHROSCOPY WITH URETEROSCOPY WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG BALLOON DILATION LASER ELECTROCAUTERY AND INCISION)
52346	CYSTOURETHROSCOPY WITH URETEROSCOPY WITH TREATMENT OF INTRA-RENAL STRICTURE (EG BALLOON DILATION LASER ELECTROCAUTERY AND INCISION)

52351	CYSTOURETHROSCOPY WITH URETEROSCOPY AND OR PYELOSCOPY DIAGNOSTIC
52352	CYSTOURETHROSCOPY WITH URETEROSCOPY AND OR PYELOSCOPY WITH REMOVAL OR MANIPULATION OF CALCULUS (URETERAL CATHETERIZATION IS INCLUDED)
52353	CYSTOURETHROSCOPY WITH URETEROSCOPY AND OR PYELOSCOPY WITH LITHOTRIPSY (URETERAL CATHETERIZATION IS INCLUDED)
52354	CYSTOURETHROSCOPY WITH URETEROSCOPY AND OR PYELOSCOPY WITH BIOPSY AND OR FULGURATION OF URETERAL OR RENAL PELVIC LESION
52355	CYSTOURETHROSCOPY WITH URETEROSCOPY AND OR PYELOSCOPY WITH RESECTION OF URETERAL OR RENAL PELVIC TUMOR
52356	CYSTOURETHROSCOPY WITH URETEROSCOPY AND OR PYELOSCOPY WITH LITHOTRIPSY INCLUDING INSERTION OF INDWELLING URETERAL STENT (EG GIBBONS OR DOUBLE-J TYPE)
52400	CYSTOURETHROSCOPY WITH INCISION FULGURATION OR RESECTION OF CONGENITAL POSTERIOR URETHRAL VALVES OR CONGENITAL OBSTRUCTIVE HYPERTROPHIC MUCOSAL FOLDS
52402	CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS
52441	CYSTOURETHROSCOPY WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT SINGLE IMPLANT
52442	CYSTOURETHROSCOPY WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT EACH ADDITIONAL PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
52443	CYSTOURETHROSCOPY WITH INITIAL TRANSURETHRAL ANTERIOR PROSTATE COMMISSUROTOMY WITH A NONDRUG-COATED BALLOON CATHETER FOLLOWED BY THERAPEUTIC DRUG DELIVERY INTO THE PROSTATE BY A DRUG-COATED BALLOON CATHETER INCLUDING TRANSRECTAL ULTRASOUND AND FLUOROSCOPY WHEN PERFORMED
52450	TRANSURETHRAL INCISION OF PROSTATE
52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)
52597	TRANSURETHRAL ROBOTIC-ASSISTED WATERJET RESECTION OF PROSTATE INCLUDING INTRAOPERATIVE PLANNING ULTRASOUND GUIDANCE CONTROL OF POSTOPERATIVE BLEEDING COMPLETE INCLUDING VASECTOMY MEATOTOMY CYSTOURETHROSCOPY URETHRAL CALIBRATION AND OR DILATION AND INTERNAL URETHROTOMY WHEN PERFORMED
52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE INCLUDING CONTROL OF POSTOPERATIVE BLEEDING COMPLETE (VASECTOMY MEATOTOMY CYSTOURETHROSCOPY URETHRAL CALIBRATION AND OR DILATION AND INTERNAL URETHROTOMY ARE INCLUDED)

52630	TRANSURETHRAL RESECTION RESIDUAL OR REGROWTH OF OBSTRUCTIVE PROSTATE TISSUE INCLUDING CONTROL OF POSTOPERATIVE BLEEDING COMPLETE (VASECTOMY MEATOTOMY CYSTOURETHROSCOPY URETHRAL CALIBRATION AND OR DILATION AND INTERNAL URETHROTOMY ARE INCLUDED)
52640	TRANSURETHRAL RESECTION OF POSTOPERATIVE BLADDER NECK CONTRACTURE
52647	LASER COAGULATION OF PROSTATE INCLUDING CONTROL OF POSTOPERATIVE BLEEDING COMPLETE (VASECTOMY MEATOTOMY CYSTOURETHROSCOPY URETHRAL CALIBRATION AND OR DILATION AND INTERNAL URETHROTOMY ARE INCLUDED IF PERFORMED)
52648	LASER VAPORIZATION OF PROSTATE INCLUDING CONTROL OF POSTOPERATIVE BLEEDING COMPLETE (VASECTOMY MEATOTOMY CYSTOURETHROSCOPY URETHRAL CALIBRATION AND OR DILATION INTERNAL URETHROTOMY AND TRANSURETHRAL RESECTION OF PROSTATE ARE INCLUDED IF PERFORMED)
52649	LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION INCLUDING CONTROL OF POSTOPERATIVE BLEEDING COMPLETE (VASECTOMY MEATOTOMY CYSTOURETHROSCOPY URETHRAL CALIBRATION AND OR DILATION INTERNAL URETHROTOMY AND TRANSURETHRAL RESECTION OF PROSTATE ARE INCLUDED IF PERFORMED)
52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS
53000	URETHROTOMY OR URETHROSTOMY EXTERNAL (SEPARATE PROCEDURE) PENDULOUS URETHRA
53010	URETHROTOMY OR URETHROSTOMY EXTERNAL (SEPARATE PROCEDURE) PERINEAL URETHRA EXTERNAL
53020	MEATOTOMY CUTTING OF MEATUS (SEPARATE PROCEDURE) EXCEPT INFANT
53025	MEATOTOMY CUTTING OF MEATUS (SEPARATE PROCEDURE) INFANT
53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS
53060	DRAINAGE OF SKENE S GLAND ABSCESS OR CYST
53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION UNCOMPLICATED (SEPARATE PROCEDURE)
53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION COMPLICATED
53200	BIOPSY OF URETHRA
53210	URETHRECTOMY TOTAL INCLUDING CYSTOSTOMY FEMALE
53215	URETHRECTOMY TOTAL INCLUDING CYSTOSTOMY MALE
53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA
53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE) FEMALE
53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE) MALE
53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM MALE OR FEMALE
53250	EXCISION OF BULBOURETHRAL GLAND (COWPER S GLAND)
53260	EXCISION OR FULGURATION URETHRAL POLYP(S) DISTAL URETHRA
53265	EXCISION OR FULGURATION URETHRAL CARUNCLE
53270	EXCISION OR FULGURATION SKENE S GLANDS

53275	EXCISION OR FULGURATION URETHRAL PROLAPSE
53400	URETHROPLASTY FIRST STAGE FOR FISTULA DIVERTICULUM OR STRICTURE (EG JOHANNSEN TYPE)
53405	URETHROPLASTY SECOND STAGE (FORMATION OF URETHRA) INCLUDING URINARY DIVERSION
53410	URETHROPLASTY 1-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA
53415	URETHROPLASTY TRANSPUBIC OR PERINEAL 1-STAGE FOR RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA
53420	URETHROPLASTY 2-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA FIRST STAGE
53425	URETHROPLASTY 2-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA SECOND STAGE
53430	URETHROPLASTY RECONSTRUCTION OF FEMALE URETHRA
53431	URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND OR LOWER BLADDER FOR INCONTINENCE (EG TENAGO LEADBETTER PROCEDURE)
53440	SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG FASCIA OR SYNTHETIC)
53442	REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG FASCIA OR SYNTHETIC)
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)
53445	INSERTION OF INFLATABLE URETHRAL BLADDER NECK SPHINCTER INCLUDING PLACEMENT OF PUMP RESERVOIR AND CUFF
53446	REMOVAL OF INFLATABLE URETHRAL BLADDER NECK SPHINCTER INCLUDING PUMP RESERVOIR AND CUFF
53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL BLADDER NECK SPHINCTER INCLUDING PUMP RESERVOIR AND CUFF AT THE SAME OPERATIVE SESSION
53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL BLADDER NECK SPHINCTER INCLUDING PUMP RESERVOIR AND CUFF THROUGH AN INFECTED FIELD AT THE SAME OPERATIVE SESSION INCLUDING IRRIGATION AND DEBRIDEMENT OF INFECTED TISSUE
53449	REPAIR OF INFLATABLE URETHRAL BLADDER NECK SPHINCTER INCLUDING PUMP RESERVOIR AND CUFF
53450	URETHROMEATOPLASTY WITH MUCOSAL ADVANCEMENT
53451	PERIURETHRAL TRANSPERINEAL ADJUSTABLE BALLOON CONTINENCE DEVICE BILATERAL INSERTION INCLUDING CYSTOURETHROSCOPY AND IMAGING GUIDANCE
53452	PERIURETHRAL TRANSPERINEAL ADJUSTABLE BALLOON CONTINENCE DEVICE UNILATERAL INSERTION INCLUDING CYSTOURETHROSCOPY AND IMAGING GUIDANCE
53453	PERIURETHRAL TRANSPERINEAL ADJUSTABLE BALLOON CONTINENCE DEVICE REMOVAL EACH BALLOON
53454	PERIURETHRAL TRANSPERINEAL ADJUSTABLE BALLOON CONTINENCE DEVICE PERCUTANEOUS ADJUSTMENT OF BALLOON(S) FLUID VOLUME

53460	URETHROMEATOPLASTY WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT (RICHARDSON TYPE PROCEDURE)
53500	URETHROLYSIS TRANSVAGINAL SECONDARY OPEN INCLUDING CYSTOURETHROSCOPY (EG POSTSURGICAL OBSTRUCTION SCARRING)
53502	URETHRORRHAPHY SUTURE OF URETHRAL WOUND OR INJURY FEMALE
53505	URETHRORRHAPHY SUTURE OF URETHRAL WOUND OR INJURY PENILE
53510	URETHRORRHAPHY SUTURE OF URETHRAL WOUND OR INJURY PERINEAL
53515	URETHRORRHAPHY SUTURE OF URETHRAL WOUND OR INJURY PROSTATOMEMBRANOUS
53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA MALE (SEPARATE PROCEDURE)
53600	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR MALE INITIAL
53601	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR MALE SUBSEQUENT
53605	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETHRAL DILATOR MALE GENERAL OR CONDUCTION (SPINAL) ANESTHESIA
53620	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER MALE INITIAL
53621	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER MALE SUBSEQUENT
53660	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND OR INSTILLATION INITIAL
53661	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND OR INSTILLATION SUBSEQUENT
53665	DILATION OF FEMALE URETHRA GENERAL OR CONDUCTION (SPINAL) ANESTHESIA
53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE BY MICROWAVE THERMOTHERAPY
53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE BY RADIOFREQUENCY THERMOTHERAPY
53854	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE BY RADIOFREQUENCY GENERATED WATER VAPOR THERMOTHERAPY
53855	INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT INCLUDING URETHRAL MEASUREMENT
53860	TRANSURETHRAL RADIOFREQUENCY MICRO-REMODELING OF THE FEMALE BLADDER NECK AND PROXIMAL URETHRA FOR STRESS URINARY INCONTINENCE
53865	CYSTOURETHROSCOPY WITH INSERTION OF TEMPORARY DEVICE FOR ISCHEMIC REMODELING (IE PRESSURE NECROSIS) OF BLADDER NECK AND PROSTATE
53866	CATHETERIZATION WITH REMOVAL OF TEMPORARY DEVICE FOR ISCHEMIC REMODELING (IE PRESSURE NECROSIS) OF BLADDER NECK AND PROSTATE
53899	UNLISTED PROCEDURE URINARY SYSTEM
54000	SLITTING OF PREPUCE DORSAL OR LATERAL (SEPARATE PROCEDURE) NEWBORN
54001	SLITTING OF PREPUCE DORSAL OR LATERAL (SEPARATE PROCEDURE) EXCEPT NEWBORN
54015	INCISION AND DRAINAGE OF PENIS DEEP

54050	DESTRUCTION OF LESION(S) PENIS (EG CONDYLOMA PAPILLOMA MOLLUSCUM CONTAGIOSUM HERPETIC VESICLE) SIMPLE CHEMICAL
54055	DESTRUCTION OF LESION(S) PENIS (EG CONDYLOMA PAPILLOMA MOLLUSCUM CONTAGIOSUM HERPETIC VESICLE) SIMPLE ELECTRODESICCATION
54056	DESTRUCTION OF LESION(S) PENIS (EG CONDYLOMA PAPILLOMA MOLLUSCUM CONTAGIOSUM HERPETIC VESICLE) SIMPLE CRYOSURGERY
54057	DESTRUCTION OF LESION(S) PENIS (EG CONDYLOMA PAPILLOMA MOLLUSCUM CONTAGIOSUM HERPETIC VESICLE) SIMPLE LASER SURGERY
54060	DESTRUCTION OF LESION(S) PENIS (EG CONDYLOMA PAPILLOMA MOLLUSCUM CONTAGIOSUM HERPETIC VESICLE) SIMPLE SURGICAL EXCISION
54065	DESTRUCTION OF LESION(S) PENIS (EG CONDYLOMA PAPILLOMA MOLLUSCUM CONTAGIOSUM HERPETIC VESICLE) EXTENSIVE (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY)
54100	BIOPSY OF PENIS (SEPARATE PROCEDURE)
54105	BIOPSY OF PENIS DEEP STRUCTURES
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE)
54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE) WITH GRAFT TO 5 CM IN LENGTH
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE) WITH GRAFT GREATER THAN 5 CM IN LENGTH
54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG PLASTIC IMPLANT)
54120	AMPUTATION OF PENIS PARTIAL
54125	AMPUTATION OF PENIS COMPLETE
54130	AMPUTATION OF PENIS RADICAL WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY
54135	AMPUTATION OF PENIS RADICAL IN CONTINUITY WITH BILATERAL PELVIC LYMPHADENECTOMY INCLUDING EXTERNAL ILIAC HYPOGASTRIC AND OBTURATOR NODES
54150	CIRCUMCISION USING CLAMP OR OTHER DEVICE WITH REGIONAL DORSAL PENILE OR RING BLOCK
54160	CIRCUMCISION SURGICAL EXCISION OTHER THAN CLAMP DEVICE OR DORSAL SLIT NEONATE (28 DAYS OF AGE OR LESS)
54161	CIRCUMCISION SURGICAL EXCISION OTHER THAN CLAMP DEVICE OR DORSAL SLIT OLDER THAN 28 DAYS OF AGE
54162	LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS
54163	REPAIR INCOMPLETE CIRCUMCISION
54164	FRENULOTOMY OF PENIS
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE
54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE WITH SURGICAL EXPOSURE OF PLAQUE
54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM

54230	INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY
54231	DYNAMIC CAVERNOSOMETRY INCLUDING INTRACAVERNOSAL INJECTION OF VASOACTIVE DRUGS (EG PAPAVERINE PHENTOLAMINE)
54235	INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG PAPAVERINE PHENTOLAMINE)
54240	PENILE PLETHYSMOGRAPHY
54250	NOCTURNAL PENILE TUMESCENCE AND OR RIGIDITY TEST
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG HYPOSPADIAS) W WO MOBILIZATION OF URETHRA
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYPOSPADIAS REPAIR W WO TRANSPLANTATION OF PREPUCE AND OR SKIN FLAPS
54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION) LESS THAN 3 CM
54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION) GREATER THAN 3 CM
54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION) WITH FREE SKIN GRAFT OBTAINED FROM SITE OTHER THAN GENITALIA
54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM (EG THIRD STAGE CECIL REPAIR)
54322	1-STAGE DISTAL HYPOSPADIAS REPAIR (W WO CHORDEE OR CIRCUMCISION) WITH SIMPLE MEATAL ADVANCEMENT (EG MAGPI V-FLAP)
54324	1-STAGE DISTAL HYPOSPADIAS REPAIR (W WO CHORDEE OR CIRCUMCISION) WITH URETHROPLASTY BY LOCAL SKIN FLAPS (EG FLIP-FLAP PREPUCIAL FLAP)
54326	1-STAGE DISTAL HYPOSPADIAS REPAIR (W WO CHORDEE OR CIRCUMCISION) WITH URETHROPLASTY BY LOCAL SKIN FLAPS AND MOBILIZATION OF URETHRA
54328	1-STAGE DISTAL HYPOSPADIAS REPAIR (W WO CHORDEE OR CIRCUMCISION) WITH EXTENSIVE DISSECTION TO CORRECT CHORDEE AND URETHROPLASTY WITH LOCAL SKIN FLAPS SKIN GRAFT PATCH AND OR ISLAND FLAP
54332	1-STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AND URETHROPLASTY BY USE OF SKIN GRAFT TUBE AND OR ISLAND FLAP
54336	1-STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AND URETHROPLASTY BY USE OF SKIN GRAFT TUBE AND OR ISLAND FLAP
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE FISTULA STRICTURE DIVERTICULA) BY CLOSURE INCISION OR EXCISION SIMPLE

54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE FISTULA STRICTURE DIVERTICULA) REQUIRING MOBILIZATION OF SKIN FLAPS AND URETHROPLASTY WITH FLAP OR PATCH GRAFT
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE FISTULA STRICTURE DIVERTICULA) REQUIRING EXTENSIVE DISSECTION AND URETHROPLASTY WITH FLAP PATCH OR TUBED GRAFT (INCLUDES URINARY DIVERSION)
54352	REVISION OF PRIOR HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE AND RECONSTRUCTION OF URETHRA AND PENIS BY USE OF LOCAL SKIN AS GRAFTS AND ISLAND FLAPS AND SKIN BROUGHT IN AS FLAPS OR GRAFTS
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER WITH INCONTINENCE
54390	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER WITH EXSTROPHY OF BLADDER
54400	INSERTION OF PENILE PROSTHESIS NON-INFLATABLE (SEMI-RIGID)
54401	INSERTION OF PENILE PROSTHESIS INFLATABLE (SELF-CONTAINED)
54405	INSERTION OF MULTI-COMPONENT INFLATABLE PENILE PROSTHESIS INCLUDING PLACEMENT OF PUMP CYLINDERS AND RESERVOIR
54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT INFLATABLE PENILE PROSTHESIS WITHOUT REPLACEMENT OF PROSTHESIS
54408	REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT INFLATABLE PENILE PROSTHESIS
54410	REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT INFLATABLE PENILE PROSTHESIS AT THE SAME OPERATIVE SESSION
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
54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS WITHOUT REPLACEMENT OF PROSTHESIS
54416	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS AT THE SAME OPERATIVE SESSION
54417	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS THROUGH AN INFECTED FIELD AT THE SAME OPERATIVE SESSION INCLUDING IRRIGATION AND DEBRIDEMENT OF INFECTED TISSUE
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION) UNILATERAL OR BILATERAL
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION) UNILATERAL OR BILATERAL

54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG BIOPSY NEEDLE WINTER PROCEDURE RONGEUR OR PUNCH) FOR PRIAPISM
54437	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)
54438	REPLANTATION PENIS COMPLETE AMPUTATION INCLUDING URETHRAL REPAIR
54440	PLASTIC OPERATION OF PENIS FOR INJURY
54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING
54500	BIOPSY OF TESTIS NEEDLE (SEPARATE PROCEDURE)
54505	BIOPSY OF TESTIS INCISIONAL (SEPARATE PROCEDURE)
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS
54520	ORCHIECTOMY SIMPLE (INCLUDING SUBCAPSULAR) W WO TESTICULAR PROSTHESIS SCROTAL OR INGUINAL APPROACH
54522	ORCHIECTOMY PARTIAL
54530	ORCHIECTOMY RADICAL FOR TUMOR INGUINAL APPROACH
54535	ORCHIECTOMY RADICAL FOR TUMOR WITH ABDOMINAL EXPLORATION
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)
54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION
54600	REDUCTION OF TORSION OF TESTIS SURGICAL W WO FIXATION OF CONTRALATERAL TESTIS
54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)
54640	ORCHIOPEXY INGUINAL OR SCROTAL APPROACH
54650	ORCHIOPEXY ABDOMINAL APPROACH FOR INTRA-ABDOMINAL TESTIS (EG FOWLER-STEPHENS)
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)
54670	SUTURE OR REPAIR OF TESTICULAR INJURY
54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)
54690	LAPAROSCOPY SURGICAL ORCHIECTOMY
54692	LAPAROSCOPY SURGICAL ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS
54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS
54700	INCISION AND DRAINAGE OF EPIDIDYMIS TESTIS AND OR SCROTAL SPACE (EG ABSCESS OR HEMATOMA)
54800	BIOPSY OF EPIDIDYMIS NEEDLE
54830	EXCISION OF LOCAL LESION OF EPIDIDYMIS
54840	EXCISION OF SPERMATOCELE W WO EPIDIDYMECTOMY
54860	EPIDIDYMECTOMY UNILATERAL
54861	EPIDIDYMECTOMY BILATERAL
54865	EXPLORATION OF EPIDIDYMIS W WO BIOPSY
54900	EPIDIDYMOVASOSTOMY ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS UNILATERAL

54901	EPIDIDYMOVASOSTOMY ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS BILATERAL
55000	PUNCTURE ASPIRATION OF HYDROCELE TUNICA VAGINALIS W WO INJECTION OF MEDICATION
55040	EXCISION OF HYDROCELE UNILATERAL
55041	EXCISION OF HYDROCELE BILATERAL
55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)
55100	DRAINAGE OF SCROTAL WALL ABSCESS
55110	SCROTAL EXPLORATION
55120	REMOVAL OF FOREIGN BODY IN SCROTUM
55150	RESECTION OF SCROTUM
55175	SCROTOPLASTY SIMPLE
55180	SCROTOPLASTY COMPLICATED
55200	VASOTOMY CANNULIZATION W WO INCISION OF VAS UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)
55250	VASECTOMY UNILATERAL OR BILATERAL (SEPARATE PROCEDURE) INCLUDING POSTOPERATIVE SEMEN EXAMINATION(S)
55300	VASOTOMY FOR VASOGRAMS SEMINAL VESICULOGRAMS OR EPIDIDYMOGRAMS UNILATERAL OR BILATERAL
55400	VASOVASOSTOMY VASOVASORRHAPHY
55500	EXCISION OF HYDROCELE OF SPERMATIC CORD UNILATERAL (SEPARATE PROCEDURE)
55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)
55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE (SEPARATE PROCEDURE)
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE ABDOMINAL APPROACH
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE WITH HERNIA REPAIR
55550	LAPAROSCOPY SURGICAL WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE
55559	UNLISTED LAPAROSCOPY PROCEDURE SPERMATIC CORD
55600	VESICULOTOMY
55605	VESICULOTOMY COMPLICATED
55650	VESICULECTOMY ANY APPROACH
55680	EXCISION OF MULLERIAN DUCT CYST
55700	BIOPSY PROSTATE NEEDLE OR PUNCH SINGLE OR MULTIPLE ANY APPROACH
55705	BIOPSY PROSTATE ANY APPROACH NONIMAGING-GUIDED
55706	BIOPSIES PROSTATE NEEDLE TRANSPERINEAL STEREOTACTIC TEMPLATE GUIDED SATURATION SAMPLING INCLUDING IMAGING GUIDANCE
55707	BIOPSY PROSTATE TRANSRECTAL ULTRASOUND-GUIDED (IE SEXTANT ULTRASOUND-LOCALIZED DISCRETE LESION[S])

55708	BIOPSY PROSTATE TRANSRECTAL ULTRASOUND-GUIDED (IE SEXTANT) WITH MRI-FUSION-GUIDANCE FIRST TARGETED LESION
55709	BIOPSY PROSTATE TRANSPERINEAL ULTRASOUND-GUIDED (IE SEXTANT ULTRASOUND-LOCALIZED DISCRETE LESION[S])
55710	BIOPSY PROSTATE TRANSPERINEAL ULTRASOUND-GUIDED (IE SEXTANT) WITH MRI-FUSION-GUIDANCE BIOPSY FIRST TARGETED LESION
55711	BIOPSY PROSTATE TRANSRECTAL MRI-ULTRASOUND-FUSION GUIDED TARGETED LESION(S) ONLY FIRST TARGETED LESION
55712	BIOPSY PROSTATE TRANSPERINEAL MRI-ULTRASOUND-FUSION GUIDED TARGETED LESION(S) ONLY FIRST TARGETED LESION
55713	BIOPSY PROSTATE IN-BORE CT- OR MRI-GUIDED (IE SEXTANT) WITH BIOPSY OF ADDITIONAL TARGETED LESION(S) FIRST TARGETED LESION
55714	BIOPSY PROSTATE IN-BORE CT- OR MRI-GUIDED TARGETED LESION(S) ONLY FIRST TARGETED LESION
55715	BIOPSY PROSTATE EACH ADDITIONAL MRI-ULTRASOUND FUSION OR IN-BORE CT- OR MRI-GUIDED TARGETED LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
55720	PROSTATOTOMY EXTERNAL DRAINAGE OF PROSTATIC ABSCESS ANY APPROACH SIMPLE
55725	PROSTATOTOMY EXTERNAL DRAINAGE OF PROSTATIC ABSCESS ANY APPROACH COMPLICATED
55801	PROSTATECTOMY PERINEAL SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING VASECTOMY MEATOTOMY URETHRAL CALIBRATION AND OR DILATION AND INTERNAL URETHROTOMY)
55810	PROSTATECTOMY PERINEAL RADICAL
55812	PROSTATECTOMY PERINEAL RADICAL WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENECTOMY)
55815	PROSTATECTOMY PERINEAL RADICAL WITH BILATERAL PELVIC LYMPHADENECTOMY INCLUDING EXTERNAL ILIAC HYPOGASTRIC AND OBTURATOR NODES
55821	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING VASECTOMY MEATOTOMY URETHRAL CALIBRATION AND OR DILATION AND INTERNAL URETHROTOMY) SUPRAPUBIC SUBTOTAL 1 OR 2 STAGES
55831	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING VASECTOMY MEATOTOMY URETHRAL CALIBRATION AND OR DILATION AND INTERNAL URETHROTOMY) RETROPUBIC SUBTOTAL
55840	PROSTATECTOMY RETROPUBIC RADICAL W WO NERVE SPARING
55842	PROSTATECTOMY RETROPUBIC RADICAL W WO NERVE SPARING WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENECTOMY)
55845	PROSTATECTOMY RETROPUBIC RADICAL W WO NERVE SPARING WITH BILATERAL PELVIC LYMPHADENECTOMY INCLUDING EXTERNAL ILIAC HYPOGASTRIC AND OBTURATOR NODES
55860	EXPOSURE OF PROSTATE ANY APPROACH FOR INSERTION OF RADIOACTIVE SUBSTANCE

55862	EXPOSURE OF PROSTATE ANY APPROACH FOR INSERTION OF RADIOACTIVE SUBSTANCE WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENECTOMY)
55865	EXPOSURE OF PROSTATE ANY APPROACH FOR INSERTION OF RADIOACTIVE SUBSTANCE WITH BILATERAL PELVIC LYMPHADENECTOMY INCLUDING EXTERNAL ILIAC HYPOGASTRIC AND OBTURATOR NODES
55866	LAPAROSCOPY SURGICAL PROSTATECTOMY RETROPUBIC RADICAL INCLUDING NERVE SPARING INCLUDES ROBOTIC ASSISTANCE WHEN PERFORMED
55867	LAPAROSCOPY SURGICAL PROSTATECTOMY SIMPLE SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING VASECTOMY MEATOTOMY URETHRAL CALIBRATION AND OR DILATION AND INTERNAL URETHROTOMY) INCLUDES ROBOTIC ASSISTANCE WHEN PERFORMED
55868	LAPAROSCOPY SURGICAL PROSTATECTOMY RETROPUBIC RADICAL INCLUDING NERVE SPARING INCLUDES ROBOTIC ASSISTANCE WHEN PERFORMED WITH LYMPH NODE BIOPSY(IES) (LIMITED PELVIC LYMPHADENECTOMY)
55869	LAPAROSCOPY SURGICAL PROSTATECTOMY RETROPUBIC RADICAL INCLUDING NERVE SPARING INCLUDES ROBOTIC ASSISTANCE WHEN PERFORMED WITH BILATERAL PELVIC LYMPHADENECTOMY INCLUDING EXTERNAL ILIAC HYPOGASTRIC AND OBTURATOR NODES
55870	ELECTROEJACULATION
55873	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE AND MONITORING)
55874	TRANSPERINEAL PLACEMENT OF BIODEGRADABLE MATERIAL PERI-PROSTATIC SINGLE OR MULTIPLE INJECTION(S) INCLUDING IMAGE GUIDANCE WHEN PERFORMED
55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL RADIOELEMENT APPLICATION W WO CYSTOSCOPY
55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG FIDUCIAL MARKERS DOSIMETER) PROSTATE (VIA NEEDLE ANY APPROACH) SINGLE OR MULTIPLE
55877	ABLATION IRREVERSIBLE ELECTROPORATION PROSTATE 1 OR MORE TUMORS INCLUDING IMAGING GUIDANCE PERCUTANEOUS
55880	ABLATION OF MALIGNANT PROSTATE TISSUE TRANSRECTAL WITH HIGH INTENSITY-FOCUSED ULTRASOUND (HIFU) INCLUDING ULTRASOUND GUIDANCE
55881	ABLATION OF PROSTATE TISSUE TRANSURETHRAL USING THERMAL ULTRASOUND INCLUDING MAGNETIC RESONANCE IMAGING GUIDANCE FOR AND MONITORING OF TISSUE ABLATION
55882	ABLATION OF PROSTATE TISSUE TRANSURETHRAL USING THERMAL ULTRASOUND INCLUDING MAGNETIC RESONANCE IMAGING GUIDANCE FOR AND MONITORING OF TISSUE ABLATION WITH INSERTION OF TRANSURETHRAL ULTRASOUND TRANSDUCER FOR DELIVERY OF THERMAL ULTRASOUND INCLUDING SUPRAPUBIC TUBE PLACEMENT AND PLACEMENT OF AN ENDORECTAL COOLING DEVICE WHEN PERFORMED
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM

55920	PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND OR GENITALIA (EXCEPT PROSTATE) FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION
55970	INTERSEX SURGERY MALE TO FEMALE
55980	INTERSEX SURGERY FEMALE TO MALE
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS
56420	INCISION AND DRAINAGE OF BARTHOLIN S GLAND ABSCESS
56440	MARSUPIALIZATION OF BARTHOLIN S GLAND CYST
56441	LYSIS OF LABIAL ADHESIONS
56442	HYMENOTOMY SIMPLE INCISION
56501	DESTRUCTION OF LESION(S) VULVA SIMPLE (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY)
56515	DESTRUCTION OF LESION(S) VULVA EXTENSIVE (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY)
56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE) 1 LESION
56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE) EACH SEPARATE ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
56620	VULVECTOMY SIMPLE PARTIAL
56625	VULVECTOMY SIMPLE COMPLETE
56630	VULVECTOMY RADICAL PARTIAL
56631	VULVECTOMY RADICAL PARTIAL WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY
56632	VULVECTOMY RADICAL PARTIAL WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY
56633	VULVECTOMY RADICAL COMPLETE
56634	VULVECTOMY RADICAL COMPLETE WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY
56637	VULVECTOMY RADICAL COMPLETE WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY
56640	VULVECTOMY RADICAL COMPLETE WITH INGUINOFEMORAL ILIAC AND PELVIC LYMPHADENECTOMY
56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING
56740	EXCISION OF BARTHOLIN S GLAND OR CYST
56800	PLASTIC REPAIR OF INTROITUS
56805	CLITOROPLASTY FOR INTERSEX STATE
56810	PERINEOPLASTY REPAIR OF PERINEUM NONOBSTETRICAL (SEPARATE PROCEDURE)
56820	COLPOSCOPY OF THE VULVA
56821	COLPOSCOPY OF THE VULVA WITH BIOPSY(S)
57000	COLPOTOMY WITH EXPLORATION
57010	COLPOTOMY WITH DRAINAGE OF PELVIC ABSCESS

57020	COLPOCENTESIS (SEPARATE PROCEDURE)
57022	INCISION AND DRAINAGE OF VAGINAL HEMATOMA OBSTETRICAL POSTPARTUM
57023	INCISION AND DRAINAGE OF VAGINAL HEMATOMA NON-OBSTETRICAL (EG POST-TRAUMA SPONTANEOUS BLEEDING)
57061	DESTRUCTION OF VAGINAL LESION(S) SIMPLE (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY)
57065	DESTRUCTION OF VAGINAL LESION(S) EXTENSIVE (EG LASER SURGERY ELECTROSURGERY CRYOSURGERY CHEMOSURGERY)
57100	BIOPSY OF VAGINAL MUCOSA SIMPLE (SEPARATE PROCEDURE)
57105	BIOPSY OF VAGINAL MUCOSA EXTENSIVE REQUIRING SUTURE (INCLUDING CYSTS)
57106	VAGINECTOMY PARTIAL REMOVAL OF VAGINAL WALL
57107	VAGINECTOMY PARTIAL REMOVAL OF VAGINAL WALL WITH REMOVAL OF PARAVAGINAL TISSUE (RADICAL VAGINECTOMY)
57109	VAGINECTOMY PARTIAL REMOVAL OF VAGINAL WALL WITH REMOVAL OF PARAVAGINAL TISSUE (RADICAL VAGINECTOMY) WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING (BIOPSY)
57110	VAGINECTOMY COMPLETE REMOVAL OF VAGINAL WALL
57111	VAGINECTOMY COMPLETE REMOVAL OF VAGINAL WALL WITH REMOVAL OF PARAVAGINAL TISSUE (RADICAL VAGINECTOMY)
57120	COLPOCLEISIS (LE FORT TYPE)
57130	EXCISION OF VAGINAL SEPTUM
57135	EXCISION OF VAGINAL CYST OR TUMOR
57150	IRRIGATION OF VAGINA AND OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL PARASITIC OR FUNGOID DISEASE
57155	INSERTION OF UTERINE TANDEM AND OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY
57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERAPY
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS
57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC NONOBSTETRICAL VAGINAL HEMORRHAGE (SEPARATE PROCEDURE)
57200	COLPORRHAPHY SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)
57210	COLPOPERINEORRHAPHY SUTURE OF INJURY OF VAGINA AND OR PERINEUM (NONOBSTETRICAL)
57220	PLASTIC OPERATION ON URETHRAL SPHINCTER VAGINAL APPROACH (EG KELLY URETHRAL PLICATION)
57230	PLASTIC REPAIR OF URETHROCELE

57240	ANTERIOR COLPORRHAPHY REPAIR OF CYSTOCELE W WO REPAIR OF URETHROCELE INCLUDING CYSTOURETHROSCOPY WHEN PERFORMED
57250	POSTERIOR COLPORRHAPHY REPAIR OF RECTOCELE W WO PERINEORRHAPHY
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY INCLUDING CYSTOURETHROSCOPY WHEN PERFORMED
57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY INCLUDING CYSTOURETHROSCOPY WHEN PERFORMED WITH ENTEROCELE REPAIR
57267	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT EACH SITE (ANTERIOR POSTERIOR COMPARTMENT) VAGINAL APPROACH (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
57268	REPAIR OF ENTEROCELE VAGINAL APPROACH (SEPARATE PROCEDURE)
57270	REPAIR OF ENTEROCELE ABDOMINAL APPROACH (SEPARATE PROCEDURE)
57280	COLPOPEXY ABDOMINAL APPROACH
57282	COLPOPEXY VAGINAL EXTRA-PERITONEAL APPROACH (SACROSPINOUS ILIOCOCCYGEUS)
57283	COLPOPEXY VAGINAL INTRA-PERITONEAL APPROACH (UTEROSACRAL LEVATOR MYORRHAPHY)
57284	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE IF PERFORMED) OPEN ABDOMINAL APPROACH
57285	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE IF PERFORMED) VAGINAL APPROACH
57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG FASCIA OR SYNTHETIC)
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG FASCIA OR SYNTHETIC)
57289	PEREYRA PROCEDURE INCLUDING ANTERIOR COLPORRHAPHY
57291	CONSTRUCTION OF ARTIFICIAL VAGINA WITHOUT GRAFT
57292	CONSTRUCTION OF ARTIFICIAL VAGINA WITH GRAFT
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT VAGINAL APPROACH
57296	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT OPEN ABDOMINAL APPROACH
57300	CLOSURE OF RECTOVAGINAL FISTULA VAGINAL OR TRANSANAL APPROACH
57305	CLOSURE OF RECTOVAGINAL FISTULA ABDOMINAL APPROACH
57307	CLOSURE OF RECTOVAGINAL FISTULA ABDOMINAL APPROACH WITH CONCOMITANT COLOSTOMY
57308	CLOSURE OF RECTOVAGINAL FISTULA TRANSPERINEAL APPROACH WITH PERINEAL BODY RECONSTRUCTION W WO LEVATOR PLICATION
57310	CLOSURE OF URETHROVAGINAL FISTULA
57311	CLOSURE OF URETHROVAGINAL FISTULA WITH BULBOCAVERNOSUS TRANSPLANT
57320	CLOSURE OF VESICOVAGINAL FISTULA VAGINAL APPROACH
57330	CLOSURE OF VESICOVAGINAL FISTULA TRANSVESICAL AND VAGINAL APPROACH
57335	VAGINOPLASTY FOR INTERSEX STATE

57400	DILATION OF VAGINA UNDER ANESTHESIA (OTHER THAN LOCAL)
57410	PELVIC EXAMINATION UNDER ANESTHESIA (OTHER THAN LOCAL)
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA (OTHER THAN LOCAL)
57420	COLPOSCOPY OF THE ENTIRE VAGINA WITH CERVIX IF PRESENT
57421	COLPOSCOPY OF THE ENTIRE VAGINA WITH CERVIX IF PRESENT WITH BIOPSY(S) OF VAGINA CERVIX
57423	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE IF PERFORMED) LAPAROSCOPIC APPROACH
57425	LAPAROSCOPY SURGICAL COLPOPEXY (SUSPENSION OF VAGINAL APEX)
57426	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC APPROACH
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER ADJACENT VAGINA
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER ADJACENT VAGINA WITH BIOPSY(S) OF THE CERVIX AND ENDOCERVICAL CURETTAGE
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER ADJACENT VAGINA WITH BIOPSY(S) OF THE CERVIX
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER ADJACENT VAGINA WITH ENDOCERVICAL CURETTAGE
57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER ADJACENT VAGINA WITH LOOP ELECTRODE BIOPSY(S) OF THE CERVIX
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER ADJACENT VAGINA WITH LOOP ELECTRODE CONIZATION OF THE CERVIX
57465	COMPUTER-AIDED MAPPING OF CERVIX UTERI DURING COLPOSCOPY INCLUDING OPTICAL DYNAMIC SPECTRAL IMAGING AND ALGORITHMIC QUANTIFICATION OF THE ACETOWHITENING EFFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
57500	BIOPSY OF CERVIX SINGLE OR MULTIPLE OR LOCAL EXCISION OF LESION W WO FULGURATION (SEPARATE PROCEDURE)
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)
57510	CAUTERY OF CERVIX ELECTRO OR THERMAL
57511	CAUTERY OF CERVIX CRYOCAUTERY INITIAL OR REPEAT
57513	CAUTERY OF CERVIX LASER ABLATION
57520	CONIZATION OF CERVIX W WO FULGURATION W WO DILATION AND CURETTAGE W WO REPAIR COLD KNIFE OR LASER
57522	CONIZATION OF CERVIX W WO FULGURATION W WO DILATION AND CURETTAGE W WO REPAIR LOOP ELECTRODE EXCISION
57530	TRACHELECTOMY (CERVICECTOMY) AMPUTATION OF CERVIX (SEPARATE PROCEDURE)

57531	RADICAL TRACHELECTOMY WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING BIOPSY W WO REMOVAL OF TUBE(S) W WO REMOVAL OF OVARY(S)
57540	EXCISION OF CERVICAL STUMP ABDOMINAL APPROACH
57545	EXCISION OF CERVICAL STUMP ABDOMINAL APPROACH WITH PELVIC FLOOR REPAIR
57550	EXCISION OF CERVICAL STUMP VAGINAL APPROACH
57555	EXCISION OF CERVICAL STUMP VAGINAL APPROACH WITH ANTERIOR AND OR POSTERIOR REPAIR
57556	EXCISION OF CERVICAL STUMP VAGINAL APPROACH WITH REPAIR OF ENTEROCELE
57558	DILATION AND CURETTAGE OF CERVICAL STUMP
57700	CERCLAGE OF UTERINE CERVIX NONOBSTETRICAL
57720	TRACHELORRHAPHY PLASTIC REPAIR OF UTERINE CERVIX VAGINAL APPROACH
57800	DILATION OF CERVICAL CANAL INSTRUMENTAL (SEPARATE PROCEDURE)
58100	ENDOMETRIAL SAMPLING (BIOPSY) W WO ENDOCERVICAL SAMPLING (BIOPSY) WITHOUT CERVICAL DILATION ANY METHOD (SEPARATE PROCEDURE)
58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
58120	DILATION AND CURETTAGE DIAGNOSTIC AND OR THERAPEUTIC (NONOBSTETRICAL)
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
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
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
58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX) W WO REMOVAL OF TUBE(S) W WO REMOVAL OF OVARY(S)
58152	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX) W WO REMOVAL OF TUBE(S) W WO REMOVAL OF OVARY(S) WITH COLPO-URETHROCYSTOPEXY (EG MARSHALL-MARCHETTI-KRANTZ BURCH)
58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY) W WO REMOVAL OF TUBE(S) W WO REMOVAL OF OVARY(S)
58200	TOTAL ABDOMINAL HYSTERECTOMY INCLUDING PARTIAL VAGINECTOMY WITH PARA-AORTIC AND PELVIC LYMPH NODE SAMPLING W WO REMOVAL OF TUBE(S) W WO REMOVAL OF OVARY(S)
58210	RADICAL ABDOMINAL HYSTERECTOMY WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING (BIOPSY) W WO REMOVAL OF TUBE(S) W WO REMOVAL OF OVARY(S)

58240	PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY WITH TOTAL ABDOMINAL HYSTERECTOMY OR CERVICECTOMY W WO REMOVAL OF TUBE(S) W WO REMOVAL OF OVARY(S) WITH REMOVAL OF BLADDER AND URETERAL TRANSPLANTATIONS AND OR ABDOMINOPERINEAL RESECTION OF RECTUM AND COLON AND COLOSTOMY OR ANY COMBINATION THEREOF
58260	VAGINAL HYSTERECTOMY FOR UTERUS 250 G OR LESS
58262	VAGINAL HYSTERECTOMY FOR UTERUS 250 G OR LESS WITH REMOVAL OF TUBE(S) AND OR OVARY(S)
58263	VAGINAL HYSTERECTOMY FOR UTERUS 250 G OR LESS WITH REMOVAL OF TUBE(S) AND OR OVARY(S) WITH REPAIR OF ENTEROCELE
58267	VAGINAL HYSTERECTOMY FOR UTERUS 250 G OR LESS WITH COLPO-URETHROCYSTOPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE PEREYRA TYPE) W WO ENDOSCOPIC CONTROL
58270	VAGINAL HYSTERECTOMY FOR UTERUS 250 G OR LESS WITH REPAIR OF ENTEROCELE
58275	VAGINAL HYSTERECTOMY WITH TOTAL OR PARTIAL VAGINECTOMY
58280	VAGINAL HYSTERECTOMY WITH TOTAL OR PARTIAL VAGINECTOMY WITH REPAIR OF ENTEROCELE
58285	VAGINAL HYSTERECTOMY RADICAL (SCHAUTA TYPE OPERATION)
58290	VAGINAL HYSTERECTOMY FOR UTERUS GREATER THAN 250 G
58291	VAGINAL HYSTERECTOMY FOR UTERUS GREATER THAN 250 G WITH REMOVAL OF TUBE(S) AND OR OVARY(S)
58292	VAGINAL HYSTERECTOMY FOR UTERUS GREATER THAN 250 G WITH REMOVAL OF TUBE(S) AND OR OVARY(S) WITH REPAIR OF ENTEROCELE
58294	VAGINAL HYSTERECTOMY FOR UTERUS GREATER THAN 250 G WITH REPAIR OF ENTEROCELE
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)
58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE
58323	SPERM WASHING FOR ARTIFICIAL INSEMINATION
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE INFUSION SONOHYSTEROGRAPHY (SIS) OR HYSTEROSALPINGOGRAPHY
58345	TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AND OR RE-ESTABLISHING PATENCY (ANY METHOD) W WO HYSTEROSALPINGOGRAPHY
58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY
58350	CHROMOTUBATION OF OVIDUCT INCLUDING MATERIALS
58353	ENDOMETRIAL ABLATION THERMAL WITHOUT HYSTEROSCOPIC GUIDANCE
58356	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE INCLUDING ENDOMETRIAL CURETTAGE WHEN PERFORMED

58400	UTERINE SUSPENSION W WO SHORTENING OF ROUND LIGAMENTS W WO SHORTENING OF SACROUTERINE LIGAMENTS (SEPARATE PROCEDURE)
58410	UTERINE SUSPENSION W WO SHORTENING OF ROUND LIGAMENTS W WO SHORTENING OF SACROUTERINE LIGAMENTS WITH PRESACRAL SYMPATHECTOMY
58520	HYSTERORRHAPHY REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)
58540	HYSTEROPLASTY REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)
58541	LAPAROSCOPY SURGICAL SUPRACERVICAL HYSTERECTOMY FOR UTERUS 250 G OR LESS
58542	LAPAROSCOPY SURGICAL SUPRACERVICAL HYSTERECTOMY FOR UTERUS 250 G OR LESS WITH REMOVAL OF TUBE(S) AND OR OVARY(S)
58543	LAPAROSCOPY SURGICAL SUPRACERVICAL HYSTERECTOMY FOR UTERUS GREATER THAN 250 G
58544	LAPAROSCOPY SURGICAL SUPRACERVICAL HYSTERECTOMY FOR UTERUS GREATER THAN 250 G WITH REMOVAL OF TUBE(S) AND OR OVARY(S)
58545	LAPAROSCOPY SURGICAL MYOMECTOMY EXCISION 1 TO 4 INTRAMURAL MYOMAS WITH TOTAL WEIGHT OF 250 G OR LESS AND OR REMOVAL OF SURFACE MYOMAS
58546	LAPAROSCOPY SURGICAL MYOMECTOMY EXCISION 5 OR MORE INTRAMURAL MYOMAS AND OR INTRAMURAL MYOMAS WITH TOTAL WEIGHT GREATER THAN 250 G
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
58550	LAPAROSCOPY SURGICAL WITH VAGINAL HYSTERECTOMY FOR UTERUS 250 G OR LESS
58552	LAPAROSCOPY SURGICAL WITH VAGINAL HYSTERECTOMY FOR UTERUS 250 G OR LESS WITH REMOVAL OF TUBE(S) AND OR OVARY(S)
58553	LAPAROSCOPY SURGICAL WITH VAGINAL HYSTERECTOMY FOR UTERUS GREATER THAN 250 G
58554	LAPAROSCOPY SURGICAL WITH VAGINAL HYSTERECTOMY FOR UTERUS GREATER THAN 250 G WITH REMOVAL OF TUBE(S) AND OR OVARY(S)
58555	HYSTEROSCOPY DIAGNOSTIC (SEPARATE PROCEDURE)
58558	HYSTEROSCOPY SURGICAL WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND OR POLYPECTOMY W WO D AND C
58559	HYSTEROSCOPY SURGICAL WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)
58560	HYSTEROSCOPY SURGICAL WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY METHOD)
58561	HYSTEROSCOPY SURGICAL WITH REMOVAL OF LEIOMYOMATA
58562	HYSTEROSCOPY SURGICAL WITH REMOVAL OF IMPACTED FOREIGN BODY
58563	HYSTEROSCOPY SURGICAL WITH ENDOMETRIAL ABLATION (EG ENDOMETRIAL RESECTION ELECTROSURGICAL ABLATION THERMOABLATION)

58565	HYSTEROSCOPY SURGICAL WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION BY PLACEMENT OF PERMANENT IMPLANTS
58570	LAPAROSCOPY SURGICAL WITH TOTAL HYSTERECTOMY FOR UTERUS 250 G OR LESS
58571	LAPAROSCOPY SURGICAL WITH TOTAL HYSTERECTOMY FOR UTERUS 250 G OR LESS WITH REMOVAL OF TUBE(S) AND OR OVARY(S)
58572	LAPAROSCOPY SURGICAL WITH TOTAL HYSTERECTOMY FOR UTERUS GREATER THAN 250 G
58573	LAPAROSCOPY SURGICAL WITH TOTAL HYSTERECTOMY FOR UTERUS GREATER THAN 250 G WITH REMOVAL OF TUBE(S) AND OR OVARY(S)
58575	LAPAROSCOPY SURGICAL TOTAL HYSTERECTOMY FOR RESECTION OF MALIGNANCY (TUMOR DEBULKING) WITH OMENTECTOMY INCLUDING SALPINGO-OOPHORECTOMY UNILATERAL OR BILATERAL WHEN PERFORMED
58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS
58579	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS
58580	TRANSCERVICAL ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE ULTRASOUND GUIDANCE AND MONITORING RADIOFREQUENCY
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) ABDOMINAL OR VAGINAL APPROACH UNILATERAL OR BILATERAL
58605	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) ABDOMINAL OR VAGINAL APPROACH POSTPARTUM UNILATERAL OR BILATERAL DURING SAME HOSPITALIZATION (SEPARATE PROCEDURE)
58611	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF CESAREAN DELIVERY OR INTRA-ABDOMINAL SURGERY (NOT A SEPARATE PROCEDURE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
58615	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG BAND CLIP FALOPE RING) VAGINAL OR SUPRAPUBIC APPROACH
58660	LAPAROSCOPY SURGICAL WITH LYSIS OF ADHESIONS (SALPINGOLYSIS OVARIOLYSIS) (SEPARATE PROCEDURE)
58661	LAPAROSCOPY SURGICAL WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND OR SALPINGECTOMY)
58662	LAPAROSCOPY SURGICAL WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY PELVIC VISCERA OR PERITONEAL SURFACE BY ANY METHOD
58670	LAPAROSCOPY SURGICAL WITH FULGURATION OF OVIDUCTS (W WO TRANSECTION)
58671	LAPAROSCOPY SURGICAL WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG BAND CLIP OR FALOPE RING)
58672	LAPAROSCOPY SURGICAL WITH FIMBRIOPLASTY
58673	LAPAROSCOPY SURGICAL WITH SALPINGOSTOMY (SALPINGONEOSTOMY)

58674	LAPAROSCOPY SURGICAL ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE ULTRASOUND GUIDANCE AND MONITORING RADIOFREQUENCY
58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY
58700	SALPINGECTOMY COMPLETE OR PARTIAL UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)
58720	SALPINGO-OOPHORECTOMY COMPLETE OR PARTIAL UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)
58740	LYSIS OF ADHESIONS (SALPINGOLYSIS OVARIOLYSIS)
58750	TUBOTUBAL ANASTOMOSIS
58752	TUBOUTERINE IMPLANTATION
58760	FIMBRIOPLASTY
58770	SALPINGOSTOMY (SALPINGONEOSTOMY)
58800	DRAINAGE OF OVARIAN CYST(S) UNILATERAL OR BILATERAL (SEPARATE PROCEDURE) VAGINAL APPROACH
58805	DRAINAGE OF OVARIAN CYST(S) UNILATERAL OR BILATERAL (SEPARATE PROCEDURE) ABDOMINAL APPROACH
58820	DRAINAGE OF OVARIAN ABSCESS VAGINAL APPROACH OPEN
58822	DRAINAGE OF OVARIAN ABSCESS ABDOMINAL APPROACH
58825	TRANSPOSITION OVARY(S)
58900	BIOPSY OF OVARY UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)
58920	WEDGE RESECTION OR BISECTION OF OVARY UNILATERAL OR BILATERAL
58925	OVARIAN CYSTECTOMY UNILATERAL OR BILATERAL
58940	OOPHORECTOMY PARTIAL OR TOTAL UNILATERAL OR BILATERAL
58943	OOPHORECTOMY PARTIAL OR TOTAL UNILATERAL OR BILATERAL FOR OVARIAN TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH PARA-AORTIC AND PELVIC LYMPH NODE BIOPSIES PERITONEAL WASHINGS PERITONEAL BIOPSIES DIAPHRAGMATIC ASSESSMENTS W WO SALPINGECTOMY(S) W WO OMENTECTOMY
58950	RESECTION (INITIAL) OF OVARIAN TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY
58951	RESECTION (INITIAL) OF OVARIAN TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY WITH TOTAL ABDOMINAL HYSTERECTOMY PELVIC AND LIMITED PARA-AORTIC LYMPHADENECTOMY
58952	RESECTION (INITIAL) OF OVARIAN TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY WITH RADICAL DISSECTION FOR DEBULKING (IE RADICAL EXCISION OR DESTRUCTION INTRA-ABDOMINAL OR RETROPERITONEAL TUMORS)
58953	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR DEBULKING

58954	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR DEBULKING WITH PELVIC LYMPHADENECTOMY AND LIMITED PARA-AORTIC LYMPHADENECTOMY
58956	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY TOTAL ABDOMINAL HYSTERECTOMY FOR MALIGNANCY
58957	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN TUBAL PRIMARY PERITONEAL UTERINE MALIGNANCY (INTRA-ABDOMINAL RETROPERITONEAL TUMORS) WITH OMENTECTOMY IF PERFORMED
58958	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN TUBAL PRIMARY PERITONEAL UTERINE MALIGNANCY (INTRA-ABDOMINAL RETROPERITONEAL TUMORS) WITH OMENTECTOMY IF PERFORMED WITH PELVIC LYMPHADENECTOMY AND LIMITED PARA-AORTIC LYMPHADENECTOMY
58960	LAPAROTOMY FOR STAGING OR RESTAGING OF OVARIAN TUBAL OR PRIMARY PERITONEAL MALIGNANCY (SECOND LOOK) W WO OMENTECTOMY PERITONEAL WASHING BIOPSY OF ABDOMINAL AND PELVIC PERITONEUM DIAPHRAGMATIC ASSESSMENT WITH PELVIC AND LIMITED PARA-AORTIC LYMPHADENECTOMY
58970	FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL ANY METHOD
58974	EMBRYO TRANSFER INTRAUTERINE
58976	GAMETE ZYGOTE OR EMBRYO INTRAFALLOPIAN TRANSFER ANY METHOD
58999	UNLISTED PROCEDURE FEMALE GENITAL SYSTEM (NONOBSTETRICAL)
59000	AMNIOCENTESIS DIAGNOSTIC
59001	AMNIOCENTESIS THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOUND GUIDANCE)
59012	CORDOCENTESIS (INTRAUTERINE) ANY METHOD
59015	CHORIONIC VILLUS SAMPLING ANY METHOD
59020	FETAL CONTRACTION STRESS TEST
59025	FETAL NON-STRESS TEST
59030	FETAL SCALP BLOOD SAMPLING
59050	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE NON-ATTENDING PHYSICIAN) WITH WRITTEN REPORT SUPERVISION AND INTERPRETATION
59051	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE NON-ATTENDING PHYSICIAN) WITH WRITTEN REPORT INTERPRETATION ONLY
59070	TRANSABDOMINAL AMNIOINFUSION INCLUDING ULTRASOUND GUIDANCE
59072	FETAL UMBILICAL CORD OCCLUSION INCLUDING ULTRASOUND GUIDANCE
59074	FETAL FLUID DRAINAGE (EG VESICOCENTESIS THORACOCENTESIS PARACENTESIS) INCLUDING ULTRASOUND GUIDANCE
59076	FETAL SHUNT PLACEMENT INCLUDING ULTRASOUND GUIDANCE

59100	HYSTEROTOMY ABDOMINAL (EG FOR HYDATIDIFORM MOLE ABORTION)
59120	SURGICAL TREATMENT OF ECTOPIC PREGNANCY TUBAL OR OVARIAN REQUIRING SALPINGECTOMY AND OR OOPHORECTOMY ABDOMINAL OR VAGINAL APPROACH
59121	SURGICAL TREATMENT OF ECTOPIC PREGNANCY TUBAL OR OVARIAN WITHOUT SALPINGECTOMY AND OR OOPHORECTOMY
59130	SURGICAL TREATMENT OF ECTOPIC PREGNANCY ABDOMINAL PREGNANCY
59136	SURGICAL TREATMENT OF ECTOPIC PREGNANCY INTERSTITIAL UTERINE PREGNANCY WITH PARTIAL RESECTION OF UTERUS
59140	SURGICAL TREATMENT OF ECTOPIC PREGNANCY CERVICAL WITH EVACUATION
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY WITHOUT SALPINGECTOMY AND OR OOPHORECTOMY
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY WITH SALPINGECTOMY AND OR OOPHORECTOMY
59160	CURETTAGE POSTPARTUM
59200	INSERTION OF CERVICAL DILATOR (EG LAMINARIA PROSTAGLANDIN) (SEPARATE PROCEDURE)
59300	EPISIOTOMY OR VAGINAL REPAIR BY OTHER THAN ATTENDING
59320	CERCLAGE OF CERVIX DURING PREGNANCY VAGINAL
59325	CERCLAGE OF CERVIX DURING PREGNANCY ABDOMINAL
59350	HYSTERORRHAPHY OF RUPTURED UTERUS
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE VAGINAL DELIVERY (W WO EPISIOTOMY AND OR FORCEPS) AND POSTPARTUM CARE
59409	VAGINAL DELIVERY ONLY (W WO EPISIOTOMY AND OR FORCEPS)
59410	VAGINAL DELIVERY ONLY (W WO EPISIOTOMY AND OR FORCEPS) INCLUDING POSTPARTUM CARE
59412	EXTERNAL CEPHALIC VERSION W WO TOCOLYSIS
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)
59425	ANTEPARTUM CARE ONLY 4-6 VISITS
59426	ANTEPARTUM CARE ONLY 7 OR MORE VISITS
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE CESAREAN DELIVERY AND POSTPARTUM CARE
59514	CESAREAN DELIVERY ONLY
59515	CESAREAN DELIVERY ONLY INCLUDING POSTPARTUM CARE
59525	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
59610	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE VAGINAL DELIVERY (W WO EPISIOTOMY AND OR FORCEPS) AND POSTPARTUM CARE AFTER PREVIOUS CESAREAN DELIVERY

59612	VAGINAL DELIVERY ONLY AFTER PREVIOUS CESAREAN DELIVERY (W WO EPISIOTOMY AND OR FORCEPS)
59614	VAGINAL DELIVERY ONLY AFTER PREVIOUS CESAREAN DELIVERY (W WO EPISIOTOMY AND OR FORCEPS) INCLUDING POSTPARTUM CARE
59618	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE CESAREAN DELIVERY AND POSTPARTUM CARE FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY
59620	CESAREAN DELIVERY ONLY FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY
59622	CESAREAN DELIVERY ONLY FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY INCLUDING POSTPARTUM CARE
59812	TREATMENT OF INCOMPLETE ABORTION ANY TRIMESTER COMPLETED SURGICALLY
59820	TREATMENT OF MISSED ABORTION COMPLETED SURGICALLY FIRST TRIMESTER
59821	TREATMENT OF MISSED ABORTION COMPLETED SURGICALLY SECOND TRIMESTER
59830	TREATMENT OF SEPTIC ABORTION COMPLETED SURGICALLY
59840	INDUCED ABORTION BY DILATION AND CURETTAGE
59841	INDUCED ABORTION BY DILATION AND EVACUATION
59850	INDUCED ABORTION BY 1 OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS) INCLUDING HOSPITAL ADMISSION AND VISITS DELIVERY OF FETUS AND SECUNDINES
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
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)
59855	INDUCED ABORTION BY 1 OR MORE VAGINAL SUPPOSITORIES (EG PROSTAGLANDIN) W WO CERVICAL DILATION (EG LAMINARIA) INCLUDING HOSPITAL ADMISSION AND VISITS DELIVERY OF FETUS AND SECUNDINES
59856	INDUCED ABORTION BY 1 OR MORE VAGINAL SUPPOSITORIES (EG PROSTAGLANDIN) W WO CERVICAL DILATION (EG LAMINARIA) INCLUDING HOSPITAL ADMISSION AND VISITS DELIVERY OF FETUS AND SECUNDINES WITH DILATION AND CURETTAGE AND OR EVACUATION
59857	INDUCED ABORTION BY 1 OR MORE VAGINAL SUPPOSITORIES (EG PROSTAGLANDIN) W WO CERVICAL DILATION (EG LAMINARIA) INCLUDING HOSPITAL ADMISSION AND VISITS DELIVERY OF FETUS AND SECUNDINES WITH HYSTEROTOMY (FAILED MEDICAL EVACUATION)
59866	MULTIFETAL PREGNANCY REDUCTION(S) (MPR)
59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE

59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)
59897	UNLISTED FETAL INVASIVE PROCEDURE INCLUDING ULTRASOUND GUIDANCE WHEN PERFORMED
59898	UNLISTED LAPAROSCOPY PROCEDURE MATERNITY CARE AND DELIVERY
59899	UNLISTED PROCEDURE MATERNITY CARE AND DELIVERY
60000	INCISION AND DRAINAGE OF THYROGLOSSAL DUCT CYST INFECTED
60100	BIOPSY THYROID PERCUTANEOUS CORE NEEDLE
60200	EXCISION OF CYST OR ADENOMA OF THYROID OR TRANSECTION OF ISTHMUS
60210	PARTIAL THYROID LOBECTOMY UNILATERAL W WO ISTHMUSECTOMY
60212	PARTIAL THYROID LOBECTOMY UNILATERAL WITH CONTRALATERAL SUBTOTAL LOBECTOMY INCLUDING ISTHMUSECTOMY
60220	TOTAL THYROID LOBECTOMY UNILATERAL W WO ISTHMUSECTOMY
60225	TOTAL THYROID LOBECTOMY UNILATERAL WITH CONTRALATERAL SUBTOTAL LOBECTOMY INCLUDING ISTHMUSECTOMY
60240	THYROIDECTOMY TOTAL OR COMPLETE
60252	THYROIDECTOMY TOTAL OR SUBTOTAL FOR MALIGNANCY WITH LIMITED NECK DISSECTION
60254	THYROIDECTOMY TOTAL OR SUBTOTAL FOR MALIGNANCY WITH RADICAL NECK DISSECTION
60260	THYROIDECTOMY REMOVAL OF ALL REMAINING THYROID TISSUE FOLLOWING PREVIOUS REMOVAL OF A PORTION OF THYROID
60270	THYROIDECTOMY INCLUDING SUBSTERNAL THYROID STERNAL SPLIT OR TRANSTHORACIC APPROACH
60271	THYROIDECTOMY INCLUDING SUBSTERNAL THYROID CERVICAL APPROACH
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS
60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS RECURRENT
60300	ASPIRATION AND OR INJECTION THYROID CYST
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S)
60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S) RE-EXPLORATION
60505	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S) WITH MEDIASTINAL EXPLORATION STERNAL SPLIT OR TRANSTHORACIC APPROACH
60512	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
60520	THYMECTOMY PARTIAL OR TOTAL TRANSCERVICAL APPROACH (SEPARATE PROCEDURE)
60521	THYMECTOMY PARTIAL OR TOTAL STERNAL SPLIT OR TRANSTHORACIC APPROACH WITHOUT RADICAL MEDIASTINAL DISSECTION (SEPARATE PROCEDURE)
60522	THYMECTOMY PARTIAL OR TOTAL STERNAL SPLIT OR TRANSTHORACIC APPROACH WITH RADICAL MEDIASTINAL DISSECTION (SEPARATE PROCEDURE)

60540	ADRENALECTOMY PARTIAL OR COMPLETE OR EXPLORATION OF ADRENAL GLAND W WO BIOPSY TRANSABDOMINAL LUMBAR OR DORSAL (SEPARATE PROCEDURE)
60545	ADRENALECTOMY PARTIAL OR COMPLETE OR EXPLORATION OF ADRENAL GLAND W WO BIOPSY TRANSABDOMINAL LUMBAR OR DORSAL (SEPARATE PROCEDURE) WITH EXCISION OF ADJACENT RETROPERITONEAL TUMOR
60600	EXCISION OF CAROTID BODY TUMOR WITHOUT EXCISION OF CAROTID ARTERY
60605	EXCISION OF CAROTID BODY TUMOR WITH EXCISION OF CAROTID ARTERY
60650	LAPAROSCOPY SURGICAL WITH ADRENALECTOMY PARTIAL OR COMPLETE OR EXPLORATION OF ADRENAL GLAND W WO BIOPSY TRANSABDOMINAL LUMBAR OR DORSAL
60659	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM
60660	ABLATION OF 1 OR MORE THYROID NODULE(S) ONE LOBE OR THE ISTHMUS PERCUTANEOUS INCLUDING IMAGING GUIDANCE RADIOFREQUENCY
60661	ABLATION OF 1 OR MORE THYROID NODULE(S) ADDITIONAL LOBE PERCUTANEOUS INCLUDING IMAGING GUIDANCE RADIOFREQUENCY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM
61000	SUBDURAL TAP THROUGH FONTANELLE OR SUTURE INFANT UNILATERAL OR BILATERAL INITIAL
61001	SUBDURAL TAP THROUGH FONTANELLE OR SUTURE INFANT UNILATERAL OR BILATERAL SUBSEQUENT TAPS
61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE FONTANELLE SUTURE OR IMPLANTED VENTRICULAR CATHETER RESERVOIR WITHOUT INJECTION
61026	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE FONTANELLE SUTURE OR IMPLANTED VENTRICULAR CATHETER RESERVOIR WITH INJECTION OF MEDICATION OR OTHER SUBSTANCE FOR DIAGNOSIS OR TREATMENT
61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE WITHOUT INJECTION (SEPARATE PROCEDURE)
61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE WITH INJECTION OF MEDICATION OR OTHER SUBSTANCE FOR DIAGNOSIS OR TREATMENT
61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE
61105	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE
61107	TWIST DRILL HOLE(S) FOR SUBDURAL INTRACEREBRAL OR VENTRICULAR PUNCTURE FOR IMPLANTING VENTRICULAR CATHETER PRESSURE RECORDING DEVICE OR OTHER INTRACEREBRAL MONITORING DEVICE
61108	TWIST DRILL HOLE(S) FOR SUBDURAL INTRACEREBRAL OR VENTRICULAR PUNCTURE FOR EVACUATION AND OR DRAINAGE OF SUBDURAL HEMATOMA
61120	BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF GAS CONTRAST MEDIA DYE OR RADIOACTIVE MATERIAL)
61140	BURR HOLE(S) OR TREPHINE WITH BIOPSY OF BRAIN OR INTRACRANIAL LESION

61150	BURR HOLE(S) OR TREPHINE WITH DRAINAGE OF BRAIN ABSCESS OR CYST
61151	BURR HOLE(S) OR TREPHINE WITH SUBSEQUENT TAPPING (ASPIRATION) OF INTRACRANIAL ABSCESS OR CYST
61154	BURR HOLE(S) WITH EVACUATION AND OR DRAINAGE OF HEMATOMA EXTRADURAL OR SUBDURAL
61156	BURR HOLE(S) WITH ASPIRATION OF HEMATOMA OR CYST INTRACEREBRAL
61210	BURR HOLE(S) FOR IMPLANTING VENTRICULAR CATHETER RESERVOIR EEG ELECTRODE(S) PRESSURE RECORDING DEVICE OR OTHER CEREBRAL MONITORING DEVICE (SEPARATE PROCEDURE)
61215	INSERTION OF SUBCUTANEOUS RESERVOIR PUMP OR CONTINUOUS INFUSION SYSTEM FOR CONNECTION TO VENTRICULAR CATHETER
61250	BURR HOLE(S) OR TREPHINE SUPRATENTORIAL EXPLORATORY NOT FOLLOWED BY OTHER SURGERY
61253	BURR HOLE(S) OR TREPHINE INFRATENTORIAL UNILATERAL OR BILATERAL
61304	CRANIECTOMY OR CRANIOTOMY EXPLORATORY SUPRATENTORIAL
61305	CRANIECTOMY OR CRANIOTOMY EXPLORATORY INFRATENTORIAL (POSTERIOR FOSSA)
61312	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA SUPRATENTORIAL EXTRADURAL OR SUBDURAL
61313	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA SUPRATENTORIAL INTRACEREBRAL
61314	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA INFRATENTORIAL EXTRADURAL OR SUBDURAL
61315	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA INFRATENTORIAL INTRACEREBELLAR
61316	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL BONE GRAFT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
61320	CRANIECTOMY OR CRANIOTOMY DRAINAGE OF INTRACRANIAL ABSCESS SUPRATENTORIAL
61321	CRANIECTOMY OR CRANIOTOMY DRAINAGE OF INTRACRANIAL ABSCESS INFRATENTORIAL
61322	CRANIECTOMY OR CRANIOTOMY DECOMPRESSIVE W WO DURAPLASTY FOR TREATMENT OF INTRACRANIAL HYPERTENSION WITHOUT EVACUATION OF ASSOCIATED INTRAPARENCHYMAL HEMATOMA WITHOUT LOBECTOMY
61323	CRANIECTOMY OR CRANIOTOMY DECOMPRESSIVE W WO DURAPLASTY FOR TREATMENT OF INTRACRANIAL HYPERTENSION WITHOUT EVACUATION OF ASSOCIATED INTRAPARENCHYMAL HEMATOMA WITH LOBECTOMY
61330	DECOMPRESSION OF ORBIT ONLY TRANSCRANIAL APPROACH
61333	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH) WITH REMOVAL OF LESION
61340	SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUDOTUMOR CEREBRI SLIT VENTRICLE SYNDROME)
61343	CRANIECTOMY SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION OF MEDULLA AND SPINAL CORD W WO DURAL GRAFT (EG ARNOLD-CHIARI MALFORMATION)

61345	OTHER CRANIAL DECOMPRESSION POSTERIOR FOSSA
61450	CRANIECTOMY SUBTEMPORAL FOR SECTION COMPRESSION OR DECOMPRESSION OF SENSORY ROOT OF GASSERIAN GANGLION
61458	CRANIECTOMY SUBOCCIPITAL FOR EXPLORATION OR DECOMPRESSION OF CRANIAL NERVES
61460	CRANIECTOMY SUBOCCIPITAL FOR SECTION OF 1 OR MORE CRANIAL NERVES
61500	CRANIECTOMY WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL
61501	CRANIECTOMY FOR OSTEOMYELITIS
61510	CRANIECTOMY TREPHINATION BONE FLAP CRANIOTOMY FOR EXCISION OF BRAIN TUMOR SUPRATENTORIAL EXCEPT MENINGIOMA
61512	CRANIECTOMY TREPHINATION BONE FLAP CRANIOTOMY FOR EXCISION OF MENINGIOMA SUPRATENTORIAL
61514	CRANIECTOMY TREPHINATION BONE FLAP CRANIOTOMY FOR EXCISION OF BRAIN ABSCESS SUPRATENTORIAL
61516	CRANIECTOMY TREPHINATION BONE FLAP CRANIOTOMY FOR EXCISION OR FENESTRATION OF CYST SUPRATENTORIAL
61517	IMPLANTATION OF BRAIN INTRACAVITARY CHEMOTHERAPY AGENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR INFRATENTORIAL OR POSTERIOR FOSSA EXCEPT MENINGIOMA CEREBELLOPONTINE ANGLE TUMOR OR MIDLINE TUMOR AT BASE OF SKULL
61519	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR INFRATENTORIAL OR POSTERIOR FOSSA MENINGIOMA
61520	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR INFRATENTORIAL OR POSTERIOR FOSSA CEREBELLOPONTINE ANGLE TUMOR
61521	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR INFRATENTORIAL OR POSTERIOR FOSSA MIDLINE TUMOR AT BASE OF SKULL
61522	CRANIECTOMY INFRATENTORIAL OR POSTERIOR FOSSA FOR EXCISION OF BRAIN ABSCESS
61524	CRANIECTOMY INFRATENTORIAL OR POSTERIOR FOSSA FOR EXCISION OR FENESTRATION OF CYST
61526	CRANIECTOMY BONE FLAP CRANIOTOMY TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR
61530	CRANIECTOMY BONE FLAP CRANIOTOMY TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR COMBINED WITH MIDDLE POSTERIOR FOSSA CRANIOTOMY CRANIECTOMY
61531	SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH 1 OR MORE BURR OR TREPHINE HOLE(S) FOR LONG-TERM SEIZURE MONITORING

61533	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY FOR LONG-TERM SEIZURE MONITORING
61534	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR EXCISION OF EPILEPTOGENIC FOCUS WITHOUT ELECTROCORTICOGRAPHY DURING SURGERY
61535	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR REMOVAL OF EPIDURAL OR SUBDURAL ELECTRODE ARRAY WITHOUT EXCISION OF CEREBRAL TISSUE (SEPARATE PROCEDURE)
61536	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR EXCISION OF CEREBRAL EPILEPTOGENIC FOCUS WITH ELECTROCORTICOGRAPHY DURING SURGERY (INCLUDES REMOVAL OF ELECTRODE ARRAY)
61537	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR LOBECTOMY TEMPORAL LOBE WITHOUT ELECTROCORTICOGRAPHY DURING SURGERY
61538	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR LOBECTOMY TEMPORAL LOBE WITH ELECTROCORTICOGRAPHY DURING SURGERY
61539	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR LOBECTOMY OTHER THAN TEMPORAL LOBE PARTIAL OR TOTAL WITH ELECTROCORTICOGRAPHY DURING SURGERY
61540	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR LOBECTOMY OTHER THAN TEMPORAL LOBE PARTIAL OR TOTAL WITHOUT ELECTROCORTICOGRAPHY DURING SURGERY
61541	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR TRANSECTION OF CORPUS CALLOSUM
61543	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR PARTIAL OR SUBTOTAL (FUNCTIONAL) HEMISPHERECTOMY
61544	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR EXCISION OR COAGULATION OF CHOROID PLEXUS
61545	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR EXCISION OF CRANIOPHARYNGIOMA
61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR INTRACRANIAL APPROACH
61548	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR TRANSNASAL OR TRANSSEPTAL APPROACH NONSTEREOTACTIC
61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS SINGLE CRANIAL SUTURE
61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS MULTIPLE CRANIAL SUTURES
61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS FRONTAL OR PARIETAL BONE FLAP
61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS BIFRONTAL BONE FLAP
61558	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG CLOVERLEAF SKULL) NOT REQUIRING BONE GRAFTS
61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG CLOVERLEAF SKULL) RECONTOURING WITH MULTIPLE OSTEOTOMIES AND BONE AUTOGRAFTS (EG BARREL-STAVE PROCEDURE) (INCLUDES OBTAINING GRAFTS)

61563	EXCISION INTRA AND EXTRACRANIAL BENIGN TUMOR OF CRANIAL BONE (EG FIBROUS DYSPLASIA) WITHOUT OPTIC NERVE DECOMPRESSION
61564	EXCISION INTRA AND EXTRACRANIAL BENIGN TUMOR OF CRANIAL BONE (EG FIBROUS DYSPLASIA) WITH OPTIC NERVE DECOMPRESSION
61566	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SELECTIVE AMYGDALOHIPPOCAMPECTOMY
61567	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR MULTIPLE SUBPIAL TRANSECTIONS WITH ELECTROCORTICOGRAPHY DURING SURGERY
61570	CRANIECTOMY OR CRANIOTOMY WITH EXCISION OF FOREIGN BODY FROM BRAIN
61571	CRANIECTOMY OR CRANIOTOMY WITH TREATMENT OF PENETRATING WOUND OF BRAIN
61575	TRANSORAL APPROACH TO SKULL BASE BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY DECOMPRESSION OR EXCISION OF LESION
61576	TRANSORAL APPROACH TO SKULL BASE BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY DECOMPRESSION OR EXCISION OF LESION REQUIRING SPLITTING OF TONGUE AND OR MANDIBLE (INCLUDING TRACHEOSTOMY)
61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA EXTRADURAL INCLUDING LATERAL RHINOTOMY ETHMOIDECTOMY SPHENOIDECTOMY WITHOUT MAXILLECTOMY OR ORBITAL EXENTERATION
61581	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA EXTRADURAL INCLUDING LATERAL RHINOTOMY ORBITAL EXENTERATION ETHMOIDECTOMY SPHENOIDECTOMY AND OR MAXILLECTOMY
61582	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA EXTRADURAL INCLUDING UNILATERAL OR BIFRONTAL CRANIOTOMY ELEVATION OF FRONTAL LOBE(S) OSTEOTOMY OF BASE OF ANTERIOR CRANIAL FOSSA
61583	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA INTRADURAL INCLUDING UNILATERAL OR BIFRONTAL CRANIOTOMY ELEVATION OR RESECTION OF FRONTAL LOBE OSTEOTOMY OF BASE OF ANTERIOR CRANIAL FOSSA
61584	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA EXTRADURAL INCLUDING SUPRAORBITAL RIDGE OSTEOTOMY AND ELEVATION OF FRONTAL AND OR TEMPORAL LOBE(S) WITHOUT ORBITAL EXENTERATION
61585	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA EXTRADURAL INCLUDING SUPRAORBITAL RIDGE OSTEOTOMY AND ELEVATION OF FRONTAL AND OR TEMPORAL LOBE(S) WITH ORBITAL EXENTERATION
61586	BICORONAL TRANSZYGOMATIC AND OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR CRANIAL FOSSA W WO INTERNAL FIXATION WITHOUT BONE GRAFT
61590	INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (PARAPHARYNGEAL SPACE INFRATEMPORAL AND MIDLINE SKULL BASE NASOPHARYNX) W WO DISARTICULATION OF THE MANDIBLE INCLUDING PAROTIDECTOMY CRANIOTOMY DECOMPRESSION AND OR MOBILIZATION OF THE FACIAL NERVE AND OR PETROUS CAROTID ARTERY

61591	INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (INTERNAL AUDITORY MEATUS PETROUS APEX TENTORIUM CAVERNOUS SINUS PARASELLAR AREA INFRATEMPORAL FOSSA) INCLUDING MASTOIDECTOMY RESECTION OF SIGMOID SINUS W WO DECOMPRESSION AND OR MOBILIZATION OF CONTENTS OF AUDITORY CANAL OR PETROUS CAROTID ARTERY
61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAVERNOUS SINUS AND CAROTID ARTERY CLIVUS BASILAR ARTERY OR PETROUS APEX) INCLUDING OSTEOTOMY OF ZYGOMA CRANIOTOMY EXTRA- OR INTRADURAL ELEVATION OF TEMPORAL LOBE
61595	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA JUGULAR FORAMEN OR MIDLINE SKULL BASE INCLUDING MASTOIDECTOMY DECOMPRESSION OF SIGMOID SINUS AND OR FACIAL NERVE W WO MOBILIZATION
61596	TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA JUGULAR FORAMEN OR MIDLINE SKULL BASE INCLUDING LABYRINTHECTOMY DECOMPRESSION W WO MOBILIZATION OF FACIAL NERVE AND OR PETROUS CAROTID ARTERY
61597	TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FOSSA JUGULAR FORAMEN OR MIDLINE SKULL BASE INCLUDING OCCIPITAL CONDYLECTOMY MASTOIDECTOMY RESECTION OF C1-C3 VERTEBRAL BODY(S) DECOMPRESSION OF VERTEBRAL ARTERY W WO MOBILIZATION
61598	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA CLIVUS OR FORAMEN MAGNUM INCLUDING LIGATION OF SUPERIOR PETROSAL SINUS AND OR SIGMOID SINUS
61600	RESECTION OR EXCISION OF NEOPLASTIC VASCULAR OR INFECTIOUS LESION OF BASE OF ANTERIOR CRANIAL FOSSA EXTRADURAL
61601	RESECTION OR EXCISION OF NEOPLASTIC VASCULAR OR INFECTIOUS LESION OF BASE OF ANTERIOR CRANIAL FOSSA INTRADURAL INCLUDING DURAL REPAIR W WO GRAFT
61605	RESECTION OR EXCISION OF NEOPLASTIC VASCULAR OR INFECTIOUS LESION OF INFRATEMPORAL FOSSA PARAPHARYNGEAL SPACE PETROUS APEX EXTRADURAL
61606	RESECTION OR EXCISION OF NEOPLASTIC VASCULAR OR INFECTIOUS LESION OF INFRATEMPORAL FOSSA PARAPHARYNGEAL SPACE PETROUS APEX INTRADURAL INCLUDING DURAL REPAIR W WO GRAFT
61607	RESECTION OR EXCISION OF NEOPLASTIC VASCULAR OR INFECTIOUS LESION OF PARASELLAR AREA CAVERNOUS SINUS CLIVUS OR MIDLINE SKULL BASE EXTRADURAL
61608	RESECTION OR EXCISION OF NEOPLASTIC VASCULAR OR INFECTIOUS LESION OF PARASELLAR AREA CAVERNOUS SINUS CLIVUS OR MIDLINE SKULL BASE INTRADURAL INCLUDING DURAL REPAIR W WO GRAFT
61611	TRANSECTION OR LIGATION CAROTID ARTERY IN PETROUS CANAL WITHOUT REPAIR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
61613	OBLITERATION OF CAROTID ANEURYSM ARTERIOVENOUS MALFORMATION OR CAROTID-CAVERNOUS FISTULA BY DISSECTION WITHIN CAVERNOUS SINUS

61615	RESECTION OR EXCISION OF NEOPLASTIC VASCULAR OR INFECTIOUS LESION OF BASE OF POSTERIOR CRANIAL FOSSA JUGULAR FORAMEN FORAMEN MAGNUM OR C1-C3 VERTEBRAL BODIES EXTRADURAL
61616	RESECTION OR EXCISION OF NEOPLASTIC VASCULAR OR INFECTIOUS LESION OF BASE OF POSTERIOR CRANIAL FOSSA JUGULAR FORAMEN FORAMEN MAGNUM OR C1-C3 VERTEBRAL BODIES INTRADURAL INCLUDING DURAL REPAIR W WO GRAFT
61618	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK ANTERIOR MIDDLE OR POSTERIOR CRANIAL FOSSA FOLLOWING SURGERY OF THE SKULL BASE BY FREE TISSUE GRAFT (EG PERICRANIUM FASCIA TENSOR FASCIA LATA ADIPOSE TISSUE HOMOLOGOUS OR SYNTHETIC GRAFTS)
61619	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK ANTERIOR MIDDLE OR POSTERIOR CRANIAL FOSSA FOLLOWING SURGERY OF THE SKULL BASE BY LOCAL OR REGIONALIZED VASCULARIZED PEDICLE FLAP OR MYOCUTANEOUS FLAP (INCLUDING GALEA TEMPORALIS FRONTALIS OR OCCIPITALIS MUSCLE)
61623	ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION HEAD OR NECK (EXTRACRANIAL INTRACRANIAL) INCLUDING SELECTIVE CATHETERIZATION OF VESSEL TO BE OCCLUDED POSITIONING AND INFLATION OF OCCLUSION BALLOON CONCOMITANT NEUROLOGICAL MONITORING AND RADIOLOGIC SUPERVISION AND INTERPRETATION OF ALL ANGIOGRAPHY REQUIRED FOR BALLOON OCCLUSION AND TO EXCLUDE VASCULAR INJURY POST OCCLUSION
61624	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG FOR TUMOR DESTRUCTION TO ACHIEVE HEMOSTASIS TO OCCLUDE A VASCULAR MALFORMATION) INCLUDING ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION INTRAPROCEDURAL ROADMAPPING AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION PERCUTANEOUS ANY METHOD CENTRAL NERVOUS SYSTEM (INTRACRANIAL SPINAL CORD)
61626	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG FOR TUMOR DESTRUCTION TO ACHIEVE HEMOSTASIS TO OCCLUDE A VASCULAR MALFORMATION) INCLUDING ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION INTRAPROCEDURAL ROADMAPPING AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION PERCUTANEOUS ANY METHOD NON-CENTRAL NERVOUS SYSTEM HEAD OR NECK (EXTRACRANIAL BRACHIOCEPHALIC BRANCH)
61630	BALLOON ANGIOPLASTY INTRACRANIAL (EG ATHEROSCLEROTIC STENOSIS) PERCUTANEOUS
61635	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S) INTRACRANIAL (EG ATHEROSCLEROTIC STENOSIS) INCLUDING BALLOON ANGIOPLASTY IF PERFORMED
61640	BALLOON DILATATION OF INTRACRANIAL VASOSPASM PERCUTANEOUS INITIAL VESSEL
61641	BALLOON DILATATION OF INTRACRANIAL VASOSPASM PERCUTANEOUS EACH ADDITIONAL VESSEL IN SAME VASCULAR TERRITORY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
61642	BALLOON DILATATION OF INTRACRANIAL VASOSPASM PERCUTANEOUS EACH ADDITIONAL VESSEL IN DIFFERENT VASCULAR TERRITORY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL MECHANICAL THROMBECTOMY AND OR INFUSION FOR THROMBOLYSIS INTRACRANIAL ANY METHOD INCLUDING DIAGNOSTIC ANGIOGRAPHY FLUOROSCOPIC GUIDANCE CATHETER PLACEMENT AND INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLYTIC INJECTION(S)
61650	ENDOVASCULAR INTRACRANIAL PROLONGED ADMINISTRATION OF PHARMACOLOGIC AGENT(S) OTHER THAN FOR THROMBOLYSIS ARTERIAL INCLUDING CATHETER PLACEMENT DIAGNOSTIC ANGIOGRAPHY AND IMAGING GUIDANCE INITIAL VASCULAR TERRITORY
61651	ENDOVASCULAR INTRACRANIAL PROLONGED ADMINISTRATION OF PHARMACOLOGIC AGENT(S) OTHER THAN FOR THROMBOLYSIS ARTERIAL INCLUDING CATHETER PLACEMENT DIAGNOSTIC ANGIOGRAPHY AND IMAGING GUIDANCE EACH ADDITIONAL VASCULAR TERRITORY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
61680	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION SUPRATENTORIAL SIMPLE
61682	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION SUPRATENTORIAL COMPLEX
61684	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION INFRATENTORIAL SIMPLE
61686	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION INFRATENTORIAL COMPLEX
61690	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION DURAL SIMPLE
61692	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION DURAL COMPLEX
61697	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM INTRACRANIAL APPROACH CAROTID CIRCULATION
61698	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM INTRACRANIAL APPROACH VERTEBROBASILAR CIRCULATION
61700	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM INTRACRANIAL APPROACH CAROTID CIRCULATION
61702	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM INTRACRANIAL APPROACH VERTEBROBASILAR CIRCULATION
61703	SURGERY OF INTRACRANIAL ANEURYSM CERVICAL APPROACH BY APPLICATION OF OCCLUDING CLAMP TO CERVICAL CAROTID ARTERY (SELVERSTONE-CRUTCHFIELD TYPE)
61705	SURGERY OF ANEURYSM VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA BY INTRACRANIAL AND CERVICAL OCCLUSION OF CAROTID ARTERY
61708	SURGERY OF ANEURYSM VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA BY INTRACRANIAL ELECTROTHROMBOSIS
61710	SURGERY OF ANEURYSM VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA BY INTRA-ARTERIAL EMBOLIZATION INJECTION PROCEDURE OR BALLOON CATHETER
61711	ANASTOMOSIS ARTERIAL EXTRACRANIAL-INTRACRANIAL (EG MIDDLE CEREBRAL CORTICAL) ARTERIES

61715	MAGNETIC RESONANCE IMAGE GUIDED HIGH INTENSITY FOCUSED ULTRASOUND (MRGFUS) STEREOTACTIC ABLATION OF TARGET INTRACRANIAL INCLUDING STEREOTACTIC NAVIGATION AND FRAME PLACEMENT WHEN PERFORMED
61720	CREATION OF LESION BY STEREOTACTIC METHOD INCLUDING BURR HOLE(S) AND LOCALIZING AND RECORDING TECHNIQUES SINGLE OR MULTIPLE STAGES GLOBUS PALLIDUS OR THALAMUS
61735	CREATION OF LESION BY STEREOTACTIC METHOD INCLUDING BURR HOLE(S) AND LOCALIZING AND RECORDING TECHNIQUES SINGLE OR MULTIPLE STAGES SUBCORTICAL STRUCTURE(S) OTHER THAN GLOBUS PALLIDUS OR THALAMUS
61736	LASER INTERSTITIAL THERMAL THERAPY (LITT) OF LESION INTRACRANIAL INCLUDING BURR HOLE(S) WITH MAGNETIC RESONANCE IMAGING GUIDANCE WHEN PERFORMED SINGLE TRAJECTORY FOR 1 SIMPLE LESION
61737	LASER INTERSTITIAL THERMAL THERAPY (LITT) OF LESION INTRACRANIAL INCLUDING BURR HOLE(S) WITH MAGNETIC RESONANCE IMAGING GUIDANCE WHEN PERFORMED MULTIPLE TRAJECTORIES FOR MULTIPLE OR COMPLEX LESION(S)
61750	STEREOTACTIC BIOPSY ASPIRATION OR EXCISION INCLUDING BURR HOLE(S) FOR INTRACRANIAL LESION
61751	STEREOTACTIC BIOPSY ASPIRATION OR EXCISION INCLUDING BURR HOLE(S) FOR INTRACRANIAL LESION WITH COMPUTED TOMOGRAPHY AND OR MAGNETIC RESONANCE GUIDANCE
61760	STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LONG-TERM SEIZURE MONITORING
61770	STEREOTACTIC LOCALIZATION INCLUDING BURR HOLE(S) WITH INSERTION OF CATHETER(S) OR PROBE(S) FOR PLACEMENT OF RADIATION SOURCE
61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE CRANIAL INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE CRANIAL EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
61790	CREATION OF LESION BY STEREOTACTIC METHOD PERCUTANEOUS BY NEUROLYTIC AGENT (EG ALCOHOL THERMAL ELECTRICAL RADIOFREQUENCY) GASSERIAN GANGLION
61791	CREATION OF LESION BY STEREOTACTIC METHOD PERCUTANEOUS BY NEUROLYTIC AGENT (EG ALCOHOL THERMAL ELECTRICAL RADIOFREQUENCY) TRIGEMINAL MEDULLARY TRACT
61796	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM GAMMA RAY OR LINEAR ACCELERATOR) 1 SIMPLE CRANIAL LESION
61797	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM GAMMA RAY OR LINEAR ACCELERATOR) EACH ADDITIONAL CRANIAL LESION SIMPLE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

61798	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM GAMMA RAY OR LINEAR ACCELERATOR) 1 COMPLEX CRANIAL LESION
61799	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM GAMMA RAY OR LINEAR ACCELERATOR) EACH ADDITIONAL CRANIAL LESION COMPLEX (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC RADIOSURGERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
61850	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES CORTICAL
61860	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES CEREBRAL CORTICAL
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
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)
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
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)
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES
61885	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER DIRECT OR INDUCTIVE COUPLING WITH CONNECTION TO A SINGLE ELECTRODE ARRAY
61886	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER DIRECT OR INDUCTIVE COUPLING WITH CONNECTION TO 2 OR MORE ELECTRODE ARRAYS
61888	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER

61889	INSERTION OF SKULL-MOUNTED CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER INCLUDING CRANIECTOMY OR CRANIOTOMY WHEN PERFORMED WITH DIRECT OR INDUCTIVE COUPLING WITH CONNECTION TO DEPTH AND OR CORTICAL STRIP ELECTRODE ARRAY(S)
61891	REVISION OR REPLACEMENT OF SKULL-MOUNTED CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER WITH CONNECTION TO DEPTH AND OR CORTICAL STRIP ELECTRODE ARRAY(S)
61892	REMOVAL OF SKULL-MOUNTED CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER WITH CRANIOPLASTY WHEN PERFORMED
62000	ELEVATION OF DEPRESSED SKULL FRACTURE SIMPLE EXTRADURAL
62005	ELEVATION OF DEPRESSED SKULL FRACTURE COMPOUND OR COMMINUTED EXTRADURAL
62010	ELEVATION OF DEPRESSED SKULL FRACTURE WITH REPAIR OF DURA AND OR DEBRIDEMENT OF BRAIN
62100	CRANIOTOMY FOR REPAIR OF DURAL CEREBROSPINAL FLUID LEAK INCLUDING SURGERY FOR RHINORRHEA OTORRHEA
62115	REDUCTION OF CRANIOMEGALIC SKULL (EG TREATED HYDROCEPHALUS) NOT REQUIRING BONE GRAFTS OR CRANIOPLASTY
62117	REDUCTION OF CRANIOMEGALIC SKULL (EG TREATED HYDROCEPHALUS) REQUIRING CRANIOTOMY AND RECONSTRUCTION W WO BONE GRAFT (INCLUDES OBTAINING GRAFTS)
62120	REPAIR OF ENCEPHALOCELE SKULL VAULT INCLUDING CRANIOPLASTY
62121	CRANIOTOMY FOR REPAIR OF ENCEPHALOCELE SKULL BASE
62140	CRANIOPLASTY FOR SKULL DEFECT UP TO 5 CM DIAMETER
62141	CRANIOPLASTY FOR SKULL DEFECT LARGER THAN 5 CM DIAMETER
62142	REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL
62143	REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL
62145	CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY
62146	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS) UP TO 5 CM DIAMETER
62147	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS) LARGER THAN 5 CM DIAMETER
62148	INCISION AND RETRIEVAL OF SUBCUTANEOUS CRANIAL BONE GRAFT FOR CRANIOPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
62160	NEUROENDOSCOPY INTRACRANIAL FOR PLACEMENT OR REPLACEMENT OF VENTRICULAR CATHETER AND ATTACHMENT TO SHUNT SYSTEM OR EXTERNAL DRAINAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
62161	NEUROENDOSCOPY INTRACRANIAL WITH DISSECTION OF ADHESIONS FENESTRATION OF SEPTUM PELLUCIDUM OR INTRAVENTRICULAR CYSTS (INCLUDING PLACEMENT REPLACEMENT OR REMOVAL OF VENTRICULAR CATHETER)

62162	NEUROENDOSCOPY INTRACRANIAL WITH FENESTRATION OR EXCISION OF COLLOID CYST INCLUDING PLACEMENT OF EXTERNAL VENTRICULAR CATHETER FOR DRAINAGE
62164	NEUROENDOSCOPY INTRACRANIAL WITH EXCISION OF BRAIN TUMOR INCLUDING PLACEMENT OF EXTERNAL VENTRICULAR CATHETER FOR DRAINAGE
62165	NEUROENDOSCOPY INTRACRANIAL WITH EXCISION OF PITUITARY TUMOR TRANSNASAL OR TRANS-SPHENOIDAL APPROACH
62180	VENTRICULOCISTERNOSTOMY (TORKILDSEN TYPE OPERATION)
62190	CREATION OF SHUNT SUBARACHNOID SUBDURAL-ATRIAL -JUGULAR -AURICULAR
62192	CREATION OF SHUNT SUBARACHNOID SUBDURAL-PERITONEAL -PLEURAL OTHER TERMINUS
62194	REPLACEMENT OR IRRIGATION SUBARACHNOID SUBDURAL CATHETER
62200	VENTRICULOCISTERNOSTOMY THIRD VENTRICLE
62201	VENTRICULOCISTERNOSTOMY THIRD VENTRICLE STEREOTACTIC NEUROENDOSCOPIC METHOD
62220	CREATION OF SHUNT VENTRICULO-ATRIAL -JUGULAR -AURICULAR
62223	CREATION OF SHUNT VENTRICULO-PERITONEAL -PLEURAL OTHER TERMINUS
62225	REPLACEMENT OR IRRIGATION VENTRICULAR CATHETER
62230	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT OBSTRUCTED VALVE OR DISTAL CATHETER IN SHUNT SYSTEM
62252	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT
62256	REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM WITHOUT REPLACEMENT
62258	REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM WITH REPLACEMENT BY SIMILAR OR OTHER SHUNT AT SAME OPERATION
62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG HYPERTONIC SALINE ENZYME) OR MECHANICAL MEANS (EG CATHETER) INCLUDING RADIOLOGIC LOCALIZATION (INCLUDES CONTRAST WHEN ADMINISTERED) MULTIPLE ADHESIOLYSIS SESSIONS 2 OR MORE DAYS
62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG HYPERTONIC SALINE ENZYME) OR MECHANICAL MEANS (EG CATHETER) INCLUDING RADIOLOGIC LOCALIZATION (INCLUDES CONTRAST WHEN ADMINISTERED) MULTIPLE ADHESIOLYSIS SESSIONS 1 DAY
62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS PULPOSUS INTERVERTEBRAL DISC OR PARAVERTEBRAL TISSUE FOR DIAGNOSTIC PURPOSES
62268	PERCUTANEOUS ASPIRATION SPINAL CORD CYST OR SYRINX
62269	BIOPSY OF SPINAL CORD PERCUTANEOUS NEEDLE
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTIC
62272	SPINAL PUNCTURE THERAPEUTIC FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER)
62273	INJECTION EPIDURAL OF BLOOD OR CLOT PATCH

62280	INJECTION INFUSION OF NEUROLYTIC SUBSTANCE (EG ALCOHOL PHENOL ICED SALINE SOLUTIONS) W WO OTHER THERAPEUTIC SUBSTANCE SUBARACHNOID
62281	INJECTION INFUSION OF NEUROLYTIC SUBSTANCE (EG ALCOHOL PHENOL ICED SALINE SOLUTIONS) W WO OTHER THERAPEUTIC SUBSTANCE EPIDURAL CERVICAL OR THORACIC
62282	INJECTION INFUSION OF NEUROLYTIC SUBSTANCE (EG ALCOHOL PHENOL ICED SALINE SOLUTIONS) W WO OTHER THERAPEUTIC SUBSTANCE EPIDURAL LUMBAR SACRAL (CAUDAL)
62284	INJECTION PROCEDURE FOR MYELOGRAPHY AND OR COMPUTED TOMOGRAPHY LUMBAR
62287	DECOMPRESSION PERCUTANEOUS OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISC ANY METHOD UTILIZING NEEDLE-BASED TECHNIQUE TO REMOVE DISC MATERIAL UNDER FLUOROSCOPIC IMAGING OR OTHER FORM OF INDIRECT VISUALIZATION WITH DISCOGRAPHY AND OR EPIDURAL INJECTION(S) AT THE TREATED LEVEL(S) WHEN PERFORMED SINGLE OR MULTIPLE LEVELS LUMBAR
62290	INJECTION PROCEDURE FOR DISCOGRAPHY EACH LEVEL LUMBAR
62291	INJECTION PROCEDURE FOR DISCOGRAPHY EACH LEVEL CERVICAL OR THORACIC
62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS INCLUDING DISCOGRAPHY INTERVERTEBRAL DISC SINGLE OR MULTIPLE LEVELS LUMBAR
62294	INJECTION PROCEDURE ARTERIAL FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION SPINAL
62302	MYELOGRAPHY VIA LUMBAR INJECTION INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION CERVICAL
62303	MYELOGRAPHY VIA LUMBAR INJECTION INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION THORACIC
62304	MYELOGRAPHY VIA LUMBAR INJECTION INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION LUMBOSACRAL
62305	MYELOGRAPHY VIA LUMBAR INJECTION INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION 2 OR MORE REGIONS (EG LUMBAR THORACIC CERVICAL THORACIC LUMBAR CERVICAL LUMBAR THORACIC CERVICAL)
62320	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG ANESTHETIC ANTISPASMODIC OPIOID STEROID OTHER SOLUTION) NOT INCLUDING NEUROLYTIC SUBSTANCES INCLUDING NEEDLE OR CATHETER PLACEMENT INTERLAMINAR EPIDURAL OR SUBARACHNOID CERVICAL OR THORACIC WITHOUT IMAGING GUIDANCE
62321	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG ANESTHETIC ANTISPASMODIC OPIOID STEROID OTHER SOLUTION) NOT INCLUDING NEUROLYTIC SUBSTANCES INCLUDING NEEDLE OR CATHETER PLACEMENT INTERLAMINAR EPIDURAL OR SUBARACHNOID CERVICAL OR THORACIC WITH IMAGING GUIDANCE (IE FLUOROSCOPY OR CT)

62322	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG ANESTHETIC ANTISPASMODIC OPIOID STEROID OTHER SOLUTION) NOT INCLUDING NEUROLYTIC SUBSTANCES INCLUDING NEEDLE OR CATHETER PLACEMENT INTERLAMINAR EPIDURAL OR SUBARACHNOID LUMBAR OR SACRAL (CAUDAL) WITHOUT IMAGING GUIDANCE
62323	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG ANESTHETIC ANTISPASMODIC OPIOID STEROID OTHER SOLUTION) NOT INCLUDING NEUROLYTIC SUBSTANCES INCLUDING NEEDLE OR CATHETER PLACEMENT INTERLAMINAR EPIDURAL OR SUBARACHNOID LUMBAR OR SACRAL (CAUDAL) WITH IMAGING GUIDANCE (IE FLUOROSCOPY OR CT)
62324	INJECTION(S) INCLUDING INDWELLING CATHETER PLACEMENT CONTINUOUS INFUSION OR INTERMITTENT BOLUS OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG ANESTHETIC ANTISPASMODIC OPIOID STEROID OTHER SOLUTION) NOT INCLUDING NEUROLYTIC SUBSTANCES INTERLAMINAR EPIDURAL OR SUBARACHNOID CERVICAL OR THORACIC WITHOUT IMAGING GUIDANCE
62325	INJECTION(S) INCLUDING INDWELLING CATHETER PLACEMENT CONTINUOUS INFUSION OR INTERMITTENT BOLUS OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG ANESTHETIC ANTISPASMODIC OPIOID STEROID OTHER SOLUTION) NOT INCLUDING NEUROLYTIC SUBSTANCES INTERLAMINAR EPIDURAL OR SUBARACHNOID CERVICAL OR THORACIC WITH IMAGING GUIDANCE (IE FLUOROSCOPY OR CT)
62326	INJECTION(S) INCLUDING INDWELLING CATHETER PLACEMENT CONTINUOUS INFUSION OR INTERMITTENT BOLUS OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG ANESTHETIC ANTISPASMODIC OPIOID STEROID OTHER SOLUTION) NOT INCLUDING NEUROLYTIC SUBSTANCES INTERLAMINAR EPIDURAL OR SUBARACHNOID LUMBAR OR SACRAL (CAUDAL) WITHOUT IMAGING GUIDANCE
62327	INJECTION(S) INCLUDING INDWELLING CATHETER PLACEMENT CONTINUOUS INFUSION OR INTERMITTENT BOLUS OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG ANESTHETIC ANTISPASMODIC OPIOID STEROID OTHER SOLUTION) NOT INCLUDING NEUROLYTIC SUBSTANCES INTERLAMINAR EPIDURAL OR SUBARACHNOID LUMBAR OR SACRAL (CAUDAL) WITH IMAGING GUIDANCE (IE FLUOROSCOPY OR CT)
62328	SPINAL PUNCTURE LUMBAR DIAGNOSTIC WITH FLUOROSCOPIC OR CT GUIDANCE
62329	SPINAL PUNCTURE THERAPEUTIC FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER) WITH FLUOROSCOPIC OR CT GUIDANCE
62330	DECOMPRESSION PERCUTANEOUS WITH PARTIAL REMOVAL OF THE LIGAMENTUM FLAVUM INCLUDING LAMINOTOMY FOR ACCESS EPIDUROGRAPHY AND IMAGING GUIDANCE (IE CT OR FLUOROSCOPY) BILATERAL ONE INTERSPACE LUMBAR
62331	DECOMPRESSION PERCUTANEOUS WITH PARTIAL REMOVAL OF THE LIGAMENTUM FLAVUM INCLUDING LAMINOTOMY FOR ACCESS EPIDUROGRAPHY AND IMAGING GUIDANCE (IE CT OR FLUOROSCOPY) BILATERAL ADDITIONAL INTERSPACE(S) LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

62350	IMPLANTATION REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL CATHETER FOR LONG-TERM MEDICATION ADMINISTRATION VIA AN EXTERNAL PUMP OR IMPLANTABLE RESERVOIR INFUSION PUMP WITHOUT LAMINECTOMY
62351	IMPLANTATION REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL CATHETER FOR LONG-TERM MEDICATION ADMINISTRATION VIA AN EXTERNAL PUMP OR IMPLANTABLE RESERVOIR INFUSION PUMP WITH LAMINECTOMY
62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION SUBCUTANEOUS RESERVOIR
62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION NONPROGRAMMABLE PUMP
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION PROGRAMMABLE PUMP INCLUDING PREPARATION OF PUMP W WO PROGRAMMING
62365	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP PREVIOUSLY IMPLANTED FOR INTRATHECAL OR EPIDURAL INFUSION
62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS ALARM STATUS DRUG PRESCRIPTION STATUS) WITHOUT REPROGRAMMING OR REFILL
62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS ALARM STATUS DRUG PRESCRIPTION STATUS) WITH REPROGRAMMING
62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS ALARM STATUS DRUG PRESCRIPTION STATUS) WITH REPROGRAMMING AND REFILL
62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS ALARM STATUS DRUG PRESCRIPTION STATUS) WITH REPROGRAMMING AND REFILL (REQUIRING SKILL OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL)
62380	ENDOSCOPIC DECOMPRESSION OF SPINAL CORD NERVE ROOT(S) INCLUDING LAMINOTOMY PARTIAL FACETECTOMY FORAMINOTOMY DISCECTOMY AND OR EXCISION OF HERNIATED INTERVERTEBRAL DISC 1 INTERSPACE LUMBAR
63001	LAMINECTOMY WITH EXPLORATION AND OR DECOMPRESSION OF SPINAL CORD AND OR CAUDA EQUINA WITHOUT FACETECTOMY FORAMINOTOMY OR DISCECTOMY (EG SPINAL STENOSIS) 1 OR 2 VERTEBRAL SEGMENTS CERVICAL

63003	LAMINECTOMY WITH EXPLORATION AND OR DECOMPRESSION OF SPINAL CORD AND OR CAUDA EQUINA WITHOUT FACETECTOMY FORAMINOTOMY OR DISCECTOMY (EG SPINAL STENOSIS) 1 OR 2 VERTEBRAL SEGMENTS THORACIC
63005	LAMINECTOMY WITH EXPLORATION AND OR DECOMPRESSION OF SPINAL CORD AND OR CAUDA EQUINA WITHOUT FACETECTOMY FORAMINOTOMY OR DISCECTOMY (EG SPINAL STENOSIS) 1 OR 2 VERTEBRAL SEGMENTS LUMBAR EXCEPT FOR SPONDYLOLISTHESIS
63011	LAMINECTOMY WITH EXPLORATION AND OR DECOMPRESSION OF SPINAL CORD AND OR CAUDA EQUINA WITHOUT FACETECTOMY FORAMINOTOMY OR DISCECTOMY (EG SPINAL STENOSIS) 1 OR 2 VERTEBRAL SEGMENTS SACRAL
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND OR PARS INTER-ARTICULARIS WITH DECOMPRESSION OF CAUDA EQUINA AND NERVE ROOTS FOR SPONDYLOLISTHESIS LUMBAR (GILL TYPE PROCEDURE)
63015	LAMINECTOMY WITH EXPLORATION AND OR DECOMPRESSION OF SPINAL CORD AND OR CAUDA EQUINA WITHOUT FACETECTOMY FORAMINOTOMY OR DISCECTOMY (EG SPINAL STENOSIS) MORE THAN 2 VERTEBRAL SEGMENTS CERVICAL
63016	LAMINECTOMY WITH EXPLORATION AND OR DECOMPRESSION OF SPINAL CORD AND OR CAUDA EQUINA WITHOUT FACETECTOMY FORAMINOTOMY OR DISCECTOMY (EG SPINAL STENOSIS) MORE THAN 2 VERTEBRAL SEGMENTS THORACIC
63017	LAMINECTOMY WITH EXPLORATION AND OR DECOMPRESSION OF SPINAL CORD AND OR CAUDA EQUINA WITHOUT FACETECTOMY FORAMINOTOMY OR DISCECTOMY (EG SPINAL STENOSIS) MORE THAN 2 VERTEBRAL SEGMENTS LUMBAR
63020	LAMINOTOMY (HEMILAMINECTOMY) WITH DECOMPRESSION OF NERVE ROOT(S) INCLUDING PARTIAL FACETECTOMY FORAMINOTOMY AND OR EXCISION OF HERNIATED INTERVERTEBRAL DISC 1 INTERSPACE CERVICAL
63030	LAMINOTOMY (HEMILAMINECTOMY) WITH DECOMPRESSION OF NERVE ROOT(S) INCLUDING PARTIAL FACETECTOMY FORAMINOTOMY AND OR EXCISION OF HERNIATED INTERVERTEBRAL DISC 1 INTERSPACE LUMBAR
63032	LAMINOTOMY (HEMILAMINECTOMY) WITH DECOMPRESSION OF NERVE ROOT(S) INCLUDING PARTIAL FACETECTOMY FORAMINOTOMY AND OR EXCISION OF HERNIATED INTERVERTEBRAL DISC WITH REPAIR OF ANNULAR DEFECT BY IMPLANTATION OF BONE-ANCHORED ANNULAR CLOSURE DEVICE INCLUDING ALL IMAGING GUIDANCE 1 INTERSPACE LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

63035	LAMINOTOMY (HEMILAMINECTOMY) WITH DECOMPRESSION OF NERVE ROOT(S) INCLUDING PARTIAL FACETECTOMY FORAMINOTOMY AND OR EXCISION OF HERNIATED INTERVERTEBRAL DISC EACH ADDITIONAL INTERSPACE CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
63040	LAMINOTOMY (HEMILAMINECTOMY) WITH DECOMPRESSION OF NERVE ROOT(S) INCLUDING PARTIAL FACETECTOMY FORAMINOTOMY AND OR EXCISION OF HERNIATED INTERVERTEBRAL DISC REEXPLORATION SINGLE INTERSPACE CERVICAL
63042	LAMINOTOMY (HEMILAMINECTOMY) WITH DECOMPRESSION OF NERVE ROOT(S) INCLUDING PARTIAL FACETECTOMY FORAMINOTOMY AND OR EXCISION OF HERNIATED INTERVERTEBRAL DISC REEXPLORATION SINGLE INTERSPACE LUMBAR
63043	LAMINOTOMY (HEMILAMINECTOMY) WITH DECOMPRESSION OF NERVE ROOT(S) INCLUDING PARTIAL FACETECTOMY FORAMINOTOMY AND OR EXCISION OF HERNIATED INTERVERTEBRAL DISC REEXPLORATION SINGLE INTERSPACE EACH ADDITIONAL CERVICAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
63044	LAMINOTOMY (HEMILAMINECTOMY) WITH DECOMPRESSION OF NERVE ROOT(S) INCLUDING PARTIAL FACETECTOMY FORAMINOTOMY AND OR EXCISION OF HERNIATED INTERVERTEBRAL DISC REEXPLORATION SINGLE INTERSPACE EACH ADDITIONAL LUMBAR INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
63045	LAMINECTOMY FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD CAUDA EQUINA AND OR NERVE ROOT[S] [EG SPINAL OR LATERAL RECESS STENOSIS]) SINGLE VERTEBRAL SEGMENT CERVICAL
63046	LAMINECTOMY FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD CAUDA EQUINA AND OR NERVE ROOT[S] [EG SPINAL OR LATERAL RECESS STENOSIS]) SINGLE VERTEBRAL SEGMENT THORACIC
63047	LAMINECTOMY FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD CAUDA EQUINA AND OR NERVE ROOT[S] [EG SPINAL OR LATERAL RECESS STENOSIS]) SINGLE VERTEBRAL SEGMENT LUMBAR
63048	LAMINECTOMY FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD CAUDA EQUINA AND OR NERVE ROOT[S] [EG SPINAL OR LATERAL RECESS STENOSIS]) SINGLE VERTEBRAL SEGMENT EACH ADDITIONAL SEGMENT CERVICAL THORACIC OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
63050	LAMINOPLASTY CERVICAL WITH DECOMPRESSION OF THE SPINAL CORD 2 OR MORE VERTEBRAL SEGMENTS

63051	LAMINOPLASTY CERVICAL WITH DECOMPRESSION OF THE SPINAL CORD 2 OR MORE VERTEBRAL SEGMENTS WITH RECONSTRUCTION OF THE POSTERIOR BONY ELEMENTS (INCLUDING THE APPLICATION OF BRIDGING BONE GRAFT AND NON-SEGMENTAL FIXATION DEVICES [EG WIRE SUTURE MINI-PLATES] WHEN PERFORMED)
63052	LAMINECTOMY FACETECTOMY OR FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD CAUDA EQUINA AND OR NERVE ROOT[S] [EG SPINAL OR LATERAL RECESS STENOSIS]) DURING POSTERIOR INTERBODY ARTHRODESIS LUMBAR SINGLE VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
63053	LAMINECTOMY FACETECTOMY OR FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD CAUDA EQUINA AND OR NERVE ROOT[S] [EG SPINAL OR LATERAL RECESS STENOSIS]) DURING POSTERIOR INTERBODY ARTHRODESIS LUMBAR EACH ADDITIONAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD EQUINA AND OR NERVE ROOT(S) (EG HERNIATED INTERVERTEBRAL DISC) SINGLE SEGMENT THORACIC
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)
63057	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD EQUINA AND OR NERVE ROOT(S) (EG HERNIATED INTERVERTEBRAL DISC) SINGLE SEGMENT EACH ADDITIONAL SEGMENT THORACIC OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
63064	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S) (EG HERNIATED INTERVERTEBRAL DISC) THORACIC SINGLE SEGMENT
63066	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S) (EG HERNIATED INTERVERTEBRAL DISC) THORACIC EACH ADDITIONAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
63075	DISCECTOMY ANTERIOR WITH DECOMPRESSION OF SPINAL CORD AND OR NERVE ROOT(S) INCLUDING OSTEOPHYTECTOMY CERVICAL SINGLE INTERSPACE
63076	DISCECTOMY ANTERIOR WITH DECOMPRESSION OF SPINAL CORD AND OR NERVE ROOT(S) INCLUDING OSTEOPHYTECTOMY CERVICAL EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
63077	DISCECTOMY ANTERIOR WITH DECOMPRESSION OF SPINAL CORD AND OR NERVE ROOT(S) INCLUDING OSTEOPHYTECTOMY THORACIC SINGLE INTERSPACE

63078	DISCECTOMY ANTERIOR WITH DECOMPRESSION OF SPINAL CORD AND OR NERVE ROOT(S) INCLUDING OSTEOPHYTECTOMY THORACIC EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND OR NERVE ROOT(S) CERVICAL SINGLE SEGMENT
63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND OR NERVE ROOT(S) CERVICAL EACH ADDITIONAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
63085	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE TRANSTHORACIC APPROACH WITH DECOMPRESSION OF SPINAL CORD AND OR NERVE ROOT(S) THORACIC SINGLE SEGMENT
63086	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE TRANSTHORACIC APPROACH WITH DECOMPRESSION OF SPINAL CORD AND OR NERVE ROOT(S) THORACIC EACH ADDITIONAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
63087	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE COMBINED THORACOLUMBAR APPROACH WITH DECOMPRESSION OF SPINAL CORD CAUDA EQUINA OR NERVE ROOT(S) LOWER THORACIC OR LUMBAR SINGLE SEGMENT
63088	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE COMBINED THORACOLUMBAR APPROACH WITH DECOMPRESSION OF SPINAL CORD CAUDA EQUINA OR NERVE ROOT(S) LOWER THORACIC OR LUMBAR EACH ADDITIONAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
63090	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE TRANSPERITONEAL OR RETROPERITONEAL APPROACH WITH DECOMPRESSION OF SPINAL CORD CAUDA EQUINA OR NERVE ROOT(S) LOWER THORACIC LUMBAR OR SACRAL SINGLE SEGMENT
63091	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE TRANSPERITONEAL OR RETROPERITONEAL APPROACH WITH DECOMPRESSION OF SPINAL CORD CAUDA EQUINA OR NERVE ROOT(S) LOWER THORACIC LUMBAR OR SACRAL EACH ADDITIONAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
63101	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE LATERAL EXTRACAVITARY APPROACH WITH DECOMPRESSION OF SPINAL CORD AND OR NERVE ROOT(S) (EG FOR TUMOR OR RETROPULSED BONE FRAGMENTS) THORACIC SINGLE SEGMENT
63102	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE LATERAL EXTRACAVITARY APPROACH WITH DECOMPRESSION OF SPINAL CORD AND OR NERVE ROOT(S) (EG FOR TUMOR OR RETROPULSED BONE FRAGMENTS) LUMBAR SINGLE SEGMENT

63103	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE LATERAL EXTRACAVITARY APPROACH WITH DECOMPRESSION OF SPINAL CORD AND OR NERVE ROOT(S) (EG FOR TUMOR OR RETROPULSED BONE FRAGMENTS) THORACIC OR LUMBAR EACH ADDITIONAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
63170	LAMINECTOMY WITH MYELOTOMY (EG BISCHOF OR DREZ TYPE) CERVICAL THORACIC OR THORACOLUMBAR
63172	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST SYRINX TO SUBARACHNOID SPACE
63173	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST SYRINX TO PERITONEAL OR PLEURAL SPACE
63185	LAMINECTOMY WITH RHIZOTOMY 1 OR 2 SEGMENTS
63190	LAMINECTOMY WITH RHIZOTOMY MORE THAN 2 SEGMENTS
63191	LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE
63197	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS 1 STAGE THORACIC
63200	LAMINECTOMY WITH RELEASE OF TETHERED SPINAL CORD LUMBAR
63250	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD CERVICAL
63251	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD THORACIC
63252	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD THORACOLUMBAR
63265	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM EXTRADURAL CERVICAL
63266	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM EXTRADURAL THORACIC
63267	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM EXTRADURAL LUMBAR
63268	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM EXTRADURAL SACRAL
63270	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM INTRADURAL CERVICAL
63271	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM INTRADURAL THORACIC
63272	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM INTRADURAL LUMBAR
63273	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM INTRADURAL SACRAL
63275	LAMINECTOMY FOR BIOPSY EXCISION OF INTRASPINAL NEOPLASM EXTRADURAL CERVICAL
63276	LAMINECTOMY FOR BIOPSY EXCISION OF INTRASPINAL NEOPLASM EXTRADURAL THORACIC
63277	LAMINECTOMY FOR BIOPSY EXCISION OF INTRASPINAL NEOPLASM EXTRADURAL LUMBAR
63278	LAMINECTOMY FOR BIOPSY EXCISION OF INTRASPINAL NEOPLASM EXTRADURAL SACRAL

63280	LAMINECTOMY FOR BIOPSY EXCISION OF INTRASPINAL NEOPLASM INTRADURAL EXTRAMEDULLARY CERVICAL
63281	LAMINECTOMY FOR BIOPSY EXCISION OF INTRASPINAL NEOPLASM INTRADURAL EXTRAMEDULLARY THORACIC
63282	LAMINECTOMY FOR BIOPSY EXCISION OF INTRASPINAL NEOPLASM INTRADURAL EXTRAMEDULLARY LUMBAR
63283	LAMINECTOMY FOR BIOPSY EXCISION OF INTRASPINAL NEOPLASM INTRADURAL SACRAL
63285	LAMINECTOMY FOR BIOPSY EXCISION OF INTRASPINAL NEOPLASM INTRADURAL INTRAMEDULLARY CERVICAL
63286	LAMINECTOMY FOR BIOPSY EXCISION OF INTRASPINAL NEOPLASM INTRADURAL INTRAMEDULLARY THORACIC
63287	LAMINECTOMY FOR BIOPSY EXCISION OF INTRASPINAL NEOPLASM INTRADURAL INTRAMEDULLARY THORACOLUMBAR
63290	LAMINECTOMY FOR BIOPSY EXCISION OF INTRASPINAL NEOPLASM COMBINED EXTRADURAL-INTRADURAL LESION ANY LEVEL
63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS FOLLOWING PRIMARY INTRASPINAL PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
63300	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE FOR EXCISION OF INTRASPINAL LESION SINGLE SEGMENT EXTRADURAL CERVICAL
63301	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE FOR EXCISION OF INTRASPINAL LESION SINGLE SEGMENT EXTRADURAL THORACIC BY TRANSTHORACIC APPROACH
63302	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE FOR EXCISION OF INTRASPINAL LESION SINGLE SEGMENT EXTRADURAL THORACIC BY THORACOLUMBAR APPROACH
63303	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE FOR EXCISION OF INTRASPINAL LESION SINGLE SEGMENT EXTRADURAL LUMBAR OR SACRAL BY TRANSPERITONEAL OR RETROPERITONEAL APPROACH
63304	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE FOR EXCISION OF INTRASPINAL LESION SINGLE SEGMENT INTRADURAL CERVICAL
63305	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE FOR EXCISION OF INTRASPINAL LESION SINGLE SEGMENT INTRADURAL THORACIC BY TRANSTHORACIC APPROACH
63306	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE FOR EXCISION OF INTRASPINAL LESION SINGLE SEGMENT INTRADURAL THORACIC BY THORACOLUMBAR APPROACH

63307	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE FOR EXCISION OF INTRASPINAL LESION SINGLE SEGMENT INTRADURAL LUMBAR OR SACRAL BY TRANSPERITONEAL OR RETROPERITONEAL APPROACH
63308	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE FOR EXCISION OF INTRASPINAL LESION SINGLE SEGMENT EACH ADDITIONAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODES FOR SINGLE SEGMENT)
63600	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD PERCUTANEOUS ANY MODALITY (INCLUDING STIMULATION AND OR RECORDING)
63610	STEREOTACTIC STIMULATION OF SPINAL CORD PERCUTANEOUS SEPARATE PROCEDURE NOT FOLLOWED BY OTHER SURGERY
63620	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM GAMMA RAY OR LINEAR ACCELERATOR) 1 SPINAL LESION
63621	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM GAMMA RAY OR LINEAR ACCELERATOR) EACH ADDITIONAL SPINAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY EPIDURAL
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES PLATE PADDLE EPIDURAL
63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S) INCLUDING FLUOROSCOPY WHEN PERFORMED
63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY INCLUDING FLUOROSCOPY WHEN PERFORMED
63663	REVISION INCLUDING REPLACEMENT WHEN PERFORMED OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S) INCLUDING FLUOROSCOPY WHEN PERFORMED
63664	REVISION INCLUDING REPLACEMENT WHEN PERFORMED OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY INCLUDING FLUOROSCOPY WHEN PERFORMED
63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER REQUIRING POCKET CREATION AND CONNECTION BETWEEN ELECTRODE ARRAY AND PULSE GENERATOR OR RECEIVER
63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER WITH DETACHABLE CONNECTION TO ELECTRODE ARRAY
63700	REPAIR OF MENINGOCELE LESS THAN 5 CM DIAMETER
63702	REPAIR OF MENINGOCELE LARGER THAN 5 CM DIAMETER
63704	REPAIR OF MYELOMENINGOCELE LESS THAN 5 CM DIAMETER
63706	REPAIR OF MYELOMENINGOCELE LARGER THAN 5 CM DIAMETER
63707	REPAIR OF DURAL CEREBROSPINAL FLUID LEAK NOT REQUIRING LAMINECTOMY
63709	REPAIR OF DURAL CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCELE WITH LAMINECTOMY
63710	DURAL GRAFT SPINAL

63740	CREATION OF SHUNT LUMBAR SUBARACHNOID-PERITONEAL -PLEURAL OR OTHER INCLUDING LAMINECTOMY
63741	CREATION OF SHUNT LUMBAR SUBARACHNOID-PERITONEAL -PLEURAL OR OTHER PERCUTANEOUS NOT REQUIRING LAMINECTOMY
63744	REPLACEMENT IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT
63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT
64400	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID TRIGEMINAL NERVE EACH BRANCH (IE OPHTHALMIC MAXILLARY MANDIBULAR)
64405	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID GREATER OCCIPITAL NERVE
64408	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID VAGUS NERVE
64415	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID BRACHIAL PLEXUS INCLUDING IMAGING GUIDANCE WHEN PERFORMED
64416	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID BRACHIAL PLEXUS CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT) INCLUDING IMAGING GUIDANCE WHEN PERFORMED
64417	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID AXILLARY NERVE INCLUDING IMAGING GUIDANCE WHEN PERFORMED
64418	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID SUPRASCAPULAR NERVE
64420	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID INTERCOSTAL NERVE SINGLE
64421	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID INTERCOSTAL NERVES EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64425	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID ILIOINGUINAL ILIOHYPOGASTRIC NERVES
64430	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID PUDENDAL NERVE
64435	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID PARACERVICAL (UTERINE) NERVE
64445	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID SCIATIC NERVE INCLUDING IMAGING GUIDANCE WHEN PERFORMED
64446	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID SCIATIC NERVE CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT) INCLUDING IMAGING GUIDANCE WHEN PERFORMED
64447	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID FEMORAL NERVE INCLUDING IMAGING GUIDANCE WHEN PERFORMED
64448	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID FEMORAL NERVE CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT) INCLUDING IMAGING GUIDANCE WHEN PERFORMED
64449	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID LUMBAR PLEXUS POSTERIOR APPROACH CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)
64450	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID OTHER PERIPHERAL NERVE OR BRANCH

64451	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID NERVES INNERVATING THE SACROILIAC JOINT WITH IMAGE GUIDANCE (IE FLUOROSCOPY OR COMPUTED TOMOGRAPHY)
64454	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID GENICULAR NERVE BRANCHES INCLUDING IMAGING GUIDANCE WHEN PERFORMED
64455	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID PLANTAR COMMON DIGITAL NERVE(S) (EG MORTON S NEUROMA)
64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK) THORACIC SINGLE INJECTION SITE (INCLUDES IMAGING GUIDANCE WHEN PERFORMED)
64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK) THORACIC SECOND AND ANY ADDITIONAL INJECTION SITE(S) (INCLUDES IMAGING GUIDANCE WHEN PERFORMED) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK) THORACIC CONTINUOUS INFUSION BY CATHETER (INCLUDES IMAGING GUIDANCE WHEN PERFORMED)
64466	THORACIC FASCIAL PLANE BLOCK UNILATERAL BY INJECTION(S) INCLUDING IMAGING GUIDANCE WHEN PERFORMED
64467	THORACIC FASCIAL PLANE BLOCK UNILATERAL BY CONTINUOUS INFUSION(S) INCLUDING IMAGING GUIDANCE WHEN PERFORMED
64468	THORACIC FASCIAL PLANE BLOCK BILATERAL BY INJECTION(S) INCLUDING IMAGING GUIDANCE WHEN PERFORMED
64469	THORACIC FASCIAL PLANE BLOCK BILATERAL BY CONTINUOUS INFUSION(S) INCLUDING IMAGING GUIDANCE WHEN PERFORMED
64473	LOWER EXTREMITY FASCIAL PLANE BLOCK UNILATERAL BY INJECTION(S) INCLUDING IMAGING GUIDANCE WHEN PERFORMED
64474	LOWER EXTREMITY FASCIAL PLANE BLOCK UNILATERAL BY CONTINUOUS INFUSION(S) INCLUDING IMAGING GUIDANCE WHEN PERFORMED
64479	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID TRANSFORAMINAL EPIDURAL WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT) CERVICAL OR THORACIC SINGLE LEVEL
64480	INJECTION(S) ANESTHETIC AGENT(S) 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)
64483	INJECTION(S) ANESTHETIC AGENT(S) AND OR STEROID TRANSFORAMINAL EPIDURAL WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT) LUMBAR OR SACRAL SINGLE LEVEL

64484	INJECTION(S) ANESTHETIC AGENT(S) 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)
64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK RECTUS SHEATH BLOCK) UNILATERAL BY INJECTION(S) (INCLUDES IMAGING GUIDANCE WHEN PERFORMED)
64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK RECTUS SHEATH BLOCK) UNILATERAL BY CONTINUOUS INFUSION(S) (INCLUDES IMAGING GUIDANCE WHEN PERFORMED)
64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK RECTUS SHEATH BLOCK) BILATERAL BY INJECTIONS (INCLUDES IMAGING GUIDANCE WHEN PERFORMED)
64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK RECTUS SHEATH BLOCK) BILATERAL BY CONTINUOUS INFUSIONS (INCLUDES IMAGING GUIDANCE WHEN PERFORMED)
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
64491	INJECTION(S) DIAGNOSTIC OR THERAPEUTIC AGENT PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) CERVICAL OR THORACIC SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64492	INJECTION(S) DIAGNOSTIC OR THERAPEUTIC AGENT PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) CERVICAL OR THORACIC THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64493	INJECTION(S) DIAGNOSTIC OR THERAPEUTIC AGENT PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) LUMBAR OR SACRAL SINGLE LEVEL
64494	INJECTION(S) DIAGNOSTIC OR THERAPEUTIC AGENT PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) LUMBAR OR SACRAL SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64495	INJECTION(S) DIAGNOSTIC OR THERAPEUTIC AGENT PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) LUMBAR OR SACRAL THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64505	INJECTION ANESTHETIC AGENT SPHENOPALATINE GANGLION
64510	INJECTION ANESTHETIC AGENT STELLATE GANGLION (CERVICAL SYMPATHETIC)
64517	INJECTION ANESTHETIC AGENT SUPERIOR HYPOGASTRIC PLEXUS
64520	INJECTION ANESTHETIC AGENT LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)

64530	INJECTION ANESTHETIC AGENT CELIAC PLEXUS W WO RADIOLOGIC MONITORING
64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY CRANIAL NERVE
64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)
64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY SACRAL NERVE (TRANSFORAMINAL PLACEMENT) INCLUDING IMAGE GUIDANCE IF PERFORMED
64566	POSTERIOR TIBIAL NEUROSTIMULATION PERCUTANEOUS NEEDLE ELECTRODE SINGLE TREATMENT INCLUDES PROGRAMMING
64567	PERCUTANEOUS ELECTRICAL NERVE FIELD STIMULATION CRANIAL NERVES WITHOUT IMPLANTATION
64568	OPEN IMPLANTATION OF CRANIAL NERVE (EG VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR
64569	REVISION OR REPLACEMENT OF CRANIAL NERVE (EG VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY INCLUDING CONNECTION TO EXISTING PULSE GENERATOR
64570	REMOVAL OF CRANIAL NERVE (EG VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR
64575	OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)
64580	OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY NEUROMUSCULAR
64581	OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY SACRAL NERVE (TRANSFORAMINAL PLACEMENT)
64582	OPEN IMPLANTATION OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY PULSE GENERATOR AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY
64583	REVISION OR REPLACEMENT OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY INCLUDING CONNECTION TO EXISTING PULSE GENERATOR
64584	REMOVAL OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY PULSE GENERATOR AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODE ARRAY
64590	INSERTION OR REPLACEMENT OF PERIPHERAL SACRAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER REQUIRING POCKET CREATION AND CONNECTION BETWEEN ELECTRODE ARRAY AND PULSE GENERATOR OR RECEIVER
64595	REVISION OR REMOVAL OF PERIPHERAL SACRAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER WITH DETACHABLE CONNECTION TO ELECTRODE ARRAY

64596	INSERTION OR REPLACEMENT OF PERCUTANEOUS ELECTRODE ARRAY PERIPHERAL NERVE WITH INTEGRATED NEUROSTIMULATOR INCLUDING IMAGING GUIDANCE WHEN PERFORMED INITIAL ELECTRODE ARRAY
64597	INSERTION OR REPLACEMENT OF PERCUTANEOUS ELECTRODE ARRAY PERIPHERAL NERVE WITH INTEGRATED NEUROSTIMULATOR INCLUDING IMAGING GUIDANCE WHEN PERFORMED EACH ADDITIONAL ELECTRODE ARRAY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64598	REVISION OR REMOVAL OF NEUROSTIMULATOR ELECTRODE ARRAY PERIPHERAL NERVE WITH INTEGRATED NEUROSTIMULATOR
64600	DESTRUCTION BY NEUROLYTIC AGENT TRIGEMINAL NERVE SUPRAORBITAL INFRAORBITAL MENTAL OR INFERIOR ALVEOLAR BRANCH
64605	DESTRUCTION BY NEUROLYTIC AGENT TRIGEMINAL NERVE SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE
64610	DESTRUCTION BY NEUROLYTIC AGENT TRIGEMINAL NERVE SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE UNDER RADIOLOGIC MONITORING
64611	CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS BILATERAL
64612	CHEMODENERVATION OF MUSCLE(S) MUSCLE(S) INNERVATED BY FACIAL NERVE UNILATERAL (EG FOR BLEPHAROSPASM HEMIFACIAL SPASM)
64615	CHEMODENERVATION OF MUSCLE(S) MUSCLE(S) INNERVATED BY FACIAL TRIGEMINAL CERVICAL SPINAL AND ACCESSORY NERVES BILATERAL (EG FOR CHRONIC MIGRAINE)
64616	CHEMODENERVATION OF MUSCLE(S) NECK MUSCLE(S) EXCLUDING MUSCLES OF THE LARYNX UNILATERAL (EG FOR CERVICAL DYSTONIA SPASMODIC TORTICOLLIS)
64617	CHEMODENERVATION OF MUSCLE(S) LARYNX UNILATERAL PERCUTANEOUS (EG FOR SPASMODIC DYSPHONIA) INCLUDES GUIDANCE BY NEEDLE ELECTROMYOGRAPHY WHEN PERFORMED
64620	DESTRUCTION BY NEUROLYTIC AGENT INTERCOSTAL NERVE
64624	DESTRUCTION BY NEUROLYTIC AGENT GENICULAR NERVE BRANCHES INCLUDING IMAGING GUIDANCE WHEN PERFORMED
64625	RADIOFREQUENCY ABLATION NERVES INNERVATING THE SACROILIAC JOINT WITH IMAGE GUIDANCE (IE FLUOROSCOPY OR COMPUTED TOMOGRAPHY)
64628	THERMAL DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE INCLUDING ALL IMAGING GUIDANCE FIRST 2 VERTEBRAL BODIES LUMBAR OR SACRAL
64629	THERMAL DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE INCLUDING ALL IMAGING GUIDANCE EACH ADDITIONAL VERTEBRAL BODY LUMBAR OR SACRAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64630	DESTRUCTION BY NEUROLYTIC AGENT PUDENDAL NERVE

64632	DESTRUCTION BY NEUROLYTIC AGENT PLANTAR COMMON DIGITAL NERVE
64633	DESTRUCTION BY NEUROLYTIC AGENT PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT) CERVICAL OR THORACIC SINGLE FACET JOINT
64634	DESTRUCTION BY NEUROLYTIC AGENT PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT) CERVICAL OR THORACIC EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64635	DESTRUCTION BY NEUROLYTIC AGENT PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT) LUMBAR OR SACRAL SINGLE FACET JOINT
64636	DESTRUCTION BY NEUROLYTIC AGENT PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT) LUMBAR OR SACRAL EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64640	DESTRUCTION BY NEUROLYTIC AGENT OTHER PERIPHERAL NERVE OR BRANCH
64642	CHEMODENERVATION OF ONE EXTREMITY 1-4 MUSCLE(S)
64643	CHEMODENERVATION OF ONE EXTREMITY EACH ADDITIONAL EXTREMITY 1-4 MUSCLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64644	CHEMODENERVATION OF ONE EXTREMITY 5 OR MORE MUSCLES
64645	CHEMODENERVATION OF ONE EXTREMITY EACH ADDITIONAL EXTREMITY 5 OR MORE MUSCLES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64646	CHEMODENERVATION OF TRUNK MUSCLE(S) 1-5 MUSCLE(S)
64647	CHEMODENERVATION OF TRUNK MUSCLE(S) 6 OR MORE MUSCLES
64650	CHEMODENERVATION OF ECCRINE GLANDS BOTH AXILLAE
64653	CHEMODENERVATION OF ECCRINE GLANDS OTHER AREA(S) (EG SCALP FACE NECK) PER DAY
64654	INITIAL OPEN IMPLANTATION OF BAROREFLEX ACTIVATION THERAPY (BAT) MODULATION SYSTEM INCLUDING LEAD PLACEMENT ONTO THE CAROTID SINUS LEAD TUNNELLING CONNECTION TO A PULSE GENERATOR PLACED IN A DISTANT SUBCUTANEOUS POCKET (IE TOTAL SYSTEM) AND INTRAOPERATIVE INTERROGATION AND PROGRAMMING
64655	REVISION OR REPLACEMENT OF BAROREFLEX ACTIVATION THERAPY (BAT) MODULATION SYSTEM WITH INTRAOPERATIVE INTERROGATION AND PROGRAMMING LEAD ONLY
64656	REVISION OR REPLACEMENT OF BAROREFLEX ACTIVATION THERAPY (BAT) MODULATION SYSTEM WITH INTRAOPERATIVE INTERROGATION AND PROGRAMMING PULSE GENERATOR ONLY
64657	REMOVAL OF BAROREFLEX ACTIVATION THERAPY (BAT) MODULATION SYSTEM TOTAL SYSTEM INCLUDING LEAD AND PULSE GENERATOR
64658	REMOVAL OF BAROREFLEX ACTIVATION THERAPY (BAT) MODULATION SYSTEM LEAD ONLY
64659	REMOVAL OF BAROREFLEX ACTIVATION THERAPY (BAT) MODULATION SYSTEM PULSE GENERATOR ONLY

64680	DESTRUCTION BY NEUROLYTIC AGENT W WO RADIOLOGIC MONITORING CELIAC PLEXUS
64681	DESTRUCTION BY NEUROLYTIC AGENT W WO RADIOLOGIC MONITORING SUPERIOR HYPOGASTRIC PLEXUS
64702	NEUROPLASTY DIGITAL 1 OR BOTH SAME DIGIT
64704	NEUROPLASTY NERVE OF HAND OR FOOT
64708	NEUROPLASTY MAJOR PERIPHERAL NERVE ARM OR LEG OPEN OTHER THAN SPECIFIED
64712	NEUROPLASTY MAJOR PERIPHERAL NERVE ARM OR LEG OPEN SCIATIC NERVE
64713	NEUROPLASTY MAJOR PERIPHERAL NERVE ARM OR LEG OPEN BRACHIAL PLEXUS
64714	NEUROPLASTY MAJOR PERIPHERAL NERVE ARM OR LEG OPEN LUMBAR PLEXUS
64716	NEUROPLASTY AND OR TRANSPOSITION CRANIAL NERVE (SPECIFY)
64718	NEUROPLASTY AND OR TRANSPOSITION ULNAR NERVE AT ELBOW
64719	NEUROPLASTY AND OR TRANSPOSITION ULNAR NERVE AT WRIST
64721	NEUROPLASTY AND OR TRANSPOSITION MEDIAN NERVE AT CARPAL TUNNEL
64722	DECOMPRESSION UNSPECIFIED NERVE(S) (SPECIFY)
64726	DECOMPRESSION PLANTAR DIGITAL NERVE
64727	INTERNAL NEUROLYSIS REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR NEUROPLASTY) (NEUROPLASTY INCLUDES EXTERNAL NEUROLYSIS)
64728	DECOMPRESSION MEDIAN NERVE AT THE CARPAL TUNNEL PERCUTANEOUS WITH INTRACARPAL TUNNEL BALLOON DILATION INCLUDING ULTRASOUND GUIDANCE
64732	TRANSECTION OR AVULSION OF SUPRAORBITAL NERVE
64734	TRANSECTION OR AVULSION OF INFRAORBITAL NERVE
64736	TRANSECTION OR AVULSION OF MENTAL NERVE
64738	TRANSECTION OR AVULSION OF INFERIOR ALVEOLAR NERVE BY OSTEOTOMY
64740	TRANSECTION OR AVULSION OF LINGUAL NERVE
64742	TRANSECTION OR AVULSION OF FACIAL NERVE DIFFERENTIAL OR COMPLETE
64744	TRANSECTION OR AVULSION OF GREATER OCCIPITAL NERVE
64746	TRANSECTION OR AVULSION OF PHRENIC NERVE
64755	TRANSECTION OR AVULSION OF VAGUS NERVES LIMITED TO PROXIMAL STOMACH (SELECTIVE PROXIMAL VAGOTOMY PROXIMAL GASTRIC VAGOTOMY PARIETAL CELL VAGOTOMY SUPRA- OR HIGHLY SELECTIVE VAGOTOMY)
64760	TRANSECTION OR AVULSION OF VAGUS NERVE (VAGOTOMY) ABDOMINAL
64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE EXTRAPELVIC W WO ADDUCTOR TENOTOMY
64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE INTRAPELVIC W WO ADDUCTOR TENOTOMY
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE EXTRADURAL
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE EXTRADURAL

64774	EXCISION OF NEUROMA CUTANEOUS NERVE SURGICALLY IDENTIFIABLE
64776	EXCISION OF NEUROMA DIGITAL NERVE 1 OR BOTH SAME DIGIT
64778	EXCISION OF NEUROMA DIGITAL NERVE EACH ADDITIONAL DIGIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64782	EXCISION OF NEUROMA HAND OR FOOT EXCEPT DIGITAL NERVE
64783	EXCISION OF NEUROMA HAND OR FOOT EACH ADDITIONAL NERVE EXCEPT SAME DIGIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64784	EXCISION OF NEUROMA MAJOR PERIPHERAL NERVE EXCEPT SCIATIC
64786	EXCISION OF NEUROMA SCIATIC NERVE
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO NEUROMA EXCISION)
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA CUTANEOUS NERVE
64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA MAJOR PERIPHERAL NERVE
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA EXTENSIVE (INCLUDING MALIGNANT TYPE)
64795	BIOPSY OF NERVE
64802	SYMPATHECTOMY CERVICAL
64804	SYMPATHECTOMY CERVICOTHORACIC
64809	SYMPATHECTOMY THORACOLUMBAR
64818	SYMPATHECTOMY LUMBAR
64820	SYMPATHECTOMY DIGITAL ARTERIES EACH DIGIT
64821	SYMPATHECTOMY RADIAL ARTERY
64822	SYMPATHECTOMY ULNAR ARTERY
64823	SYMPATHECTOMY SUPERFICIAL PALMAR ARCH
64831	SUTURE OF DIGITAL NERVE HAND OR FOOT 1 NERVE
64832	SUTURE OF DIGITAL NERVE HAND OR FOOT EACH ADDITIONAL DIGITAL NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64834	SUTURE OF 1 NERVE HAND OR FOOT COMMON SENSORY NERVE
64835	SUTURE OF 1 NERVE MEDIAN MOTOR THENAR
64836	SUTURE OF 1 NERVE ULNAR MOTOR
64837	SUTURE OF EACH ADDITIONAL NERVE HAND OR FOOT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64840	SUTURE OF POSTERIOR TIBIAL NERVE
64856	SUTURE OF MAJOR PERIPHERAL NERVE ARM OR LEG EXCEPT SCIATIC INCLUDING TRANSPOSITION
64857	SUTURE OF MAJOR PERIPHERAL NERVE ARM OR LEG EXCEPT SCIATIC WITHOUT TRANSPOSITION

64858	SUTURE OF SCIATIC NERVE
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64861	SUTURE OF BRACHIAL PLEXUS
64862	SUTURE OF LUMBAR PLEXUS
64864	SUTURE OF FACIAL NERVE EXTRACRANIAL
64865	SUTURE OF FACIAL NERVE INFRATEMPORAL W WO GRAFTING
64866	ANASTOMOSIS FACIAL-SPINAL ACCESSORY
64868	ANASTOMOSIS FACIAL-HYPOGLOSSAL
64872	SUTURE OF NERVE REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY NEURORRHAPHY)
64874	SUTURE OF NERVE REQUIRING EXTENSIVE MOBILIZATION OR TRANSPOSITION OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)
64876	SUTURE OF NERVE REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)
64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT) HEAD OR NECK UP TO 4 CM IN LENGTH
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT) HEAD OR NECK MORE THAN 4 CM LENGTH
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT) SINGLE STRAND HAND OR FOOT UP TO 4 CM LENGTH
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT) SINGLE STRAND HAND OR FOOT MORE THAN 4 CM LENGTH
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT) SINGLE STRAND ARM OR LEG UP TO 4 CM LENGTH
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT) SINGLE STRAND ARM OR LEG MORE THAN 4 CM LENGTH
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT) MULTIPLE STRANDS (CABLE) HAND OR FOOT UP TO 4 CM LENGTH
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT) MULTIPLE STRANDS (CABLE) HAND OR FOOT MORE THAN 4 CM LENGTH
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT) MULTIPLE STRANDS (CABLE) ARM OR LEG UP TO 4 CM LENGTH
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT) MULTIPLE STRANDS (CABLE) ARM OR LEG MORE THAN 4 CM LENGTH
64901	NERVE GRAFT EACH ADDITIONAL NERVE SINGLE STRAND (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64902	NERVE GRAFT EACH ADDITIONAL NERVE MULTIPLE STRANDS (CABLE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64905	NERVE PEDICLE TRANSFER FIRST STAGE
64907	NERVE PEDICLE TRANSFER SECOND STAGE

64910	NERVE REPAIR WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG NERVE TUBE) EACH NERVE
64911	NERVE REPAIR WITH AUTOGENOUS VEIN GRAFT (INCLUDES HARVEST OF VEIN GRAFT) EACH NERVE
64912	NERVE REPAIR WITH NERVE ALLOGRAFT EACH NERVE FIRST STRAND (CABLE)
64913	NERVE REPAIR WITH NERVE ALLOGRAFT EACH ADDITIONAL STRAND (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64999	UNLISTED PROCEDURE NERVOUS SYSTEM
65091	EVISCERATION OF OCULAR CONTENTS WITHOUT IMPLANT
65093	EVISCERATION OF OCULAR CONTENTS WITH IMPLANT
65101	ENUCLEATION OF EYE WITHOUT IMPLANT
65103	ENUCLEATION OF EYE WITH IMPLANT MUSCLES NOT ATTACHED TO IMPLANT
65105	ENUCLEATION OF EYE WITH IMPLANT MUSCLES ATTACHED TO IMPLANT
65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT) REMOVAL OF ORBITAL CONTENTS ONLY
65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT) REMOVAL OF ORBITAL CONTENTS WITH THERAPEUTIC REMOVAL OF BONE
65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT) REMOVAL OF ORBITAL CONTENTS WITH MUSCLE OR MYOCUTANEOUS FLAP
65125	MODIFICATION OF OCULAR IMPLANT WITH PLACEMENT OR REPLACEMENT OF PEGS (EG DRILLING RECEPTACLE FOR PROSTHESIS APPENDAGE) (SEPARATE PROCEDURE)
65130	INSERTION OF OCULAR IMPLANT SECONDARY AFTER EVISCERATION IN SCLERAL SHELL
65135	INSERTION OF OCULAR IMPLANT SECONDARY AFTER ENUCLEATION MUSCLES NOT ATTACHED TO IMPLANT
65140	INSERTION OF OCULAR IMPLANT SECONDARY AFTER ENUCLEATION MUSCLES ATTACHED TO IMPLANT
65150	REINSERTION OF OCULAR IMPLANT W WO CONJUNCTIVAL GRAFT
65155	REINSERTION OF OCULAR IMPLANT WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT AND OR ATTACHMENT OF MUSCLES TO IMPLANT
65175	REMOVAL OF OCULAR IMPLANT
65205	REMOVAL OF FOREIGN BODY EXTERNAL EYE CONJUNCTIVAL SUPERFICIAL
65210	REMOVAL OF FOREIGN BODY EXTERNAL EYE CONJUNCTIVAL EMBEDDED (INCLUDES CONCRETIONS) SUBCONJUNCTIVAL OR SCLERAL NONPERFORATING
65220	REMOVAL OF FOREIGN BODY EXTERNAL EYE CORNEAL WITHOUT SLIT LAMP
65222	REMOVAL OF FOREIGN BODY EXTERNAL EYE CORNEAL WITH SLIT LAMP
65235	REMOVAL OF FOREIGN BODY INTRAOCULAR FROM ANTERIOR CHAMBER OF EYE OR LENS
65260	REMOVAL OF FOREIGN BODY INTRAOCULAR FROM POSTERIOR SEGMENT MAGNETIC EXTRACTION ANTERIOR OR POSTERIOR ROUTE
65265	REMOVAL OF FOREIGN BODY INTRAOCULAR FROM POSTERIOR SEGMENT NONMAGNETIC EXTRACTION

65270	REPAIR OF LACERATION CONJUNCTIVA W WO NONPERFORATING LACERATION SCLERA DIRECT CLOSURE
65272	REPAIR OF LACERATION CONJUNCTIVA BY MOBILIZATION AND REARRANGEMENT WITHOUT HOSPITALIZATION
65273	REPAIR OF LACERATION CONJUNCTIVA BY MOBILIZATION AND REARRANGEMENT WITH HOSPITALIZATION
65275	REPAIR OF LACERATION CORNEA NONPERFORATING W WO REMOVAL FOREIGN BODY
65280	REPAIR OF LACERATION CORNEA AND OR SCLERA PERFORATING NOT INVOLVING UVEAL TISSUE
65285	REPAIR OF LACERATION CORNEA AND OR SCLERA PERFORATING WITH REPOSITION OR RESECTION OF UVEAL TISSUE
65286	REPAIR OF LACERATION APPLICATION OF TISSUE GLUE WOUNDS OF CORNEA AND OR SCLERA
65290	REPAIR OF WOUND EXTRAOCULAR MUSCLE TENDON AND OR TENON S CAPSULE
65400	EXCISION OF LESION CORNEA (KERATECTOMY LAMELLAR PARTIAL) EXCEPT PTERYGIUM
65410	BIOPSY OF CORNEA
65420	EXCISION OR TRANSPOSITION OF PTERYGIUM WITHOUT GRAFT
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM WITH GRAFT
65430	SCRAPING OF CORNEA DIAGNOSTIC FOR SMEAR AND OR CULTURE
65435	REMOVAL OF CORNEAL EPITHELIUM W WO CHEMOCAUTERIZATION (ABRASION CURETTAGE)
65436	REMOVAL OF CORNEAL EPITHELIUM WITH APPLICATION OF CHELATING AGENT (EG EDTA)
65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY PHOTOCOAGULATION OR THERMOCAUTERIZATION
65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG FOR CORNEAL EROSION TATTOO)
65710	KERATOPLASTY (CORNEAL TRANSPLANT) ANTERIOR LAMELLAR
65730	KERATOPLASTY (CORNEAL TRANSPLANT) PENETRATING (EXCEPT IN APHAKIA OR PSEUDOPHAKIA)
65750	KERATOPLASTY (CORNEAL TRANSPLANT) PENETRATING (IN APHAKIA)
65755	KERATOPLASTY (CORNEAL TRANSPLANT) PENETRATING (IN PSEUDOPHAKIA)
65756	KERATOPLASTY (CORNEAL TRANSPLANT) ENDOTHELIAL
65757	BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
65760	KERATOMILEUSIS
65765	KERATOPHAKIA
65767	EPIKERATOPLASTY
65770	KERATOPROSTHESIS
65771	RADIAL KERATOTOMY
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM
65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM
65778	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE WITHOUT SUTURES

65779	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE SINGLE LAYER SUTURED
65780	OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE TRANSPLANTATION MULTIPLE LAYERS
65781	OCULAR SURFACE RECONSTRUCTION LIMBAL STEM CELL ALLOGRAFT (EG CADAVERIC OR LIVING DONOR)
65782	OCULAR SURFACE RECONSTRUCTION LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES OBTAINING GRAFT)
65785	IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE) WITH REMOVAL OF AQUEOUS
65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE) WITH REMOVAL OF VITREOUS AND OR DISCISSION OF ANTERIOR HYALOID MEMBRANE W WO AIR INJECTION
65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE) WITH REMOVAL OF BLOOD W WO IRRIGATION AND OR AIR INJECTION
65820	GONIOTOMY
65850	TRABECULOTOMY AB EXTERNO
65855	TRABECULOPLASTY BY LASER SURGERY
65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT LASER TECHNIQUE (SEPARATE PROCEDURE)
65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE INCISIONAL TECHNIQUE (W WO INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE) GONIOSYNECHIAE
65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE INCISIONAL TECHNIQUE (W WO INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE) ANTERIOR SYNECHIAE EXCEPT GONIOSYNECHIAE
65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE INCISIONAL TECHNIQUE (W WO INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE) POSTERIOR SYNECHIAE
65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE INCISIONAL TECHNIQUE (W WO INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE) CORNEOVITREAL ADHESIONS
65900	REMOVAL OF EPITHELIAL DOWNGROWTH ANTERIOR CHAMBER OF EYE
65920	REMOVAL OF IMPLANTED MATERIAL ANTERIOR SEGMENT OF EYE
65930	REMOVAL OF BLOOD CLOT ANTERIOR SEGMENT OF EYE
66020	INJECTION ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE) AIR OR LIQUID
66030	INJECTION ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE) MEDICATION
66130	EXCISION OF LESION SCLERA
66150	FISTULIZATION OF SCLERA FOR GLAUCOMA TREPHINATION WITH IRIDECTOMY
66155	FISTULIZATION OF SCLERA FOR GLAUCOMA THERMOCAUTERIZATION WITH IRIDECTOMY
66160	FISTULIZATION OF SCLERA FOR GLAUCOMA SCLERECTOMY WITH PUNCH OR SCISSORS WITH IRIDECTOMY
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA TRABECULECTOMY AB EXTERNO IN ABSENCE OF PREVIOUS SURGERY

66172	FISTULIZATION OF SCLERA FOR GLAUCOMA TRABECULECTOMY AB EXTERNO WITH SCARRING FROM PREVIOUS OCULAR SURGERY OR TRAUMA (INCLUDES INJECTION OF ANTIFIBROTIC AGENTS)
66174	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL (EG CANALOPLASTY) WITHOUT RETENTION OF DEVICE OR STENT
66175	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL (EG CANALOPLASTY) WITH RETENTION OF DEVICE OR STENT
66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR EXTERNAL APPROACH WITHOUT GRAFT
66180	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR EXTERNAL APPROACH WITH GRAFT
66183	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE WITHOUT EXTRAOCULAR RESERVOIR EXTERNAL APPROACH
66184	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR WITHOUT GRAFT
66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR WITH GRAFT
66225	REPAIR OF SCLERAL STAPHYLOMA WITH GRAFT
66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT ANY TYPE EARLY OR LATE MAJOR OR MINOR PROCEDURE
66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE) EXCEPT TRANSFIXION
66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE) WITH TRANSFIXION AS FOR IRIS BOMBE
66600	IRIDECTOMY WITH CORNEOSCLERAL OR CORNEAL SECTION FOR REMOVAL OF LESION
66605	IRIDECTOMY WITH CORNEOSCLERAL OR CORNEAL SECTION WITH CYCLECTOMY
66625	IRIDECTOMY WITH CORNEOSCLERAL OR CORNEAL SECTION PERIPHERAL FOR GLAUCOMA (SEPARATE PROCEDURE)
66630	IRIDECTOMY WITH CORNEOSCLERAL OR CORNEAL SECTION SECTOR FOR GLAUCOMA (SEPARATE PROCEDURE)
66635	IRIDECTOMY WITH CORNEOSCLERAL OR CORNEAL SECTION OPTICAL (SEPARATE PROCEDURE)
66680	REPAIR OF IRIS CILIARY BODY (AS FOR IRIDODIALYSIS)
66682	SUTURE OF IRIS CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE THROUGH SMALL INCISION (EG MCCANNEL SUTURE)
66683	IMPLANTATION OF IRIS PROSTHESIS INCLUDING SUTURE FIXATION AND REPAIR OR REMOVAL OF IRIS WHEN PERFORMED
66700	CILIARY BODY DESTRUCTION DIATHERMY
66710	CILIARY BODY DESTRUCTION CYCLOPHOTOCOAGULATION TRANSSCLERAL
66711	CILIARY BODY DESTRUCTION CYCLOPHOTOCOAGULATION ENDOSCOPIC WITHOUT CONCOMITANT REMOVAL OF CRYSTALLINE LENS
66720	CILIARY BODY DESTRUCTION CRYOTHERAPY

66740	CILIARY BODY DESTRUCTION CYCLODIALYSIS
66761	IRIDOTOMY IRIDECTOMY BY LASER SURGERY (EG FOR GLAUCOMA) (PER SESSION)
66762	IRIDOPLASTY BY PHOTOCOAGULATION (1 OR MORE SESSIONS) (EG FOR IMPROVEMENT OF VISION FOR WIDENING OF ANTERIOR CHAMBER ANGLE)
66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE)
66820	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND OR ANTERIOR HYALOID) STAB INCISION TECHNIQUE (ZIEGLER OR WHEELER KNIFE)
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND OR ANTERIOR HYALOID) LASER SURGERY (EG YAG LASER) (1 OR MORE STAGES)
66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS REQUIRING AN INCISION (SEPARATE PROCEDURE)
66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND OR ANTERIOR HYALOID) WITH CORNEO-SCLERAL SECTION W WO IRIDECTOMY (IRIDOCAPSULOTOMY IRIDOCAPSULECTOMY)
66840	REMOVAL OF LENS MATERIAL ASPIRATION TECHNIQUE 1 OR MORE STAGES
66850	REMOVAL OF LENS MATERIAL PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC) (EG PHACOEMULSIFICATION) WITH ASPIRATION
66852	REMOVAL OF LENS MATERIAL PARS PLANA APPROACH W WO VITRECTOMY
66920	REMOVAL OF LENS MATERIAL INTRACAPSULAR
66930	REMOVAL OF LENS MATERIAL INTRACAPSULAR FOR DISLOCATED LENS
66940	REMOVAL OF LENS MATERIAL EXTRACAPSULAR (OTHER THAN 66840 66850 66852)
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 CAPSULORRHEXIS) OR PERFORMED ON PATIENTS IN THE AMBLYOGENIC DEVELOPMENTAL STAGE WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE)
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE) MANUAL OR MECHANICAL TECHNIQUE (EG IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION) WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION
66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT) NOT ASSOCIATED WITH CONCURRENT CATARACT REMOVAL
66986	EXCHANGE OF INTRAOCULAR LENS

66987	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 CAPSULORRHEXIS) OR PERFORMED ON PATIENTS IN THE AMBLYOGENIC DEVELOPMENTAL STAGE WITH ENDOSCOPIC CYCLOPHOTOCOAGULATION
66988	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE) MANUAL OR MECHANICAL TECHNIQUE (EG IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION) WITH ENDOSCOPIC CYCLOPHOTOCOAGULATION
66989	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 CAPSULORRHEXIS) OR PERFORMED ON PATIENTS IN THE AMBLYOGENIC DEVELOPMENTAL STAGE WITH INSERTION OF INTRAOCULAR (EG TRABECULAR MESHWORK SUPRACILIARY SUPRACHOROIDAL) ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE WITHOUT EXTRAOCULAR RESERVOIR INTERNAL APPROACH ONE OR MORE
66990	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
66991	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE) MANUAL OR MECHANICAL TECHNIQUE (EG IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION) WITH INSERTION OF INTRAOCULAR (EG TRABECULAR MESHWORK SUPRACILIARY SUPRACHOROIDAL) ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE WITHOUT EXTRAOCULAR RESERVOIR INTERNAL APPROACH ONE OR MORE
66999	UNLISTED PROCEDURE ANTERIOR SEGMENT OF EYE
67005	REMOVAL OF VITREOUS ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION) PARTIAL REMOVAL
67010	REMOVAL OF VITREOUS ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION) SUBTOTAL REMOVAL WITH MECHANICAL VITRECTOMY
67015	ASPIRATION OR RELEASE OF VITREOUS SUBRETINAL OR CHOROIDAL FLUID PARS PLANA APPROACH (POSTERIOR SCLEROTOMY)
67025	INJECTION OF VITREOUS SUBSTITUTE PARS PLANA OR LIMBAL APPROACH (FLUID-GAS EXCHANGE) W WO ASPIRATION (SEPARATE PROCEDURE)
67027	IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG GANCICLOVIR IMPLANT) INCLUDES CONCOMITANT REMOVAL OF VITREOUS

67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)
67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL) PARS PLANA APPROACH
67031	SEVERING OF VITREOUS STRANDS VITREOUS FACE ADHESIONS SHEETS MEMBRANES OR OPACITIES LASER SURGERY (1 OR MORE STAGES)
67036	VITRECTOMY MECHANICAL PARS PLANA APPROACH
67039	VITRECTOMY MECHANICAL PARS PLANA APPROACH WITH FOCAL ENDOLASER PHOTOCOAGULATION
67040	VITRECTOMY MECHANICAL PARS PLANA APPROACH WITH ENDOLASER PANRETINAL PHOTOCOAGULATION
67041	VITRECTOMY MECHANICAL PARS PLANA APPROACH WITH REMOVAL OF PRERETINAL CELLULAR MEMBRANE (EG MACULAR PUCKER)
67042	VITRECTOMY MECHANICAL PARS PLANA APPROACH WITH REMOVAL OF INTERNAL LIMITING MEMBRANE OF RETINA (EG FOR REPAIR OF MACULAR HOLE DIABETIC MACULAR EDEMA) INCLUDES IF PERFORMED INTRAOCULAR TAMPONADE (IE AIR GAS OR SILICONE OIL)
67043	VITRECTOMY MECHANICAL PARS PLANA APPROACH WITH REMOVAL OF SUBRETINAL MEMBRANE (EG CHOROIDAL NEOVASCULARIZATION) INCLUDES IF PERFORMED INTRAOCULAR TAMPONADE (IE AIR GAS OR SILICONE OIL) AND LASER PHOTOCOAGULATION
67101	REPAIR OF RETINAL DETACHMENT INCLUDING DRAINAGE OF SUBRETINAL FLUID WHEN PERFORMED CRYOTHERAPY
67105	REPAIR OF RETINAL DETACHMENT INCLUDING DRAINAGE OF SUBRETINAL FLUID WHEN PERFORMED PHOTOCOAGULATION
67107	REPAIR OF RETINAL DETACHMENT SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL DISSECTION IMBRICATION OR ENCIRCLING PROCEDURE) INCLUDING WHEN PERFORMED IMPLANT CRYOTHERAPY PHOTOCOAGULATION AND DRAINAGE OF SUBRETINAL FLUID
67108	REPAIR OF RETINAL DETACHMENT WITH VITRECTOMY ANY METHOD INCLUDING WHEN PERFORMED AIR OR GAS TAMPONADE FOCAL ENDOLASER PHOTOCOAGULATION CRYOTHERAPY DRAINAGE OF SUBRETINAL FLUID SCLERAL BUCKLING AND OR REMOVAL OF LENS BY SAME TECHNIQUE
67110	REPAIR OF RETINAL DETACHMENT BY INJECTION OF AIR OR OTHER GAS (EG PNEUMATIC RETINOPEXY)
67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG PROLIFERATIVE VITREORETINOPATHY STAGE C-1 OR GREATER DIABETIC TRACTION RETINAL DETACHMENT RETINOPATHY OF PREMATURITY RETINAL TEAR OF GREATER THAN 90 DEGREES) WITH VITRECTOMY AND MEMBRANE PEELING INCLUDING WHEN PERFORMED AIR GAS OR SILICONE OIL TAMPONADE CRYOTHERAPY ENDOLASER PHOTOCOAGULATION DRAINAGE OF SUBRETINAL FLUID SCLERAL BUCKLING AND OR REMOVAL OF LENS
67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)
67120	REMOVAL OF IMPLANTED MATERIAL POSTERIOR SEGMENT EXTRAOCULAR
67121	REMOVAL OF IMPLANTED MATERIAL POSTERIOR SEGMENT INTRAOCULAR

67141	PROPHYLAXIS OF RETINAL DETACHMENT (EG RETINAL BREAK LATTICE DEGENERATION) WITHOUT DRAINAGE CRYOTHERAPY DIATHERMY
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG RETINAL BREAK LATTICE DEGENERATION) WITHOUT DRAINAGE PHOTOCOAGULATION
67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG MACULAR EDEMA TUMORS) 1 OR MORE SESSIONS CRYOTHERAPY DIATHERMY
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG MACULAR EDEMA TUMORS) 1 OR MORE SESSIONS PHOTOCOAGULATION
67218	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG MACULAR EDEMA TUMORS) 1 OR MORE SESSIONS RADIATION BY IMPLANTATION OF SOURCE (INCLUDES REMOVAL OF SOURCE)
67220	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG CHOROIDAL NEOVASCULARIZATION) PHOTOCOAGULATION (EG LASER) 1 OR MORE SESSIONS
67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG CHOROIDAL NEOVASCULARIZATION) PHOTODYNAMIC THERAPY (INCLUDES INTRAVENOUS INFUSION)
67225	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG CHOROIDAL NEOVASCULARIZATION) PHOTODYNAMIC THERAPY SECOND EYE AT SINGLE SESSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY EYE TREATMENT)
67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG DIABETIC RETINOPATHY) CRYOTHERAPY DIATHERMY
67228	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG DIABETIC RETINOPATHY) PHOTOCOAGULATION
67229	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY 1 OR MORE SESSIONS PRETERM INFANT (LESS THAN 37 WEEKS GESTATION AT BIRTH) PERFORMED FROM BIRTH UP TO 1 YEAR OF AGE (EG RETINOPATHY OF PREMATURITY) PHOTOCOAGULATION OR CRYOTHERAPY
67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE) WITHOUT GRAFT
67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE) WITH GRAFT
67299	UNLISTED PROCEDURE POSTERIOR SEGMENT
67311	STRABISMUS SURGERY RECESSION OR RESECTION PROCEDURE 1 HORIZONTAL MUSCLE
67312	STRABISMUS SURGERY RECESSION OR RESECTION PROCEDURE 2 HORIZONTAL MUSCLES
67314	STRABISMUS SURGERY RECESSION OR RESECTION PROCEDURE 1 VERTICAL MUSCLE (EXCLUDING SUPERIOR OBLIQUE)
67316	STRABISMUS SURGERY RECESSION OR RESECTION PROCEDURE 2 OR MORE VERTICAL MUSCLES (EXCLUDING SUPERIOR OBLIQUE)
67318	STRABISMUS SURGERY ANY PROCEDURE SUPERIOR OBLIQUE MUSCLE

67320	TRANSPOSITION PROCEDURE (EG FOR PARETIC EXTRAOCULAR MUSCLE) ANY EXTRAOCULAR MUSCLE (SPECIFY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT INVOLVE THE EXTRAOCULAR MUSCLES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG PRIOR OCULAR INJURY STRABISMUS OR RETINAL DETACHMENT SURGERY) OR RESTRICTIVE MYOPATHY (EG DYSTHYROID OPHTHALMOPATHY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE W WO MUSCLE RECESSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY INCLUDING POSTOPERATIVE ADJUSTMENT(S) OF SUTURE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR SPECIFIC STRABISMUS SURGERY)
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND OR REPAIR OF DETACHED EXTRAOCULAR MUSCLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE PROCEDURE)
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE
67346	BIOPSY OF EXTRAOCULAR MUSCLE
67399	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE
67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH) FOR EXPLORATION W WO BIOPSY
67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH) WITH DRAINAGE ONLY
67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH) WITH REMOVAL OF LESION
67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH) WITH REMOVAL OF FOREIGN BODY
67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH) WITH REMOVAL OF BONE FOR DECOMPRESSION
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS
67420	ORBITOTOMY WITH BONE FLAP OR WINDOW LATERAL APPROACH (EG KROENLEIN) WITH REMOVAL OF LESION
67430	ORBITOTOMY WITH BONE FLAP OR WINDOW LATERAL APPROACH (EG KROENLEIN) WITH REMOVAL OF FOREIGN BODY
67440	ORBITOTOMY WITH BONE FLAP OR WINDOW LATERAL APPROACH (EG KROENLEIN) WITH DRAINAGE

67445	ORBITOTOMY WITH BONE FLAP OR WINDOW LATERAL APPROACH (EG KROENLEIN) WITH REMOVAL OF BONE FOR DECOMPRESSION
67450	ORBITOTOMY WITH BONE FLAP OR WINDOW LATERAL APPROACH (EG KROENLEIN) FOR EXPLORATION W WO BIOPSY
67500	RETROBULBAR INJECTION MEDICATION (SEPARATE PROCEDURE DOES NOT INCLUDE SUPPLY OF MEDICATION)
67505	RETROBULBAR INJECTION ALCOHOL
67515	INJECTION OF MEDICATION OR OTHER SUBSTANCE INTO TENON S CAPSULE
67516	SUPRACHOROIDAL SPACE INJECTION OF PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)
67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE) INSERTION
67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE) REMOVAL OR REVISION
67570	OPTIC NERVE DECOMPRESSION (EG INCISION OR FENESTRATION OF OPTIC NERVE SHEATH)
67599	UNLISTED PROCEDURE ORBIT
67700	BLEPHAROTOMY DRAINAGE OF ABSCESS EYELID
67710	SEVERING OF TARSORRHAPHY
67715	CANTHOTOMY (SEPARATE PROCEDURE)
67800	EXCISION OF CHALAZION SINGLE
67801	EXCISION OF CHALAZION MULTIPLE SAME LID
67805	EXCISION OF CHALAZION MULTIPLE DIFFERENT LIDS
67808	EXCISION OF CHALAZION UNDER GENERAL ANESTHESIA AND OR REQUIRING HOSPITALIZATION SINGLE OR MULTIPLE
67810	INCISIONAL BIOPSY OF EYELID SKIN INCLUDING LID MARGIN
67820	CORRECTION OF TRICHIASIS EPILATION BY FORCEPS ONLY
67825	CORRECTION OF TRICHIASIS EPILATION BY OTHER THAN FORCEPS (EG BY ELECTROSURGERY CRYOTHERAPY LASER SURGERY)
67830	CORRECTION OF TRICHIASIS INCISION OF LID MARGIN
67835	CORRECTION OF TRICHIASIS INCISION OF LID MARGIN WITH FREE MUCOUS MEMBRANE GRAFT
67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE DIRECT CLOSURE
67850	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG FROST SUTURE)
67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS MEDIAN TARSORRHAPHY OR CANTHORRHAPHY
67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS MEDIAN TARSORRHAPHY OR CANTHORRHAPHY WITH TRANSPOSITION OF TARSAL PLATE
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY MID-FOREHEAD OR CORONAL APPROACH)

67901	REPAIR OF BLEPHAROPTOSIS FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL (EG BANKED FASCIA)
67902	REPAIR OF BLEPHAROPTOSIS FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)
67903	REPAIR OF BLEPHAROPTOSIS (TARSO) LEVATOR RESECTION OR ADVANCEMENT INTERNAL APPROACH
67904	REPAIR OF BLEPHAROPTOSIS (TARSO) LEVATOR RESECTION OR ADVANCEMENT EXTERNAL APPROACH
67906	REPAIR OF BLEPHAROPTOSIS SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)
67908	REPAIR OF BLEPHAROPTOSIS CONJUNCTIVO-TARSO-MULLER S MUSCLE-LEVATOR RESECTION (EG FASANELLA-SERVAT TYPE)
67909	REDUCTION OF OVERCORRECTION OF PTOSIS
67911	CORRECTION OF LID RETRACTION
67912	CORRECTION OF LAGOPHTHALMOS WITH IMPLANTATION OF UPPER EYELID LID LOAD (EG GOLD WEIGHT)
67914	REPAIR OF ECTROPION SUTURE
67915	REPAIR OF ECTROPION THERMOCAUTERIZATION
67916	REPAIR OF ECTROPION EXCISION TARSAL WEDGE
67917	REPAIR OF ECTROPION EXTENSIVE (EG TARSAL STRIP OPERATIONS)
67921	REPAIR OF ENTROPION SUTURE
67922	REPAIR OF ENTROPION THERMOCAUTERIZATION
67923	REPAIR OF ENTROPION EXCISION TARSAL WEDGE
67924	REPAIR OF ENTROPION EXTENSIVE (EG TARSAL STRIP OR CAPSULOPALPEBRAL FASCIA REPAIRS OPERATION)
67930	SUTURE OF RECENT WOUND EYELID INVOLVING LID MARGIN TARSUS AND OR PALPEBRAL CONJUNCTIVA DIRECT CLOSURE PARTIAL THICKNESS
67935	SUTURE OF RECENT WOUND EYELID INVOLVING LID MARGIN TARSUS AND OR PALPEBRAL CONJUNCTIVA DIRECT CLOSURE FULL THICKNESS
67938	REMOVAL OF EMBEDDED FOREIGN BODY EYELID
67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)
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
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

67971	RECONSTRUCTION OF EYELID FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID UP TO TWO-THIRDS OF EYELID 1 STAGE OR FIRST STAGE
67973	RECONSTRUCTION OF EYELID FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID TOTAL EYELID LOWER 1 STAGE OR FIRST STAGE
67974	RECONSTRUCTION OF EYELID FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID TOTAL EYELID UPPER 1 STAGE OR FIRST STAGE
67975	RECONSTRUCTION OF EYELID FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID SECOND STAGE
67999	UNLISTED PROCEDURE EYELIDS
68020	INCISION OF CONJUNCTIVA DRAINAGE OF CYST
68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES (EG FOR TRACHOMA)
68100	BIOPSY OF CONJUNCTIVA
68110	EXCISION OF LESION CONJUNCTIVA UP TO 1 CM
68115	EXCISION OF LESION CONJUNCTIVA OVER 1 CM
68130	EXCISION OF LESION CONJUNCTIVA WITH ADJACENT SCLERA
68135	DESTRUCTION OF LESION CONJUNCTIVA
68200	SUBCONJUNCTIVAL INJECTION
68320	CONJUNCTIVOPLASTY WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT
68325	CONJUNCTIVOPLASTY WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)
68326	CONJUNCTIVOPLASTY RECONSTRUCTION CUL-DE-SAC WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT
68328	CONJUNCTIVOPLASTY RECONSTRUCTION CUL-DE-SAC WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)
68330	REPAIR OF SYMBLEPHARON CONJUNCTIVOPLASTY WITHOUT GRAFT
68335	REPAIR OF SYMBLEPHARON WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE (INCLUDES OBTAINING GRAFT)
68340	REPAIR OF SYMBLEPHARON DIVISION OF SYMBLEPHARON W WO INSERTION OF CONFORMER OR CONTACT LENS
68360	CONJUNCTIVAL FLAP BRIDGE OR PARTIAL (SEPARATE PROCEDURE)
68362	CONJUNCTIVAL FLAP TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT LIVING DONOR
68399	UNLISTED PROCEDURE CONJUNCTIVA
68400	INCISION DRAINAGE OF LACRIMAL GLAND
68420	INCISION DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY)

68440	SNIP INCISION OF LACRIMAL PUNCTUM
68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY) EXCEPT FOR TUMOR TOTAL
68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY) EXCEPT FOR TUMOR PARTIAL
68510	BIOPSY OF LACRIMAL GLAND
68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY)
68525	BIOPSY OF LACRIMAL SAC
68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH LACRIMAL PASSAGES
68540	EXCISION OF LACRIMAL GLAND TUMOR FRONTAL APPROACH
68550	EXCISION OF LACRIMAL GLAND TUMOR INVOLVING OSTEOTOMY
68700	PLASTIC REPAIR OF CANALICULI
68705	CORRECTION OF EVERTED PUNCTUM CAUTERY
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY) WITHOUT TUBE
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY) WITH INSERTION OF TUBE OR STENT
68760	CLOSURE OF THE LACRIMAL PUNCTUM BY THERMOCAUTERIZATION LIGATION OR LASER SURGERY
68761	CLOSURE OF THE LACRIMAL PUNCTUM BY PLUG EACH
68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)
68801	DILATION OF LACRIMAL PUNCTUM W WO IRRIGATION
68810	PROBING OF NASOLACRIMAL DUCT W WO IRRIGATION
68811	PROBING OF NASOLACRIMAL DUCT W WO IRRIGATION REQUIRING GENERAL ANESTHESIA
68815	PROBING OF NASOLACRIMAL DUCT W WO IRRIGATION WITH INSERTION OF TUBE OR STENT
68816	PROBING OF NASOLACRIMAL DUCT W WO IRRIGATION WITH TRANSLUMINAL BALLOON CATHETER DILATION
68840	PROBING OF LACRIMAL CANALICULI W WO IRRIGATION
68841	INSERTION OF DRUG-ELUTING IMPLANT INCLUDING PUNCTAL DILATION WHEN PERFORMED INTO LACRIMAL CANALICULUS EACH
68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY
68899	UNLISTED PROCEDURE LACRIMAL SYSTEM
69000	DRAINAGE EXTERNAL EAR ABSCESS OR HEMATOMA SIMPLE
69005	DRAINAGE EXTERNAL EAR ABSCESS OR HEMATOMA COMPLICATED
69020	DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS
69090	EAR PIERCING
69100	BIOPSY EXTERNAL EAR

69105	BIOPSY EXTERNAL AUDITORY CANAL
69110	EXCISION EXTERNAL EAR PARTIAL SIMPLE REPAIR
69120	EXCISION EXTERNAL EAR COMPLETE AMPUTATION
69140	EXCISION EXOSTOSIS(ES) EXTERNAL AUDITORY CANAL
69145	EXCISION SOFT TISSUE LESION EXTERNAL AUDITORY CANAL
69150	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION WITHOUT NECK DISSECTION
69155	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION WITH NECK DISSECTION
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL WITHOUT GENERAL ANESTHESIA
69205	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL WITH GENERAL ANESTHESIA
69209	REMOVAL IMPACTED CERUMEN USING IRRIGATION LAVAGE UNILATERAL
69210	REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION UNILATERAL
69220	DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE (EG ROUTINE CLEANING)
69222	DEBRIDEMENT MASTOIDECTOMY CAVITY COMPLEX (EG WITH ANESTHESIA OR MORE THAN ROUTINE CLEANING)
69300	OTOPLASTY PROTRUDING EAR W WO SIZE REDUCTION
69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG FOR STENOSIS DUE TO INJURY INFECTION) (SEPARATE PROCEDURE)
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA SINGLE STAGE
69399	UNLISTED PROCEDURE EXTERNAL EAR
69420	MYRINGOTOMY INCLUDING ASPIRATION AND OR EUSTACHIAN TUBE INFLATION
69421	MYRINGOTOMY INCLUDING ASPIRATION AND OR EUSTACHIAN TUBE INFLATION REQUIRING GENERAL ANESTHESIA
69424	VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA
69433	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE) LOCAL OR TOPICAL ANESTHESIA
69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE) GENERAL ANESTHESIA
69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION
69450	TYMPANOLYSIS TRANSCANAL
69501	TRANSMASTOID ANTROTOMY (SIMPLE MASTOIDECTOMY)
69502	MASTOIDECTOMY COMPLETE
69505	MASTOIDECTOMY MODIFIED RADICAL
69511	MASTOIDECTOMY RADICAL
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY
69535	RESECTION TEMPORAL BONE EXTERNAL APPROACH
69540	EXCISION AURAL POLYP

69550	EXCISION AURAL GLOMUS TUMOR TRANSCANAL
69552	EXCISION AURAL GLOMUS TUMOR TRANSMASTOID
69554	EXCISION AURAL GLOMUS TUMOR EXTENDED (EXTRATEMPORAL)
69601	REVISION MASTOIDECTOMY RESULTING IN COMPLETE MASTOIDECTOMY
69602	REVISION MASTOIDECTOMY RESULTING IN MODIFIED RADICAL MASTOIDECTOMY
69603	REVISION MASTOIDECTOMY RESULTING IN RADICAL MASTOIDECTOMY
69604	REVISION MASTOIDECTOMY RESULTING IN TYMPANOPLASTY
69610	TYMPANIC MEMBRANE REPAIR W WO SITE PREPARATION OF PERFORATION FOR CLOSURE W WO PATCH
69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY ATTICOTOMY AND OR MIDDLE EAR SURGERY) INITIAL OR REVISION WITHOUT OSSICULAR CHAIN RECONSTRUCTION
69632	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY ATTICOTOMY AND OR MIDDLE EAR SURGERY) INITIAL OR REVISION WITH OSSICULAR CHAIN RECONSTRUCTION (EG POSTFENESTRATION)
69633	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY ATTICOTOMY AND OR MIDDLE EAR SURGERY) INITIAL OR REVISION WITH OSSICULAR CHAIN RECONSTRUCTION AND SYNTHETIC PROSTHESIS (EG PARTIAL OSSICULAR REPLACEMENT PROSTHESIS [PORP] TOTAL OSSICULAR REPLACEMENT PROSTHESIS [TORP])
69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY ATTICOTOMY MIDDLE EAR SURGERY AND OR TYMPANIC MEMBRANE REPAIR) WITHOUT OSSICULAR CHAIN RECONSTRUCTION
69636	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY ATTICOTOMY MIDDLE EAR SURGERY AND OR TYMPANIC MEMBRANE REPAIR) WITH OSSICULAR CHAIN RECONSTRUCTION
69637	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY ATTICOTOMY MIDDLE EAR SURGERY AND OR TYMPANIC MEMBRANE REPAIR) WITH OSSICULAR CHAIN RECONSTRUCTION AND SYNTHETIC PROSTHESIS (EG PARTIAL OSSICULAR REPLACEMENT PROSTHESIS [PORP] TOTAL OSSICULAR REPLACEMENT PROSTHESIS [TORP])
69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY MIDDLE EAR SURGERY TYMPANIC MEMBRANE REPAIR) WITHOUT OSSICULAR CHAIN RECONSTRUCTION
69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY MIDDLE EAR SURGERY TYMPANIC MEMBRANE REPAIR) WITH OSSICULAR CHAIN RECONSTRUCTION
69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY MIDDLE EAR SURGERY TYMPANIC MEMBRANE REPAIR) WITH INTACT OR RECONSTRUCTED WALL WITHOUT OSSICULAR CHAIN RECONSTRUCTION

69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY MIDDLE EAR SURGERY TYMPANIC MEMBRANE REPAIR) WITH INTACT OR RECONSTRUCTED CANAL WALL WITH OSSICULAR CHAIN RECONSTRUCTION
69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY MIDDLE EAR SURGERY TYMPANIC MEMBRANE REPAIR) RADICAL OR COMPLETE WITHOUT OSSICULAR CHAIN RECONSTRUCTION
69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY MIDDLE EAR SURGERY TYMPANIC MEMBRANE REPAIR) RADICAL OR COMPLETE WITH OSSICULAR CHAIN RECONSTRUCTION
69650	STAPES MOBILIZATION
69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY W WO USE OF FOREIGN MATERIAL
69661	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY W WO USE OF FOREIGN MATERIAL WITH FOOTPLATE DRILL OUT
69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY
69666	REPAIR OVAL WINDOW FISTULA
69667	REPAIR ROUND WINDOW FISTULA
69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)
69676	TYMPANIC NEURECTOMY
69700	CLOSURE POSTAURICULAR FISTULA MASTOID (SEPARATE PROCEDURE)
69705	NASOPHARYNGOSCOPY SURGICAL WITH DILATION OF EUSTACHIAN TUBE (IE BALLOON DILATION) UNILATERAL
69706	NASOPHARYNGOSCOPY SURGICAL WITH DILATION OF EUSTACHIAN TUBE (IE BALLOON DILATION) BILATERAL
69710	IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE
69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE
69714	IMPLANTATION OSSEOINTEGRATED IMPLANT SKULL WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR
69716	IMPLANTATION OSSEOINTEGRATED IMPLANT SKULL WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR WITHIN THE MASTOID AND OR RESULTING IN REMOVAL OF LESS THAN 100 SQ MM SURFACE AREA OF BONE DEEP TO THE OUTER CRANIAL CORTEX
69717	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE) OSSEOINTEGRATED IMPLANT SKULL WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR

69719	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE) OSSEOINTEGRATED IMPLANT SKULL WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR WITHIN THE MASTOID AND OR INVOLVING A BONY DEFECT LESS THAN 100 SQ MM SURFACE AREA OF BONE DEEP TO THE OUTER CRANIAL CORTEX
69720	DECOMPRESSION FACIAL NERVE INTRATEMPORAL LATERAL TO GENICULATE GANGLION
69725	DECOMPRESSION FACIAL NERVE INTRATEMPORAL INCLUDING MEDIAL TO GENICULATE GANGLION
69726	REMOVAL ENTIRE OSSEOINTEGRATED IMPLANT SKULL WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR
69727	REMOVAL ENTIRE OSSEOINTEGRATED IMPLANT SKULL WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR WITHIN THE MASTOID AND OR INVOLVING A BONY DEFECT LESS THAN 100 SQ MM SURFACE AREA OF BONE DEEP TO THE OUTER CRANIAL CORTEX
69728	REMOVAL ENTIRE OSSEOINTEGRATED IMPLANT SKULL WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR OUTSIDE THE MASTOID AND INVOLVING A BONY DEFECT GREATER THAN OR EQUAL TO 100 SQ MM SURFACE AREA OF BONE DEEP TO THE OUTER CRANIAL CORTEX
69729	IMPLANTATION OSSEOINTEGRATED IMPLANT SKULL WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR OUTSIDE OF THE MASTOID AND RESULTING IN REMOVAL OF GREATER THAN OR EQUAL TO 100 SQ MM SURFACE AREA OF BONE DEEP TO THE OUTER CRANIAL CORTEX
69730	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE) OSSEOINTEGRATED IMPLANT SKULL WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR OUTSIDE THE MASTOID AND INVOLVING A BONY DEFECT GREATER THAN OR EQUAL TO 100 SQ MM SURFACE AREA OF BONE DEEP TO THE OUTER CRANIAL CORTEX
69740	SUTURE FACIAL NERVE INTRATEMPORAL W WO GRAFT OR DECOMPRESSION LATERAL TO GENICULATE GANGLION
69745	SUTURE FACIAL NERVE INTRATEMPORAL W WO GRAFT OR DECOMPRESSION INCLUDING MEDIAL TO GENICULATE GANGLION
69799	UNLISTED PROCEDURE MIDDLE EAR
69801	LABYRINTHOTOMY WITH PERFUSION OF VESTIBULOACTIVE DRUG(S) TRANSCANAL
69805	ENDOLYMPHATIC SAC OPERATION WITHOUT SHUNT
69806	ENDOLYMPHATIC SAC OPERATION WITH SHUNT
69905	LABYRINTHECTOMY TRANSCANAL
69910	LABYRINTHECTOMY WITH MASTOIDECTOMY
69915	VESTIBULAR NERVE SECTION TRANSLABYRINTHINE APPROACH
69930	COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY
69949	UNLISTED PROCEDURE INNER EAR

69950	VESTIBULAR NERVE SECTION TRANSCRANIAL APPROACH
69955	TOTAL FACIAL NERVE DECOMPRESSION AND OR REPAIR (MAY INCLUDE GRAFT)
69960	DECOMPRESSION INTERNAL AUDITORY CANAL
69970	REMOVAL OF TUMOR TEMPORAL BONE
69979	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA APPROACH
69990	MICROSURGICAL TECHNIQUES REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
70010	MYELOGRAPHY POSTERIOR FOSSA RADIOLOGICAL SUPERVISION AND INTERPRETATION
70015	CISTERNOGRAPHY POSITIVE CONTRAST RADIOLOGICAL SUPERVISION AND INTERPRETATION
70030	RADIOLOGIC EXAMINATION EYE FOR DETECTION OF FOREIGN BODY
70100	RADIOLOGIC EXAMINATION MANDIBLE PARTIAL LESS THAN 4 VIEWS
70110	RADIOLOGIC EXAMINATION MANDIBLE COMPLETE MINIMUM OF 4 VIEWS
70120	RADIOLOGIC EXAMINATION MASTOIDS LESS THAN 3 VIEWS PER SIDE
70130	RADIOLOGIC EXAMINATION MASTOIDS COMPLETE MINIMUM OF 3 VIEWS PER SIDE
70134	RADIOLOGIC EXAMINATION INTERNAL AUDITORY MEATI COMPLETE
70140	RADIOLOGIC EXAMINATION FACIAL BONES LESS THAN 3 VIEWS
70150	RADIOLOGIC EXAMINATION FACIAL BONES COMPLETE MINIMUM OF 3 VIEWS
70160	RADIOLOGIC EXAMINATION NASAL BONES COMPLETE MINIMUM OF 3 VIEWS
70170	DACRYOCYSTOGRAPHY NASOLACRIMAL DUCT RADIOLOGICAL SUPERVISION AND INTERPRETATION
70190	RADIOLOGIC EXAMINATION OPTIC FORAMINA
70200	RADIOLOGIC EXAMINATION ORBITS COMPLETE MINIMUM OF 4 VIEWS
70210	RADIOLOGIC EXAMINATION SINUSES PARANASAL LESS THAN 3 VIEWS
70220	RADIOLOGIC EXAMINATION SINUSES PARANASAL COMPLETE MINIMUM OF 3 VIEWS
70240	RADIOLOGIC EXAMINATION SELLA TURCICA
70250	RADIOLOGIC EXAMINATION SKULL LESS THAN 4 VIEWS
70260	RADIOLOGIC EXAMINATION SKULL COMPLETE MINIMUM OF 4 VIEWS
70300	RADIOLOGIC EXAMINATION TEETH SINGLE VIEW
70310	RADIOLOGIC EXAMINATION TEETH PARTIAL EXAMINATION LESS THAN FULL MOUTH
70320	RADIOLOGIC EXAMINATION TEETH COMPLETE FULL MOUTH
70328	RADIOLOGIC EXAMINATION TEMPOROMANDIBULAR JOINT OPEN AND CLOSED MOUTH UNILATERAL
70330	RADIOLOGIC EXAMINATION TEMPOROMANDIBULAR JOINT OPEN AND CLOSED MOUTH BILATERAL
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION
70336	MAGNETIC RESONANCE (EG PROTON) IMAGING TEMPOROMANDIBULAR JOINT(S)
70350	CEPHALOGRAM ORTHODONTIC

70355	ORTHOPANTOGRAM (EG PANORAMIC X-RAY)
70360	RADIOLOGIC EXAMINATION NECK SOFT TISSUE
70370	RADIOLOGIC EXAMINATION PHARYNX OR LARYNX INCLUDING FLUOROSCOPY AND OR MAGNIFICATION TECHNIQUE
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING
70380	RADIOLOGIC EXAMINATION SALIVARY GLAND FOR CALCULUS
70390	SIALOGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION
70450	COMPUTED TOMOGRAPHY HEAD OR BRAIN WITHOUT CONTRAST MATERIAL
70460	COMPUTED TOMOGRAPHY HEAD OR BRAIN WITH CONTRAST MATERIAL(S)
70470	COMPUTED TOMOGRAPHY HEAD OR BRAIN WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS
70471	COMPUTED TOMOGRAPHIC ANGIOGRAPHY (CTA) HEAD AND NECK WITH CONTRAST MATERIAL(S) INCLUDING NONCONTRAST IMAGES WHEN PERFORMED AND IMAGE POSTPROCESSING
70472	COMPUTED TOMOGRAPHIC (CT) CEREBRAL PERFUSION ANALYSIS WITH CONTRAST MATERIAL(S) INCLUDING IMAGE POSTPROCESSING PERFORMED WITH CONCURRENT CT OR CT ANGIOGRAPHY OF THE SAME ANATOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
70473	COMPUTED TOMOGRAPHIC (CT) CEREBRAL PERFUSION ANALYSIS WITH CONTRAST MATERIAL(S) INCLUDING IMAGE POSTPROCESSING PERFORMED WITHOUT CONCURRENT CT OR CT ANGIOGRAPHY OF THE SAME ANATOMY
70480	COMPUTED TOMOGRAPHY ORBIT SELLA OR POSTERIOR FOSSA OR OUTER MIDDLE OR INNER EAR WITHOUT CONTRAST MATERIAL
70481	COMPUTED TOMOGRAPHY ORBIT SELLA OR POSTERIOR FOSSA OR OUTER MIDDLE OR INNER EAR WITH CONTRAST MATERIAL(S)
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
70486	COMPUTED TOMOGRAPHY MAXILLOFACIAL AREA WITHOUT CONTRAST MATERIAL
70487	COMPUTED TOMOGRAPHY MAXILLOFACIAL AREA WITH CONTRAST MATERIAL(S)
70488	COMPUTED TOMOGRAPHY MAXILLOFACIAL AREA WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS
70490	COMPUTED TOMOGRAPHY SOFT TISSUE NECK WITHOUT CONTRAST MATERIAL
70491	COMPUTED TOMOGRAPHY SOFT TISSUE NECK WITH CONTRAST MATERIAL(S)
70492	COMPUTED TOMOGRAPHY SOFT TISSUE NECK WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS

70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY HEAD WITH CONTRAST MATERIAL(S) INCLUDING NONCONTRAST IMAGES IF PERFORMED AND IMAGE POSTPROCESSING
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY NECK WITH CONTRAST MATERIAL(S) INCLUDING NONCONTRAST IMAGES IF PERFORMED AND IMAGE POSTPROCESSING
70540	MAGNETIC RESONANCE (EG PROTON) IMAGING ORBIT FACE AND OR NECK WITHOUT CONTRAST MATERIAL(S)
70542	MAGNETIC RESONANCE (EG PROTON) IMAGING ORBIT FACE AND OR NECK WITH CONTRAST MATERIAL(S)
70543	MAGNETIC RESONANCE (EG PROTON) IMAGING ORBIT FACE AND OR NECK WITHOUT CONTRAST MATERIAL(S) FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES
70544	MAGNETIC RESONANCE ANGIOGRAPHY HEAD WITHOUT CONTRAST MATERIAL(S)
70545	MAGNETIC RESONANCE ANGIOGRAPHY HEAD WITH CONTRAST MATERIAL(S)
70546	MAGNETIC RESONANCE ANGIOGRAPHY HEAD WITHOUT CONTRAST MATERIAL(S) FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES
70547	MAGNETIC RESONANCE ANGIOGRAPHY NECK WITHOUT CONTRAST MATERIAL(S)
70548	MAGNETIC RESONANCE ANGIOGRAPHY NECK WITH CONTRAST MATERIAL(S)
70549	MAGNETIC RESONANCE ANGIOGRAPHY NECK WITHOUT CONTRAST MATERIAL(S) FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES
70551	MAGNETIC RESONANCE (EG PROTON) IMAGING BRAIN (INCLUDING BRAIN STEM) WITHOUT CONTRAST MATERIAL
70552	MAGNETIC RESONANCE (EG PROTON) IMAGING BRAIN (INCLUDING BRAIN STEM) WITH CONTRAST MATERIAL(S)
70553	MAGNETIC RESONANCE (EG PROTON) IMAGING BRAIN (INCLUDING BRAIN STEM) WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES
70554	MAGNETIC RESONANCE IMAGING BRAIN FUNCTIONAL MRI INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE BODY PART MOVEMENT AND OR VISUAL STIMULATION NOT REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION
70555	MAGNETIC RESONANCE IMAGING BRAIN FUNCTIONAL MRI REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIRE NEUROFUNCTIONAL TESTING
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
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)

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
71045	RADIOLOGIC EXAMINATION CHEST SINGLE VIEW
71046	RADIOLOGIC EXAMINATION CHEST 2 VIEWS
71047	RADIOLOGIC EXAMINATION CHEST 3 VIEWS
71048	RADIOLOGIC EXAMINATION CHEST 4 OR MORE VIEWS
71100	RADIOLOGIC EXAMINATION RIBS UNILATERAL 2 VIEWS
71101	RADIOLOGIC EXAMINATION RIBS UNILATERAL INCLUDING POSTEROANTERIOR CHEST MINIMUM OF 3 VIEWS
71110	RADIOLOGIC EXAMINATION RIBS BILATERAL 3 VIEWS
71111	RADIOLOGIC EXAMINATION RIBS BILATERAL INCLUDING POSTEROANTERIOR CHEST MINIMUM OF 4 VIEWS
71120	RADIOLOGIC EXAMINATION STERNUM MINIMUM OF 2 VIEWS
71130	RADIOLOGIC EXAMINATION STERNOCLAVICULAR JOINT OR JOINTS MINIMUM OF 3 VIEWS
71250	COMPUTED TOMOGRAPHY THORAX DIAGNOSTIC WITHOUT CONTRAST MATERIAL
71260	COMPUTED TOMOGRAPHY THORAX DIAGNOSTIC WITH CONTRAST MATERIAL(S)
71270	COMPUTED TOMOGRAPHY THORAX DIAGNOSTIC WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS
71271	COMPUTED TOMOGRAPHY THORAX LOW DOSE FOR LUNG CANCER SCREENING WITHOUT CONTRAST MATERIAL(S)
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY CHEST (NONCORONARY) WITH CONTRAST MATERIAL(S) INCLUDING NONCONTRAST IMAGES IF PERFORMED AND IMAGE POSTPROCESSING
71550	MAGNETIC RESONANCE (EG PROTON) IMAGING CHEST (EG FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY) WITHOUT CONTRAST MATERIAL(S)
71551	MAGNETIC RESONANCE (EG PROTON) IMAGING CHEST (EG FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY) WITH CONTRAST MATERIAL(S)
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
71555	MAGNETIC RESONANCE ANGIOGRAPHY CHEST (EXCLUDING MYOCARDIUM) W WO CONTRAST MATERIAL(S)
72020	RADIOLOGIC EXAMINATION SPINE SINGLE VIEW SPECIFY LEVEL
72040	RADIOLOGIC EXAMINATION SPINE CERVICAL 2 OR 3 VIEWS
72050	RADIOLOGIC EXAMINATION SPINE CERVICAL 4 OR 5 VIEWS
72052	RADIOLOGIC EXAMINATION SPINE CERVICAL 6 OR MORE VIEWS

72070	RADIOLOGIC EXAMINATION SPINE THORACIC 2 VIEWS
72072	RADIOLOGIC EXAMINATION SPINE THORACIC 3 VIEWS
72074	RADIOLOGIC EXAMINATION SPINE THORACIC MINIMUM OF 4 VIEWS
72080	RADIOLOGIC EXAMINATION SPINE THORACOLUMBAR JUNCTION MINIMUM OF 2 VIEWS
72081	RADIOLOGIC EXAMINATION SPINE ENTIRE THORACIC AND LUMBAR INCLUDING SKULL CERVICAL AND SACRAL SPINE IF PERFORMED (EG SCOLIOSIS EVALUATION) ONE VIEW
72082	RADIOLOGIC EXAMINATION SPINE ENTIRE THORACIC AND LUMBAR INCLUDING SKULL CERVICAL AND SACRAL SPINE IF PERFORMED (EG SCOLIOSIS EVALUATION) 2 OR 3 VIEWS
72083	RADIOLOGIC EXAMINATION SPINE ENTIRE THORACIC AND LUMBAR INCLUDING SKULL CERVICAL AND SACRAL SPINE IF PERFORMED (EG SCOLIOSIS EVALUATION) 4 OR 5 VIEWS
72084	RADIOLOGIC EXAMINATION SPINE ENTIRE THORACIC AND LUMBAR INCLUDING SKULL CERVICAL AND SACRAL SPINE IF PERFORMED (EG SCOLIOSIS EVALUATION) MINIMUM OF 6 VIEWS
72100	RADIOLOGIC EXAMINATION SPINE LUMBOSACRAL 2 OR 3 VIEWS
72110	RADIOLOGIC EXAMINATION SPINE LUMBOSACRAL MINIMUM OF 4 VIEWS
72114	RADIOLOGIC EXAMINATION SPINE LUMBOSACRAL COMPLETE INCLUDING BENDING VIEWS MINIMUM OF 6 VIEWS
72120	RADIOLOGIC EXAMINATION SPINE LUMBOSACRAL BENDING VIEWS ONLY 2 OR 3 VIEWS
72125	COMPUTED TOMOGRAPHY CERVICAL SPINE WITHOUT CONTRAST MATERIAL
72126	COMPUTED TOMOGRAPHY CERVICAL SPINE WITH CONTRAST MATERIAL
72127	COMPUTED TOMOGRAPHY CERVICAL SPINE WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS
72128	COMPUTED TOMOGRAPHY THORACIC SPINE WITHOUT CONTRAST MATERIAL
72129	COMPUTED TOMOGRAPHY THORACIC SPINE WITH CONTRAST MATERIAL
72130	COMPUTED TOMOGRAPHY THORACIC SPINE WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS
72131	COMPUTED TOMOGRAPHY LUMBAR SPINE WITHOUT CONTRAST MATERIAL
72132	COMPUTED TOMOGRAPHY LUMBAR SPINE WITH CONTRAST MATERIAL
72133	COMPUTED TOMOGRAPHY LUMBAR SPINE WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS
72141	MAGNETIC RESONANCE (EG PROTON) IMAGING SPINAL CANAL AND CONTENTS CERVICAL WITHOUT CONTRAST MATERIAL
72142	MAGNETIC RESONANCE (EG PROTON) IMAGING SPINAL CANAL AND CONTENTS CERVICAL WITH CONTRAST MATERIAL(S)

72146	MAGNETIC RESONANCE (EG PROTON) IMAGING SPINAL CANAL AND CONTENTS THORACIC WITHOUT CONTRAST MATERIAL
72147	MAGNETIC RESONANCE (EG PROTON) IMAGING SPINAL CANAL AND CONTENTS THORACIC WITH CONTRAST MATERIAL(S)
72148	MAGNETIC RESONANCE (EG PROTON) IMAGING SPINAL CANAL AND CONTENTS LUMBAR WITHOUT CONTRAST MATERIAL
72149	MAGNETIC RESONANCE (EG PROTON) IMAGING SPINAL CANAL AND CONTENTS LUMBAR WITH CONTRAST MATERIAL(S)
72156	MAGNETIC RESONANCE (EG PROTON) IMAGING SPINAL CANAL AND CONTENTS WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES CERVICAL
72157	MAGNETIC RESONANCE (EG PROTON) IMAGING SPINAL CANAL AND CONTENTS WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES THORACIC
72158	MAGNETIC RESONANCE (EG PROTON) IMAGING SPINAL CANAL AND CONTENTS WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES LUMBAR
72159	MAGNETIC RESONANCE ANGIOGRAPHY SPINAL CANAL AND CONTENTS W WO CONTRAST MATERIAL(S)
72170	RADIOLOGIC EXAMINATION PELVIS 1 OR 2 VIEWS
72190	RADIOLOGIC EXAMINATION PELVIS COMPLETE MINIMUM OF 3 VIEWS
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY PELVIS WITH CONTRAST MATERIAL(S) INCLUDING NONCONTRAST IMAGES IF PERFORMED AND IMAGE POSTPROCESSING
72192	COMPUTED TOMOGRAPHY PELVIS WITHOUT CONTRAST MATERIAL
72193	COMPUTED TOMOGRAPHY PELVIS WITH CONTRAST MATERIAL(S)
72194	COMPUTED TOMOGRAPHY PELVIS WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS
72195	MAGNETIC RESONANCE (EG PROTON) IMAGING PELVIS WITHOUT CONTRAST MATERIAL(S)
72196	MAGNETIC RESONANCE (EG PROTON) IMAGING PELVIS WITH CONTRAST MATERIAL(S)
72197	MAGNETIC RESONANCE (EG PROTON) IMAGING PELVIS WITHOUT CONTRAST MATERIAL(S) FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES
72198	MAGNETIC RESONANCE ANGIOGRAPHY PELVIS W WO CONTRAST MATERIAL(S)
72200	RADIOLOGIC EXAMINATION SACROILIAC JOINTS LESS THAN 3 VIEWS
72202	RADIOLOGIC EXAMINATION SACROILIAC JOINTS 3 OR MORE VIEWS
72220	RADIOLOGIC EXAMINATION SACRUM AND COCCYX MINIMUM OF 2 VIEWS
72240	MYELOGRAPHY CERVICAL RADIOLOGICAL SUPERVISION AND INTERPRETATION
72255	MYELOGRAPHY THORACIC RADIOLOGICAL SUPERVISION AND INTERPRETATION
72265	MYELOGRAPHY LUMBOSACRAL RADIOLOGICAL SUPERVISION AND INTERPRETATION

72270	MYELOGRAPHY 2 OR MORE REGIONS (EG LUMBAR THORACIC CERVICAL THORACIC LUMBAR CERVICAL LUMBAR THORACIC CERVICAL) RADIOLOGICAL SUPERVISION AND INTERPRETATION
72285	DISCOGRAPHY CERVICAL OR THORACIC RADIOLOGICAL SUPERVISION AND INTERPRETATION
72295	DISCOGRAPHY LUMBAR RADIOLOGICAL SUPERVISION AND INTERPRETATION
73000	RADIOLOGIC EXAMINATION CLAVICLE COMPLETE
73010	RADIOLOGIC EXAMINATION SCAPULA COMPLETE
73020	RADIOLOGIC EXAMINATION SHOULDER 1 VIEW
73030	RADIOLOGIC EXAMINATION SHOULDER COMPLETE MINIMUM OF 2 VIEWS
73040	RADIOLOGIC EXAMINATION SHOULDER ARTHROGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION
73050	RADIOLOGIC EXAMINATION ACROMIOCLAVICULAR JOINTS BILATERAL W WO WEIGHTED DISTRACTION
73060	RADIOLOGIC EXAMINATION HUMERUS MINIMUM OF 2 VIEWS
73070	RADIOLOGIC EXAMINATION ELBOW 2 VIEWS
73080	RADIOLOGIC EXAMINATION ELBOW COMPLETE MINIMUM OF 3 VIEWS
73085	RADIOLOGIC EXAMINATION ELBOW ARTHROGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION
73090	RADIOLOGIC EXAMINATION FOREARM 2 VIEWS
73092	RADIOLOGIC EXAMINATION UPPER EXTREMITY INFANT MINIMUM OF 2 VIEWS
73100	RADIOLOGIC EXAMINATION WRIST 2 VIEWS
73110	RADIOLOGIC EXAMINATION WRIST COMPLETE MINIMUM OF 3 VIEWS
73115	RADIOLOGIC EXAMINATION WRIST ARTHROGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION
73120	RADIOLOGIC EXAMINATION HAND 2 VIEWS
73130	RADIOLOGIC EXAMINATION HAND MINIMUM OF 3 VIEWS
73140	RADIOLOGIC EXAMINATION FINGER(S) MINIMUM OF 2 VIEWS
73200	COMPUTED TOMOGRAPHY UPPER EXTREMITY WITHOUT CONTRAST MATERIAL
73201	COMPUTED TOMOGRAPHY UPPER EXTREMITY WITH CONTRAST MATERIAL(S)
73202	COMPUTED TOMOGRAPHY UPPER EXTREMITY WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY UPPER EXTREMITY WITH CONTRAST MATERIAL(S) INCLUDING NONCONTRAST IMAGES IF PERFORMED AND IMAGE POSTPROCESSING
73218	MAGNETIC RESONANCE (EG PROTON) IMAGING UPPER EXTREMITY OTHER THAN JOINT WITHOUT CONTRAST MATERIAL(S)
73219	MAGNETIC RESONANCE (EG PROTON) IMAGING UPPER EXTREMITY OTHER THAN JOINT WITH CONTRAST MATERIAL(S)

73220	MAGNETIC RESONANCE (EG PROTON) IMAGING UPPER EXTREMITY OTHER THAN JOINT WITHOUT CONTRAST MATERIAL(S) FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES
73221	MAGNETIC RESONANCE (EG PROTON) IMAGING ANY JOINT OF UPPER EXTREMITY WITHOUT CONTRAST MATERIAL(S)
73222	MAGNETIC RESONANCE (EG PROTON) IMAGING ANY JOINT OF UPPER EXTREMITY WITH CONTRAST MATERIAL(S)
73223	MAGNETIC RESONANCE (EG PROTON) IMAGING ANY JOINT OF UPPER EXTREMITY WITHOUT CONTRAST MATERIAL(S) FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES
73225	MAGNETIC RESONANCE ANGIOGRAPHY UPPER EXTREMITY W WO CONTRAST MATERIAL(S)
73501	RADIOLOGIC EXAMINATION HIP UNILATERAL WITH PELVIS WHEN PERFORMED 1 VIEW
73502	RADIOLOGIC EXAMINATION HIP UNILATERAL WITH PELVIS WHEN PERFORMED 2-3 VIEWS
73503	RADIOLOGIC EXAMINATION HIP UNILATERAL WITH PELVIS WHEN PERFORMED MINIMUM OF 4 VIEWS
73521	RADIOLOGIC EXAMINATION HIPS BILATERAL WITH PELVIS WHEN PERFORMED 2 VIEWS
73522	RADIOLOGIC EXAMINATION HIPS BILATERAL WITH PELVIS WHEN PERFORMED 3-4 VIEWS
73523	RADIOLOGIC EXAMINATION HIPS BILATERAL WITH PELVIS WHEN PERFORMED MINIMUM OF 5 VIEWS
73525	RADIOLOGIC EXAMINATION HIP ARTHROGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION
73551	RADIOLOGIC EXAMINATION FEMUR 1 VIEW
73552	RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS
73560	RADIOLOGIC EXAMINATION KNEE 1 OR 2 VIEWS
73562	RADIOLOGIC EXAMINATION KNEE 3 VIEWS
73564	RADIOLOGIC EXAMINATION KNEE COMPLETE 4 OR MORE VIEWS
73565	RADIOLOGIC EXAMINATION KNEE BOTH KNEES STANDING ANTEROPOSTERIOR
73580	RADIOLOGIC EXAMINATION KNEE ARTHROGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION
73590	RADIOLOGIC EXAMINATION TIBIA AND FIBULA 2 VIEWS
73592	RADIOLOGIC EXAMINATION LOWER EXTREMITY INFANT MINIMUM OF 2 VIEWS
73600	RADIOLOGIC EXAMINATION ANKLE 2 VIEWS
73610	RADIOLOGIC EXAMINATION ANKLE COMPLETE MINIMUM OF 3 VIEWS
73615	RADIOLOGIC EXAMINATION ANKLE ARTHROGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION
73620	RADIOLOGIC EXAMINATION FOOT 2 VIEWS
73630	RADIOLOGIC EXAMINATION FOOT COMPLETE MINIMUM OF 3 VIEWS
73650	RADIOLOGIC EXAMINATION CALCANEUS MINIMUM OF 2 VIEWS
73660	RADIOLOGIC EXAMINATION TOE(S) MINIMUM OF 2 VIEWS
73700	COMPUTED TOMOGRAPHY LOWER EXTREMITY WITHOUT CONTRAST MATERIAL
73701	COMPUTED TOMOGRAPHY LOWER EXTREMITY WITH CONTRAST MATERIAL(S)

73702	COMPUTED TOMOGRAPHY LOWER EXTREMITY WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY LOWER EXTREMITY WITH CONTRAST MATERIAL(S) INCLUDING NONCONTRAST IMAGES IF PERFORMED AND IMAGE POSTPROCESSING
73718	MAGNETIC RESONANCE (EG PROTON) IMAGING LOWER EXTREMITY OTHER THAN JOINT WITHOUT CONTRAST MATERIAL(S)
73719	MAGNETIC RESONANCE (EG PROTON) IMAGING LOWER EXTREMITY OTHER THAN JOINT WITH CONTRAST MATERIAL(S)
73720	MAGNETIC RESONANCE (EG PROTON) IMAGING LOWER EXTREMITY OTHER THAN JOINT WITHOUT CONTRAST MATERIAL(S) FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES
73721	MAGNETIC RESONANCE (EG PROTON) IMAGING ANY JOINT OF LOWER EXTREMITY WITHOUT CONTRAST MATERIAL
73722	MAGNETIC RESONANCE (EG PROTON) IMAGING ANY JOINT OF LOWER EXTREMITY WITH CONTRAST MATERIAL(S)
73723	MAGNETIC RESONANCE (EG PROTON) IMAGING ANY JOINT OF LOWER EXTREMITY WITHOUT CONTRAST MATERIAL(S) FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES
73725	MAGNETIC RESONANCE ANGIOGRAPHY LOWER EXTREMITY W WO CONTRAST MATERIAL(S)
74018	RADIOLOGIC EXAMINATION ABDOMEN 1 VIEW
74019	RADIOLOGIC EXAMINATION ABDOMEN 2 VIEWS
74021	RADIOLOGIC EXAMINATION ABDOMEN 3 OR MORE VIEWS
74022	RADIOLOGIC EXAMINATION COMPLETE ACUTE ABDOMEN SERIES INCLUDING 2 OR MORE VIEWS OF THE ABDOMEN (EG SUPINE ERECT DECUBITUS) AND A SINGLE VIEW CHEST
74150	COMPUTED TOMOGRAPHY ABDOMEN WITHOUT CONTRAST MATERIAL
74160	COMPUTED TOMOGRAPHY ABDOMEN WITH CONTRAST MATERIAL(S)
74170	COMPUTED TOMOGRAPHY ABDOMEN WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY ABDOMEN AND PELVIS WITH CONTRAST MATERIAL(S) INCLUDING NONCONTRAST IMAGES IF PERFORMED AND IMAGE POSTPROCESSING
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY ABDOMEN WITH CONTRAST MATERIAL(S) INCLUDING NONCONTRAST IMAGES IF PERFORMED AND IMAGE POSTPROCESSING
74176	COMPUTED TOMOGRAPHY ABDOMEN AND PELVIS WITHOUT CONTRAST MATERIAL
74177	COMPUTED TOMOGRAPHY ABDOMEN AND PELVIS WITH CONTRAST MATERIAL(S)
74178	COMPUTED TOMOGRAPHY ABDOMEN AND PELVIS WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS

74181	MAGNETIC RESONANCE (EG PROTON) IMAGING ABDOMEN WITHOUT CONTRAST MATERIAL(S)
74182	MAGNETIC RESONANCE (EG PROTON) IMAGING ABDOMEN WITH CONTRAST MATERIAL(S)
74183	MAGNETIC RESONANCE (EG PROTON) IMAGING ABDOMEN WITHOUT CONTRAST MATERIAL(S) FOLLOWED BY WITH CONTRAST MATERIAL(S) AND FURTHER SEQUENCES
74185	MAGNETIC RESONANCE ANGIOGRAPHY ABDOMEN W WO CONTRAST MATERIAL(S)
74190	PERITONEOGRAM (EG AFTER INJECTION OF AIR OR CONTRAST) RADIOLOGICAL SUPERVISION AND INTERPRETATION
74210	RADIOLOGIC EXAMINATION PHARYNX AND OR CERVICAL ESOPHAGUS INCLUDING SCOUT NECK RADIOGRAPH(S) AND DELAYED IMAGE(S) WHEN PERFORMED CONTRAST (EG BARIUM) STUDY
74220	RADIOLOGIC EXAMINATION ESOPHAGUS INCLUDING SCOUT CHEST RADIOGRAPH(S) AND DELAYED IMAGE(S) WHEN PERFORMED SINGLE-CONTRAST (EG BARIUM) STUDY
74221	RADIOLOGIC EXAMINATION ESOPHAGUS INCLUDING SCOUT CHEST RADIOGRAPH(S) AND DELAYED IMAGE(S) WHEN PERFORMED DOUBLE-CONTRAST (EG HIGH-DENSITY BARIUM AND EFFERVESCENT AGENT) STUDY
74230	RADIOLOGIC EXAMINATION SSWALLOWING FUNCTION WITH CINERADIOGRAPHY VIDEORADIOGRAPHY INCLUDING SCOUT NECK RADIOGRAPH(S) AND DELAYED IMAGE(S) WHEN PERFORMED CONTRAST (EG BARIUM) STUDY
74235	REMOVAL OF FOREIGN BODY(S) ESOPHAGEAL WITH USE OF BALLOON CATHETER RADIOLOGICAL SUPERVISION AND INTERPRETATION
74240	RADIOLOGIC EXAMINATION UPPER GASTROINTESTINAL TRACT INCLUDING SCOUT ABDOMINAL RADIOGRAPH(S) AND DELAYED IMAGE(S) WHEN PERFORMED SINGLE-CONTRAST (EG BARIUM) STUDY
74246	RADIOLOGICAL EXAMINATION UPPER GASTROINTESTINAL TRACT INCLUDING SCOUT ABDOMINAL RADIOGRAPH(S) AND DELAYED IMAGE(S) WHEN PERFORMED DOUBLE-CONTRAST (EG HIGH-DENSITY BARIUM AND EFFERVESCENT AGENT) STUDY INCLUDING GLUCAGON WHEN ADMINISTERED
74248	RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY INCLUDING MULTIPLE SERIAL IMAGES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE FOR UPPER GI RADIOLOGIC EXAMINATION)
74250	RADIOLOGIC EXAMINATION SMALL INTESTINE INCLUDING MULTIPLE SERIAL IMAGES AND SCOUT ABDOMINAL RADIOGRAPH(S) WHEN PERFORMED SINGLE-CONTRAST (EG BARIUM) STUDY
74251	RADIOLOGIC EXAMINATION SMALL INTESTINE INCLUDING MULTIPLE SERIAL IMAGES AND SCOUT ABDOMINAL RADIOGRAPH(S) WHEN PERFORMED DOUBLE-CONTRAST (EG HIGH-DENSITY BARIUM AND AIR VIA ENTEROCLYSIS TUBE) STUDY INCLUDING GLUCAGON WHEN ADMINISTERED
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY DIAGNOSTIC INCLUDING IMAGE POSTPROCESSING WITHOUT CONTRAST MATERIAL

74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY DIAGNOSTIC INCLUDING IMAGE POSTPROCESSING WITH CONTRAST MATERIAL(S) INCLUDING NON-CONTRAST IMAGES IF PERFORMED
74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY SCREENING INCLUDING IMAGE POSTPROCESSING
74270	RADIOLOGIC EXAMINATION COLON INCLUDING SCOUT ABDOMINAL RADIOGRAPH(S) AND DELAYED IMAGE(S) WHEN PERFORMED SINGLE-CONTRAST (EG BARIUM) STUDY
74280	RADIOLOGIC EXAMINATION COLON INCLUDING SCOUT ABDOMINAL RADIOGRAPH(S) AND DELAYED IMAGE(S) WHEN PERFORMED DOUBLE-CONTRAST (EG HIGH DENSITY BARIUM AND AIR) STUDY INCLUDING GLUCAGON WHEN ADMINISTERED
74283	THERAPEUTIC ENEMA CONTRAST OR AIR FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUMINAL OBSTRUCTION (EG MECONIUM ILEUS)
74290	CHOLECYSTOGRAPHY ORAL CONTRAST
74300	CHOLANGIOGRAPHY AND OR PANCREATOGRAPHY INTRAOPERATIVE RADIOLOGICAL SUPERVISION AND INTERPRETATION
74301	CHOLANGIOGRAPHY AND OR PANCREATOGRAPHY ADDITIONAL SET INTRAOPERATIVE RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM RADIOLOGICAL SUPERVISION AND INTERPRETATION
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM RADIOLOGICAL SUPERVISION AND INTERPRETATION
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS RADIOLOGICAL SUPERVISION AND INTERPRETATION
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG MILLER-ABBOTT) INCLUDING MULTIPLE FLUOROSCOPIES AND IMAGES RADIOLOGICAL SUPERVISION AND INTERPRETATION
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE RADIOLOGICAL SUPERVISION AND INTERPRETATION
74360	INTRALUMINAL DILATION OF STRICTURES AND OR OBSTRUCTIONS (EG ESOPHAGUS) RADIOLOGICAL SUPERVISION AND INTERPRETATION
74363	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE W WO PLACEMENT OF STENT RADIOLOGICAL SUPERVISION AND INTERPRETATION
74400	UROGRAPHY (PYELOGRAPHY) INTRAVENOUS W WO KUB W WO TOMOGRAPHY
74410	UROGRAPHY INFUSION DRIP TECHNIQUE AND OR BOLUS TECHNIQUE
74415	UROGRAPHY INFUSION DRIP TECHNIQUE AND OR BOLUS TECHNIQUE WITH NEPHROTOMOGRAPHY
74420	UROGRAPHY RETROGRADE W WO KUB
74425	UROGRAPHY ANTEGRADE RADIOLOGICAL SUPERVISION AND INTERPRETATION
74430	CYSTOGRAPHY MINIMUM OF 3 VIEWS RADIOLOGICAL SUPERVISION AND INTERPRETATION

74440	VASOGRAPHY VESICULOGRAPHY OR EPIDIDYMOGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION
74445	CORPORA CAVERNOSOGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION
74450	URETHROCYSTOGRAPHY RETROGRADE RADIOLOGICAL SUPERVISION AND INTERPRETATION
74455	URETHROCYSTOGRAPHY VOIDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
74470	RADIOLOGIC EXAMINATION RENAL CYST STUDY TRANSLUMBAR CONTRAST VISUALIZATION RADIOLOGICAL SUPERVISION AND INTERPRETATION
74485	DILATION OF URETER(S) OR URETHRA RADIOLOGICAL SUPERVISION AND INTERPRETATION
74710	PELVIMETRY W WO PLACENTAL LOCALIZATION
74712	MAGNETIC RESONANCE (EG PROTON) IMAGING FETAL INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED SINGLE OR FIRST GESTATION
74713	MAGNETIC RESONANCE (EG PROTON) IMAGING FETAL INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED EACH ADDITIONAL GESTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
74740	HYSTEROSALPINGOGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE RADIOLOGICAL SUPERVISION AND INTERPRETATION
74775	PERINEOGRAM (EG VAGINOGRAM FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL
75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL WITH STRESS IMAGING
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S) FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES
75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S) FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES WITH STRESS IMAGING
75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
75571	COMPUTED TOMOGRAPHY HEART WITHOUT CONTRAST MATERIAL WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM
75572	COMPUTED TOMOGRAPHY HEART WITH CONTRAST MATERIAL FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING ASSESSMENT OF CARDIAC FUNCTION AND EVALUATION OF VENOUS STRUCTURES IF PERFORMED)

75573	COMPUTED TOMOGRAPHY HEART WITH CONTRAST MATERIAL FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY IN THE SETTING OF CONGENITAL HEART DISEASE (INCLUDING 3D IMAGE POSTPROCESSING ASSESSMENT OF LV CARDIAC FUNCTION RV STRUCTURE AND FUNCTION AND EVALUATION OF VENOUS STRUCTURES IF PERFORMED)
75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY HEART CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT) WITH CONTRAST MATERIAL INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY ASSESSMENT OF CARDIAC FUNCTION AND EVALUATION OF VENOUS STRUCTURES IF PERFORMED)
75577	QUANTIFICATION AND CHARACTERIZATION OF CORONARY ATHEROSCLEROTIC PLAQUE TO ASSESS SEVERITY OF CORONARY DISEASE DERIVED FROM AUGMENTATIVE SOFTWARE ANALYSIS OF THE DATA SET FROM A CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPHY WITH INTERPRETATION AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
75580	NONINVASIVE ESTIMATE OF CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM AUGMENTATIVE SOFTWARE ANALYSIS OF THE DATA SET FROM A CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY WITH INTERPRETATION AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
75600	AORTOGRAPHY THORACIC WITHOUT SERIALOGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION
75605	AORTOGRAPHY THORACIC BY SERIALOGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION
75625	AORTOGRAPHY ABDOMINAL BY SERIALOGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION
75630	AORTOGRAPHY ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY CATHETER BY SERIALOGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF WITH CONTRAST MATERIAL(S) INCLUDING NONCONTRAST IMAGES IF PERFORMED AND IMAGE POSTPROCESSING
75705	ANGIOGRAPHY SPINAL SELECTIVE RADIOLOGICAL SUPERVISION AND INTERPRETATION
75710	ANGIOGRAPHY EXTREMITY UNILATERAL RADIOLOGICAL SUPERVISION AND INTERPRETATION
75716	ANGIOGRAPHY EXTREMITY BILATERAL RADIOLOGICAL SUPERVISION AND INTERPRETATION
75726	ANGIOGRAPHY VISCERAL SELECTIVE OR SUPRASELECTIVE (W WO FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION AND INTERPRETATION
75731	ANGIOGRAPHY ADRENAL UNILATERAL SELECTIVE RADIOLOGICAL SUPERVISION AND INTERPRETATION
75733	ANGIOGRAPHY ADRENAL BILATERAL SELECTIVE RADIOLOGICAL SUPERVISION AND INTERPRETATION
75736	ANGIOGRAPHY PELVIC SELECTIVE OR SUPRASELECTIVE RADIOLOGICAL SUPERVISION AND INTERPRETATION
75741	ANGIOGRAPHY PULMONARY UNILATERAL SELECTIVE RADIOLOGICAL SUPERVISION AND INTERPRETATION
75743	ANGIOGRAPHY PULMONARY BILATERAL SELECTIVE RADIOLOGICAL SUPERVISION AND INTERPRETATION

75746	ANGIOGRAPHY PULMONARY BY NONSELECTIVE CATHETER OR VENOUS INJECTION RADIOLOGICAL SUPERVISION AND INTERPRETATION
75756	ANGIOGRAPHY INTERNAL MAMMARY RADIOLOGICAL SUPERVISION AND INTERPRETATION
75774	ANGIOGRAPHY SELECTIVE EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
75790	ANGIOGRAPHY ARTERIOVENOUS SHUNT (EG DIALYSIS PATIENT) RADIOLOGICAL SUPERVISION AND INTERPRETATION
75801	LYMPHANGIOGRAPHY EXTREMITY ONLY UNILATERAL RADIOLOGICAL SUPERVISION AND INTERPRETATION
75803	LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RADIOLOGICAL SUPERVISION AND INTERPRETATION
75805	LYMPHANGIOGRAPHY PELVIC ABDOMINAL UNILATERAL RADIOLOGICAL SUPERVISION AND INTERPRETATION
75807	LYMPHANGIOGRAPHY PELVIC ABDOMINAL BILATERAL RADIOLOGICAL SUPERVISION AND INTERPRETATION
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG LEVEEN SHUNT VENTRICULOPERITONEAL SHUNT INDWELLING INFUSION PUMP) RADIOLOGICAL SUPERVISION AND INTERPRETATION
75810	SPLENOPORTOGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION
75820	VENOGRAPHY EXTREMITY UNILATERAL RADIOLOGICAL SUPERVISION AND INTERPRETATION
75822	VENOGRAPHY EXTREMITY BILATERAL RADIOLOGICAL SUPERVISION AND INTERPRETATION
75825	VENOGRAPHY CAVAL INFERIOR WITH SERIALOGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION
75827	VENOGRAPHY CAVAL SUPERIOR WITH SERIALOGRAPHY RADIOLOGICAL SUPERVISION AND INTERPRETATION
75831	VENOGRAPHY RENAL UNILATERAL SELECTIVE RADIOLOGICAL SUPERVISION AND INTERPRETATION
75833	VENOGRAPHY RENAL BILATERAL SELECTIVE RADIOLOGICAL SUPERVISION AND INTERPRETATION
75840	VENOGRAPHY ADRENAL UNILATERAL SELECTIVE RADIOLOGICAL SUPERVISION AND INTERPRETATION
75842	VENOGRAPHY ADRENAL BILATERAL SELECTIVE RADIOLOGICAL SUPERVISION AND INTERPRETATION
75860	VENOGRAPHY VENOUS SINUS (EG PETROSAL AND INFERIOR SAGITTAL) OR JUGULAR CATHETER RADIOLOGICAL SUPERVISION AND INTERPRETATION
75870	VENOGRAPHY SUPERIOR SAGITTAL SINUS RADIOLOGICAL SUPERVISION AND INTERPRETATION
75872	VENOGRAPHY EPIDURAL RADIOLOGICAL SUPERVISION AND INTERPRETATION
75880	VENOGRAPHY ORBITAL RADIOLOGICAL SUPERVISION AND INTERPRETATION
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION RADIOLOGICAL SUPERVISION AND INTERPRETATION
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION RADIOLOGICAL SUPERVISION AND INTERPRETATION

75889	HEPATIC VENOGRAPHY WEDGED OR FREE WITH HEMODYNAMIC EVALUATION RADIOLOGICAL SUPERVISION AND INTERPRETATION
75891	HEPATIC VENOGRAPHY WEDGED OR FREE WITHOUT HEMODYNAMIC EVALUATION RADIOLOGICAL SUPERVISION AND INTERPRETATION
75893	VENOUS SAMPLING THROUGH CATHETER W WO ANGIOGRAPHY (EG FOR PARATHYROID HORMONE RENIN) RADIOLOGICAL SUPERVISION AND INTERPRETATION
75894	TRANSCATHETER THERAPY EMBOLIZATION ANY METHOD RADIOLOGICAL SUPERVISION AND INTERPRETATION
75898	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY EMBOLIZATION OR INFUSION OTHER THAN FOR THROMBOLYSIS
75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG FIBRIN SHEATH) FROM CENTRAL VENOUS DEVICE VIA SEPARATE VENOUS ACCESS RADIOLOGIC SUPERVISION AND INTERPRETATION
75902	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE LUMEN RADIOLOGIC SUPERVISION AND INTERPRETATION
75956	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG ANEURYSM PSEUDOANEURYSM DISSECTION PENETRATING ULCER INTRAMURAL HEMATOMA OR TRAUMATIC DISRUPTION) INVOLVING COVERAGE OF LEFT SUBCLAVIAN ARTERY ORIGIN INITIAL ENDOPROSTHESIS PLUS DESCENDING THORACIC AORTIC EXTENSION(S) IF REQUIRED TO LEVEL OF CELIAC ARTERY ORIGIN RADIOLOGICAL SUPERVISION AND INTERPRETATION
75957	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG ANEURYSM PSEUDOANEURYSM DISSECTION PENETRATING ULCER INTRAMURAL HEMATOMA OR TRAUMATIC DISRUPTION) NOT INVOLVING COVERAGE OF LEFT SUBCLAVIAN ARTERY ORIGIN INITIAL ENDOPROSTHESIS PLUS DESCENDING THORACIC AORTIC EXTENSION(S) IF REQUIRED TO LEVEL OF CELIAC ARTERY ORIGIN RADIOLOGICAL SUPERVISION AND INTERPRETATION
75958	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG ANEURYSM PSEUDOANEURYSM DISSECTION PENETRATING ULCER INTRAMURAL HEMATOMA OR TRAUMATIC DISRUPTION) RADIOLOGICAL SUPERVISION AND INTERPRETATION
75959	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) (DELAYED) AFTER ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA AS NEEDED TO LEVEL OF CELIAC ORIGIN RADIOLOGICAL SUPERVISION AND INTERPRETATION
75970	TRANSCATHETER BIOPSY RADIOLOGICAL SUPERVISION AND INTERPRETATION
75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (EG GENITOURINARY SYSTEM ABSCESS) RADIOLOGICAL SUPERVISION AND INTERPRETATION

75989	RADIOLOGICAL GUIDANCE (IE FLUOROSCOPY ULTRASOUND OR COMPUTED TOMOGRAPHY) FOR PERCUTANEOUS DRAINAGE (EG ABSCESS SPECIMEN COLLECTION) WITH PLACEMENT OF CATHETER RADIOLOGICAL SUPERVISION AND INTERPRETATION
76000	FLUOROSCOPY (SEPARATE PROCEDURE) UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY SINGLE VIEW CHILD
76014	MR SAFETY IMPLANT AND OR FOREIGN BODY ASSESSMENT BY TRAINED CLINICAL STAFF INCLUDING IDENTIFICATION AND VERIFICATION OF IMPLANT COMPONENTS FROM APPROPRIATE SOURCES (EG SURGICAL REPORTS IMAGING REPORTS MEDICAL DEVICE DATABASES DEVICE VENDORS REVIEW OF PRIOR IMAGING) ANALYZING CURRENT MR CONDITIONAL STATUS OF INDIVIDUAL COMPONENTS AND SYSTEMS AND CONSULTING PUBLISHED PROFESSIONAL GUIDANCE WITH WRITTEN REPORT INITIAL 15 MINUTES
76015	MR SAFETY IMPLANT AND OR FOREIGN BODY ASSESSMENT BY TRAINED CLINICAL STAFF INCLUDING IDENTIFICATION AND VERIFICATION OF IMPLANT COMPONENTS FROM APPROPRIATE SOURCES (EG SURGICAL REPORTS IMAGING REPORTS MEDICAL DEVICE DATABASES DEVICE VENDORS REVIEW OF PRIOR IMAGING) ANALYZING CURRENT MR CONDITIONAL STATUS OF INDIVIDUAL COMPONENTS AND SYSTEMS AND CONSULTING PUBLISHED PROFESSIONAL GUIDANCE WITH WRITTEN REPORT EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
76016	MR SAFETY DETERMINATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL RESPONSIBLE FOR THE SAFETY OF THE MR PROCEDURE INCLUDING REVIEW OF IMPLANT MR CONDITIONS FOR INDICATED MR EXAMINATION ANALYSIS OF RISK VS CLINICAL BENEFIT OF PERFORMING MR EXAMINATION AND DETERMINATION OF MR EQUIPMENT ACCESSORY EQUIPMENT AND EXPERTISE REQUIRED TO PERFORM EXAMINATION WITH WRITTEN REPORT
76017	MR SAFETY MEDICAL PHYSICS EXAMINATION CUSTOMIZATION PLANNING AND PERFORMANCE MONITORING BY MEDICAL PHYSICIST OR MR SAFETY EXPERT WITH REVIEW AND ANALYSIS BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TO PRIORITIZE AND SELECT VIEWS AND IMAGING SEQUENCES TO TAILOR MR ACQUISITION SPECIFIC TO RESTRICTIVE REQUIREMENTS OR ARTIFACTS ASSOCIATED WITH MR CONDITIONAL IMPLANTS OR TO MITIGATE RISK OF NON-CONDITIONAL IMPLANTS OR FOREIGN BODIES WITH WRITTEN REPORT
76018	MR SAFETY IMPLANT ELECTRONICS PREPARATION UNDER SUPERVISION OF PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDING MR-SPECIFIC PROGRAMMING OF PULSE GENERATOR AND OR TRANSMITTER TO VERIFY DEVICE INTEGRITY PROTECTION OF DEVICE INTERNAL CIRCUITRY FROM MR ELECTROMAGNETIC FIELDS AND PROTECTION OF PATIENT FROM RISKS OF UNINTENDED STIMULATION OR HEATING WHILE IN THE MR ROOM WITH WRITTEN REPORT

76019	MR SAFETY IMPLANT POSITIONING AND OR IMMOBILIZATION UNDER SUPERVISION OF PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDING APPLICATION OF PHYSICAL PROTECTIONS TO SECURE IMPLANTED MEDICAL DEVICE FROM MR-INDUCED TRANSLATIONAL OR VIBRATIONAL FORCES MAGNETICALLY INDUCED FUNCTIONAL CHANGES AND OR PREVENTION OF RADIOFREQUENCY BURNS FROM INADVERTENT TISSUE CONTACT WHILE IN THE MR ROOM WITH WRITTEN REPORT
76080	RADIOLOGIC EXAMINATION ABSCESS FISTULA OR SINUS TRACT STUDY RADIOLOGICAL SUPERVISION AND INTERPRETATION
76098	RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN
76100	RADIOLOGIC EXAMINATION SINGLE PLANE BODY SECTION (EG TOMOGRAPHY) OTHER THAN WITH UROGRAPHY
76120	CINERADIOGRAPHY VIDEORADIOGRAPHY EXCEPT WHERE SPECIFICALLY INCLUDED
76125	CINERADIOGRAPHY VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE WRITTEN REPORT
76145	MEDICAL PHYSICS DOSE EVALUATION FOR RADIATION EXPOSURE THAT EXCEEDS INSTITUTIONAL REVIEW THRESHOLD INCLUDING REPORT
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
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
76380	COMPUTED TOMOGRAPHY LIMITED OR LOCALIZED FOLLOW-UP STUDY
76390	MAGNETIC RESONANCE SPECTROSCOPY
76391	MAGNETIC RESONANCE (EG VIBRATION) ELASTOGRAPHY
76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG DIAGNOSTIC INTERVENTIONAL)
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG DIAGNOSTIC INTERVENTIONAL)
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG DIAGNOSTIC INTERVENTIONAL)
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE

76506	ECHOENCEPHALOGRAPHY REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTRICULAR SIZE DELINEATION OF CEREBRAL CONTENTS AND DETECTION OF FLUID MASSES OR OTHER INTRACRANIAL ABNORMALITIES) INCLUDING A-MODE ENCEPHALOGRAPHY AS SECONDARY COMPONENT WHERE INDICATED
76510	OPHTHALMIC ULTRASOUND DIAGNOSTIC B-SCAN AND QUANTITATIVE A-SCAN PERFORMED DURING THE SAME PATIENT ENCOUNTER
76511	OPHTHALMIC ULTRASOUND DIAGNOSTIC QUANTITATIVE A-SCAN ONLY
76512	OPHTHALMIC ULTRASOUND DIAGNOSTIC B-SCAN (W WO SUPERIMPOSED NON-QUANTITATIVE A-SCAN)
76513	OPHTHALMIC ULTRASOUND DIAGNOSTIC ANTERIOR SEGMENT ULTRASOUND IMMERSION (WATER BATH) B-SCAN OR HIGH RESOLUTION BIOMICROSCOPY UNILATERAL OR BILATERAL
76514	OPHTHALMIC ULTRASOUND DIAGNOSTIC CORNEAL PACHYMETRY UNILATERAL OR BILATERAL (DETERMINATION OF CORNEAL THICKNESS)
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY A-SCAN
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY A-SCAN WITH INTRAOCULAR LENS POWER CALCULATION
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION
76536	ULTRASOUND SOFT TISSUES OF HEAD AND NECK (EG THYROID PARATHYROID PAROTID) REAL TIME WITH IMAGE DOCUMENTATION
76604	ULTRASOUND CHEST (INCLUDES MEDIASTINUM) REAL TIME WITH IMAGE DOCUMENTATION
76641	ULTRASOUND BREAST UNILATERAL REAL TIME WITH IMAGE DOCUMENTATION INCLUDING AXILLA WHEN PERFORMED COMPLETE
76642	ULTRASOUND BREAST UNILATERAL REAL TIME WITH IMAGE DOCUMENTATION INCLUDING AXILLA WHEN PERFORMED LIMITED
76700	ULTRASOUND ABDOMINAL REAL TIME WITH IMAGE DOCUMENTATION COMPLETE
76705	ULTRASOUND ABDOMINAL REAL TIME WITH IMAGE DOCUMENTATION LIMITED (EG SINGLE ORGAN QUADRANT FOLLOW-UP)
76706	ULTRASOUND ABDOMINAL AORTA REAL TIME WITH IMAGE DOCUMENTATION SCREENING STUDY FOR ABDOMINAL AORTIC ANEURYSM (AAA)
76770	ULTRASOUND RETROPERITONEAL (EG RENAL AORTA NODES) REAL TIME WITH IMAGE DOCUMENTATION COMPLETE
76775	ULTRASOUND RETROPERITONEAL (EG RENAL AORTA NODES) REAL TIME WITH IMAGE DOCUMENTATION LIMITED
76776	ULTRASOUND TRANSPLANTED KIDNEY REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMENTATION
76800	ULTRASOUND SPINAL CANAL AND CONTENTS

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
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)
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
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)
76811	ULTRASOUND PREGNANT UTERUS REAL TIME WITH IMAGE DOCUMENTATION FETAL AND MATERNAL EVALUATION PLUS DETAILED FETAL ANATOMIC EXAMINATION TRANSABDOMINAL APPROACH SINGLE OR FIRST GESTATION
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)
76813	ULTRASOUND PREGNANT UTERUS REAL TIME WITH IMAGE DOCUMENTATION FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT TRANSABDOMINAL OR TRANSVAGINAL APPROACH SINGLE OR FIRST GESTATION
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)
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
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
76817	ULTRASOUND PREGNANT UTERUS REAL TIME WITH IMAGE DOCUMENTATION TRANSVAGINAL
76818	FETAL BIOPHYSICAL PROFILE WITH NON-STRESS TESTING
76819	FETAL BIOPHYSICAL PROFILE WITHOUT NON-STRESS TESTING

76820	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY
76821	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ARTERY
76825	ECHOCARDIOGRAPHY FETAL CARDIOVASCULAR SYSTEM REAL TIME WITH IMAGE DOCUMENTATION (2D) W WO M-MODE RECORDING
76826	ECHOCARDIOGRAPHY FETAL CARDIOVASCULAR SYSTEM REAL TIME WITH IMAGE DOCUMENTATION (2D) W WO M-MODE RECORDING FOLLOW-UP OR REPEAT STUDY
76827	DOPPLER ECHOCARDIOGRAPHY FETAL PULSED WAVE AND OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY COMPLETE
76828	DOPPLER ECHOCARDIOGRAPHY FETAL PULSED WAVE AND OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY FOLLOW-UP OR REPEAT STUDY
76830	ULTRASOUND TRANSVAGINAL
76831	SALINE INFUSION SONOHYSTEROGRAPHY (SIS) INCLUDING COLOR FLOW DOPPLER WHEN PERFORMED
76856	ULTRASOUND PELVIC (NONOBSTETRIC) REAL TIME WITH IMAGE DOCUMENTATION COMPLETE
76857	ULTRASOUND PELVIC (NONOBSTETRIC) REAL TIME WITH IMAGE DOCUMENTATION LIMITED OR FOLLOW-UP (EG FOR FOLLICLES)
76870	ULTRASOUND SCROTUM AND CONTENTS
76872	ULTRASOUND TRANSRECTAL
76873	ULTRASOUND TRANSRECTAL PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANNING (SEPARATE PROCEDURE)
76881	ULTRASOUND COMPLETE JOINT (IE JOINT SPACE AND PERI-ARTICULAR SOFT TISSUE STRUCTURES) REAL-TIME WITH IMAGE DOCUMENTATION
76882	ULTRASOUND LIMITED JOINT OR FOCAL EVALUATION OF OTHER NONVASCULAR EXTREMITY STRUCTURE(S) (EG JOINT SPACE PERI-ARTICULAR TENDON[S] MUSCLE[S] NERVE[S] OTHER SOFT-TISSUE STRUCTURE[S] OR SOFT-TISSUE MASS[ES]) REAL-TIME WITH IMAGE DOCUMENTATION
76883	ULTRASOUND NERVE(S) AND ACCOMPANYING STRUCTURES THROUGHOUT THEIR ENTIRE ANATOMIC COURSE IN ONE EXTREMITY COMPREHENSIVE INCLUDING REAL-TIME CINE IMAGING WITH IMAGE DOCUMENTATION PER EXTREMITY
76885	ULTRASOUND INFANT HIPS REAL TIME WITH IMAGING DOCUMENTATION DYNAMIC (REQUIRING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL MANIPULATION)
76886	ULTRASOUND INFANT HIPS REAL TIME WITH IMAGING DOCUMENTATION LIMITED STATIC (NOT REQUIRING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL MANIPULATION)
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY IMAGING SUPERVISION AND INTERPRETATION
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM OR ARTERIOVENOUS FISTULAE (INCLUDES DIAGNOSTIC ULTRASOUND EVALUATION COMPRESSION OF LESION AND IMAGING)

76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES DOCUMENTATION OF SELECTED VESSEL PATENCY CONCURRENT REALTIME ULTRASOUND VISUALIZATION OF VASCULAR NEEDLE ENTRY WITH PERMANENT RECORDING AND REPORTING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
76940	ULTRASOUND GUIDANCE FOR AND MONITORING OF PARENCHYMAL TISSUE ABLATION
76941	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS IMAGING SUPERVISION AND INTERPRETATION
76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG BIOPSY ASPIRATION INJECTION LOCALIZATION DEVICE) IMAGING SUPERVISION AND INTERPRETATION
76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING IMAGING SUPERVISION AND INTERPRETATION
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS IMAGING SUPERVISION AND INTERPRETATION
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA IMAGING SUPERVISION AND INTERPRETATION
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND SUPERVISION AND INTERPRETATION
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION PERIPHERAL SITE(S) ANY METHOD
76978	ULTRASOUND TARGETED DYNAMIC MICROBUBBLE SONOGRAPHIC CONTRAST CHARACTERIZATION (NON-CARDIAC) INITIAL LESION
76979	ULTRASOUND TARGETED DYNAMIC MICROBUBBLE SONOGRAPHIC CONTRAST CHARACTERIZATION (NON-CARDIAC) EACH ADDITIONAL LESION WITH SEPARATE INJECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
76981	ULTRASOUND ELASTOGRAPHY PARENCHYMA (EG ORGAN)
76982	ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION
76983	ULTRASOUND ELASTOGRAPHY EACH ADDITIONAL TARGET LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
76984	ULTRASOUND INTRAOPERATIVE THORACIC AORTA (EG EPIAORTIC) DIAGNOSTIC
76987	INTRAOPERATIVE EPICARDIAL CARDIAC ULTRASOUND (IE ECHOCARDIOGRAPHY) FOR CONGENITAL HEART DISEASE DIAGNOSTIC INCLUDING PLACEMENT AND MANIPULATION OF TRANSDUCER IMAGE ACQUISITION INTERPRETATION AND REPORT
76988	INTRAOPERATIVE EPICARDIAL CARDIAC ULTRASOUND (IE ECHOCARDIOGRAPHY) FOR CONGENITAL HEART DISEASE DIAGNOSTIC PLACEMENT MANIPULATION OF TRANSDUCER AND IMAGE ACQUISITION ONLY
76989	INTRAOPERATIVE EPICARDIAL CARDIAC ULTRASOUND (IE ECHOCARDIOGRAPHY) FOR CONGENITAL HEART DISEASE DIAGNOSTIC INTERPRETATION AND REPORT ONLY
76998	ULTRASONIC GUIDANCE INTRAOPERATIVE
76999	UNLISTED ULTRASOUND PROCEDURE (EG DIAGNOSTIC INTERVENTIONAL)

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)
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG BIOPSY ASPIRATION INJECTION LOCALIZATION DEVICE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC OR THERAPEUTIC INJECTION PROCEDURES (EPIDURAL OR SUBARACHNOID) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG BIOPSY ASPIRATION INJECTION LOCALIZATION DEVICE) RADIOLOGICAL SUPERVISION AND INTERPRETATION
77013	COMPUTED TOMOGRAPHY GUIDANCE FOR AND MONITORING OF PARENCHYMAL TISSUE ABLATION
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS
77021	MAGNETIC RESONANCE IMAGING GUIDANCE FOR NEEDLE PLACEMENT (EG FOR BIOPSY NEEDLE ASPIRATION INJECTION OR PLACEMENT OF LOCALIZATION DEVICE) RADIOLOGICAL SUPERVISION AND INTERPRETATION
77022	MAGNETIC RESONANCE IMAGING GUIDANCE FOR AND MONITORING OF PARENCHYMAL TISSUE ABLATION
77046	MAGNETIC RESONANCE IMAGING BREAST WITHOUT CONTRAST MATERIAL UNILATERAL
77047	MAGNETIC RESONANCE IMAGING BREAST WITHOUT CONTRAST MATERIAL BILATERAL
77048	MAGNETIC RESONANCE IMAGING BREAST WITHOUT AND WITH CONTRAST MATERIAL(S) INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS) WHEN PERFORMED UNILATERAL
77049	MAGNETIC RESONANCE IMAGING BREAST WITHOUT AND WITH CONTRAST MATERIAL(S) INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS) WHEN PERFORMED BILATERAL
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM SINGLE DUCT RADIOLOGICAL SUPERVISION AND INTERPRETATION
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM MULTIPLE DUCTS RADIOLOGICAL SUPERVISION AND INTERPRETATION
77061	DIGITAL BREAST TOMOSYNTHESIS UNILATERAL
77062	DIGITAL BREAST TOMOSYNTHESIS BILATERAL

77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS BILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
77065	DIAGNOSTIC MAMMOGRAPHY INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED UNILATERAL
77066	DIAGNOSTIC MAMMOGRAPHY INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED BILATERAL
77067	SCREENING MAMMOGRAPHY BILATERAL (2-VIEW STUDY OF EACH BREAST) INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED
77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL FOR JOINT RADIOGRAPHY INCLUDING CONTRALATERAL JOINT IF INDICATED
77072	BONE AGE STUDIES
77073	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM SCANOGRAM)
77074	RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED (EG FOR METASTASES)
77075	RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE (AXIAL AND APPENDICULAR SKELETON)
77076	RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT
77077	JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS (SPECIFY)
77078	COMPUTED TOMOGRAPHY BONE MINERAL DENSITY STUDY 1 OR MORE SITES AXIAL SKELETON (EG HIPS PELVIS SPINE)
77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) BONE DENSITY STUDY 1 OR MORE SITES AXIAL SKELETON (EG HIPS PELVIS SPINE)
77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) BONE DENSITY STUDY 1 OR MORE SITES APPENDICULAR SKELETON (PERIPHERAL) (EG RADIUS WRIST HEEL)
77084	MAGNETIC RESONANCE (EG PROTON) IMAGING BONE MARROW BLOOD SUPPLY
77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) BONE DENSITY STUDY 1 OR MORE SITES AXIAL SKELETON (EG HIPS PELVIS SPINE) INCLUDING VERTEBRAL FRACTURE ASSESSMENT
77086	VERTEBRAL FRACTURE ASSESSMENT VIA DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA)
77089	TRABECULAR BONE SCORE (TBS) STRUCTURAL CONDITION OF THE BONE MICROARCHITECTURE USING DUAL X-RAY ABSORPTIOMETRY (DXA) OR OTHER IMAGING DATA ON GRAY-SCALE VARIOGRAM CALCULATION WITH INTERPRETATION AND REPORT ON FRACTURE-RISK
77090	TRABECULAR BONE SCORE (TBS) STRUCTURAL CONDITION OF THE BONE MICROARCHITECTURE TECHNICAL PREPARATION AND TRANSMISSION OF DATA FOR ANALYSIS TO BE PERFORMED ELSEWHERE
77091	TRABECULAR BONE SCORE (TBS) STRUCTURAL CONDITION OF THE BONE MICROARCHITECTURE TECHNICAL CALCULATION ONLY

77092	TRABECULAR BONE SCORE (TBS) STRUCTURAL CONDITION OF THE BONE MICROARCHITECTURE INTERPRETATION AND REPORT ON FRACTURE-RISK ONLY BY OTHER QUALIFIED HEALTH CARE PROFESSIONAL
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING SIMPLE
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING INTERMEDIATE
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING COMPLEX
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING SIMPLE
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING INTERMEDIATE
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
77295	3-DIMENSIONAL RADIOTHERAPY PLAN INCLUDING DOSE-VOLUME HISTOGRAMS
77299	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING
77300	BASIC RADIATION DOSIMETRY CALCULATION CENTRAL AXIS DEPTH DOSE CALCULATION TDF NSD GAP CALCULATION OFF AXIS FACTOR TISSUE INHOMOGENEITY FACTORS CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DOSE AS REQUIRED DURING COURSE OF TREATMENT ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN
77301	INTENSITY MODULATED RADIOTHERAPY PLAN INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS
77306	TELETHERAPY ISODOSE PLAN SIMPLE (1 OR 2 UNMODIFIED PORTS DIRECTED TO A SINGLE AREA OF INTEREST) INCLUDES BASIC DOSIMETRY CALCULATION(S)
77307	TELETHERAPY ISODOSE PLAN COMPLEX (MULTIPLE TREATMENT AREAS TANGENTIAL PORTS THE USE OF WEDGES BLOCKING ROTATIONAL BEAM OR SPECIAL BEAM CONSIDERATIONS) INCLUDES BASIC DOSIMETRY CALCULATION(S)
77316	BRACHYTHERAPY ISODOSE PLAN SIMPLE (CALCULATION[S] MADE FROM 1 TO 4 SOURCES OR REMOTE AFTERLOADING BRACHYTHERAPY 1 CHANNEL) INCLUDES BASIC DOSIMETRY CALCULATION(S)
77317	BRACHYTHERAPY ISODOSE PLAN INTERMEDIATE (CALCULATION[S] MADE FROM 5 TO 10 SOURCES OR REMOTE AFTERLOADING BRACHYTHERAPY 2-12 CHANNELS) INCLUDES BASIC DOSIMETRY CALCULATION(S)
77318	BRACHYTHERAPY ISODOSE PLAN COMPLEX (CALCULATION[S] MADE FROM OVER 10 SOURCES OR REMOTE AFTERLOADING BRACHYTHERAPY OVER 12 CHANNELS) INCLUDES BASIC DOSIMETRY CALCULATION(S)
77321	SPECIAL TELETHERAPY PORT PLAN PARTICLES HEMIBODY TOTAL BODY
77331	SPECIAL DOSIMETRY (EG TLD MICRODOSIMETRY) (SPECIFY) ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN
77332	TREATMENT DEVICES DESIGN AND CONSTRUCTION SIMPLE (SIMPLE BLOCK SIMPLE BOLUS)

77333	TREATMENT DEVICES DESIGN AND CONSTRUCTION INTERMEDIATE (MULTIPLE BLOCKS STENTS BITE BLOCKS SPECIAL BOLUS)
77334	TREATMENT DEVICES DESIGN AND CONSTRUCTION COMPLEX (IRREGULAR BLOCKS SPECIAL SHIELDS COMPENSATORS WEDGES MOLDS OR CASTS)
77336	CONTINUING MEDICAL PHYSICS CONSULTATION INCLUDING ASSESSMENT OF TREATMENT PARAMETERS QUALITY ASSURANCE OF DOSE DELIVERY AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST REPORTED PER WEEK OF THERAPY
77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT) DESIGN AND CONSTRUCTION PER IMRT PLAN
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION
77371	RADIATION TREATMENT DELIVERY STEREOTACTIC RADIOSURGERY (SRS) COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION MULTI-SOURCE COBALT 60 BASED
77372	RADIATION TREATMENT DELIVERY STEREOTACTIC RADIOSURGERY (SRS) COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION LINEAR ACCELERATOR BASED
77373	STEREOTACTIC BODY RADIATION THERAPY TREATMENT DELIVERY PER FRACTION TO 1 OR MORE LESIONS INCLUDING IMAGE GUIDANCE ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS
77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT) INCLUDES GUIDANCE AND TRACKING WHEN PERFORMED SIMPLE
77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT) INCLUDES GUIDANCE AND TRACKING WHEN PERFORMED COMPLEX
77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT INCLUDES INTRAFRACTION TRACKING WHEN PERFORMED
77399	UNLISTED PROCEDURE MEDICAL RADIATION PHYSICS DOSIMETRY AND TREATMENT DEVICES AND SPECIAL SERVICES
77401	RADIATION TREATMENT DELIVERY SUPERFICIAL AND OR ORTHO VOLTAGE PER DAY
77402	RADIATION TREATMENT DELIVERY LEVEL 1 (EG SINGLE-ELECTRON FIELD MULTIPLE-ELECTRON FIELDS OR 2D PHOTONS) INCLUDING IMAGING GUIDANCE WHEN PERFORMED
77407	RADIATION TREATMENT DELIVERY LEVEL 2 SINGLE-ISOCENTER (EG 3D OR IMRT) PHOTONS INCLUDING IMAGING GUIDANCE WHEN PERFORMED
77412	RADIATION TREATMENT DELIVERY LEVEL 3 MULTIPLE ISOCENTERS WITH PHOTON THERAPY (EG 2D 3D OR IMRT) OR A SINGLE-ISOCENTER PHOTON THERAPY (EG 3D OR IMRT) WITH ACTIVE MOTION MANAGEMENT OR TOTAL SKIN ELECTRONS OR MIXED-ELECTRON PHOTON FIELD(S) INCLUDING IMAGING GUIDANCE WHEN PERFORMED
77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)

77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY 1 OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETRY WITH BLOCKING AND OR WEDGE AND OR COMPENSATOR(S)
77424	INTRAOPERATIVE RADIATION TREATMENT DELIVERY X-RAY SINGLE TREATMENT SESSION
77425	INTRAOPERATIVE RADIATION TREATMENT DELIVERY ELECTRONS SINGLE TREATMENT SESSION
77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF 1 OR 2 FRACTIONS ONLY
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CRANIAL LESION(S) (COMPLETE COURSE OF TREATMENT CONSISTING OF 1 SESSION)
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
77436	SURFACE RADIATION THERAPY SUPERFICIAL OR ORTHOVOLTAGE TREATMENT PLANNING AND SIMULATION-AIDED FIELD SETTING
77437	SURFACE RADIATION THERAPY SUPERFICIAL DELIVERY =150 KV PER FRACTION (EG ELECTRONIC BRACHYTHERAPY)
77438	SURFACE RADIATION THERAPY ORTHOVOLTAGE DELIVERY 150-500 KV PER FRACTION
77439	SURFACE RADIATION THERAPY SUPERFICIAL OR ORTHOVOLTAGE IMAGE GUIDANCE ULTRASOUND FOR PLACEMENT OF RADIATION THERAPY FIELDS FOR TREATMENT OF CUTANEOUS TUMORS PER COURSE OF TREATMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT
77470	SPECIAL TREATMENT PROCEDURE (EG TOTAL BODY IRRADIATION HEMIBODY RADIATION PER ORAL OR ENDOCAVITARY IRRADIATION)
77499	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT
77520	PROTON TREATMENT DELIVERY SIMPLE WITHOUT COMPENSATION
77522	PROTON TREATMENT DELIVERY SIMPLE WITH COMPENSATION
77523	PROTON TREATMENT DELIVERY INTERMEDIATE
77525	PROTON TREATMENT DELIVERY COMPLEX
77600	HYPERTHERMIA EXTERNALLY GENERATED SUPERFICIAL (IE HEATING TO A DEPTH OF 4 CM OR LESS)
77605	HYPERTHERMIA EXTERNALLY GENERATED DEEP (IE HEATING TO DEPTHS GREATER THAN 4 CM)
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S) 5 OR FEWER INTERSTITIAL APPLICATORS
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S) MORE THAN 5 INTERSTITIAL APPLICATORS
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES 3-MONTH FOLLOW-UP CARE)
77761	INTRACAVITARY RADIATION SOURCE APPLICATION SIMPLE

77762	INTRACAVITARY RADIATION SOURCE APPLICATION INTERMEDIATE
77763	INTRACAVITARY RADIATION SOURCE APPLICATION COMPLEX
77767	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY INCLUDES BASIC DOSIMETRY WHEN PERFORMED LESION DIAMETER UP TO 2.0 CM OR 1 CHANNEL
77768	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY INCLUDES BASIC DOSIMETRY WHEN PERFORMED LESION DIAMETER OVER 2.0 CM AND 2 OR MORE CHANNELS OR MULTIPLE LESIONS
77770	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY INCLUDES BASIC DOSIMETRY WHEN PERFORMED 1 CHANNEL
77771	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY INCLUDES BASIC DOSIMETRY WHEN PERFORMED 2-12 CHANNELS
77772	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY INCLUDES BASIC DOSIMETRY WHEN PERFORMED OVER 12 CHANNELS
77778	INTERSTITIAL RADIATION SOURCE APPLICATION COMPLEX INCLUDES SUPERVISION HANDLING LOADING OF RADIATION SOURCE WHEN PERFORMED
77789	SURFACE APPLICATION OF LOW DOSE RATE RADIONUCLIDE SOURCE
77790	SUPERVISION HANDLING LOADING OF RADIATION SOURCE
77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY
78012	THYROID UPTAKE SINGLE OR MULTIPLE QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION SUPPRESSION OR DISCHARGE WHEN PERFORMED)
78013	THYROID IMAGING (INCLUDING VASCULAR FLOW WHEN PERFORMED)
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW WHEN PERFORMED) WITH SINGLE OR MULTIPLE UPTAKE(S) QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION SUPPRESSION OR DISCHARGE WHEN PERFORMED)
78015	THYROID CARCINOMA METASTASES IMAGING LIMITED AREA (EG NECK AND CHEST ONLY)
78016	THYROID CARCINOMA METASTASES IMAGING WITH ADDITIONAL STUDIES (EG URINARY RECOVERY)
78018	THYROID CARCINOMA METASTASES IMAGING WHOLE BODY
78020	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
78070	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION WHEN PERFORMED)
78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION WHEN PERFORMED) WITH TOMOGRAPHIC (SPECT)
78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION WHEN PERFORMED) WITH TOMOGRAPHIC (SPECT) AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ANATOMICAL LOCALIZATION

78075	ADRENAL IMAGING CORTEX AND OR MEDULLA
78099	UNLISTED ENDOCRINE PROCEDURE DIAGNOSTIC NUCLEAR MEDICINE
78102	BONE MARROW IMAGING LIMITED AREA
78103	BONE MARROW IMAGING MULTIPLE AREAS
78104	BONE MARROW IMAGING WHOLE BODY
78110	PLASMA VOLUME RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE) SINGLE SAMPLING
78111	PLASMA VOLUME RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE) MULTIPLE SAMPLINGS
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE) SINGLE SAMPLING
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE) MULTIPLE SAMPLINGS
78122	WHOLE BLOOD VOLUME DETERMINATION INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE)
78130	RED CELL SURVIVAL STUDY
78140	LABELED RED CELL SEQUESTRATION DIFFERENTIAL ORGAN TISSUE (EG SPLENIC AND OR HEPATIC)
78185	SPLEEN IMAGING ONLY W WO VASCULAR FLOW
78191	PLATELET SURVIVAL STUDY
78195	LYMPHATICS AND LYMPH NODES IMAGING
78199	UNLISTED HEMATOPOIETIC RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE DIAGNOSTIC NUCLEAR MEDICINE
78201	LIVER IMAGING STATIC ONLY
78202	LIVER IMAGING WITH VASCULAR FLOW
78215	LIVER AND SPLEEN IMAGING STATIC ONLY
78216	LIVER AND SPLEEN IMAGING WITH VASCULAR FLOW
78226	HEPATOBILIARY SYSTEM IMAGING INCLUDING GALLBLADDER WHEN PRESENT
78227	HEPATOBILIARY SYSTEM IMAGING INCLUDING GALLBLADDER WHEN PRESENT WITH PHARMACOLOGIC INTERVENTION INCLUDING QUANTITATIVE MEASUREMENT(S) WHEN PERFORMED
78230	SALIVARY GLAND IMAGING
78231	SALIVARY GLAND IMAGING WITH SERIAL IMAGES
78232	SALIVARY GLAND FUNCTION STUDY
78258	ESOPHAGEAL MOTILITY
78261	GASTRIC MUCOSA IMAGING
78262	GASTROESOPHAGEAL REFLUX STUDY
78264	GASTRIC EMPTYING IMAGING STUDY (EG SOLID LIQUID OR BOTH)

78265	GASTRIC EMPTYING IMAGING STUDY (EG SOLID LIQUID OR BOTH) WITH SMALL BOWEL TRANSIT
78266	GASTRIC EMPTYING IMAGING STUDY (EG SOLID LIQUID OR BOTH) WITH SMALL BOWEL AND COLON TRANSIT MULTIPLE DAYS
78267	UREA BREATH TEST C-14 (ISOTOPIC) ACQUISITION FOR ANALYSIS
78268	UREA BREATH TEST C-14 (ISOTOPIC) ANALYSIS
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING
78282	GASTROINTESTINAL PROTEIN LOSS
78290	INTESTINE IMAGING (EG ECTOPIC GASTRIC MUCOSA MECKEL S LOCALIZATION VOLVULUS)
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG FOR LEVEEN DENVER SHUNT)
78299	UNLISTED GASTROINTESTINAL PROCEDURE DIAGNOSTIC NUCLEAR MEDICINE
78300	BONE AND OR JOINT IMAGING LIMITED AREA
78305	BONE AND OR JOINT IMAGING MULTIPLE AREAS
78306	BONE AND OR JOINT IMAGING WHOLE BODY
78315	BONE AND OR JOINT IMAGING 3 PHASE STUDY
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY 1 OR MORE SITES SINGLE PHOTON ABSORPTIOMETRY
78351	BONE DENSITY (BONE MINERAL CONTENT) STUDY 1 OR MORE SITES DUAL PHOTON ABSORPTIOMETRY 1 OR MORE SITES
78399	UNLISTED MUSCULOSKELETAL PROCEDURE DIAGNOSTIC NUCLEAR MEDICINE
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG EJECTION FRACTION WITH PROBE TECHNIQUE) W WO PHARMACOLOGIC INTERVENTION OR EXERCISE SINGLE OR MULTIPLE DETERMINATIONS
78428	CARDIAC SHUNT DETECTION
78429	MYOCARDIAL IMAGING POSITRON EMISSION TOMOGRAPHY (PET) METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND OR EJECTION FRACTION[S] WHEN PERFORMED) SINGLE STUDY WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY TRANSMISSION SCAN
78430	MYOCARDIAL IMAGING POSITRON EMISSION TOMOGRAPHY (PET) PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND OR EJECTION FRACTION[S] WHEN PERFORMED) SINGLE STUDY AT REST OR STRESS (EXERCISE OR PHARMACOLOGIC) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY TRANSMISSION SCAN
78431	MYOCARDIAL IMAGING POSITRON EMISSION TOMOGRAPHY (PET) PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND OR EJECTION FRACTION[S] WHEN PERFORMED) MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY TRANSMISSION SCAN

78432	MYOCARDIAL IMAGING POSITRON EMISSION TOMOGRAPHY (PET) COMBINED PERFUSION WITH METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND OR EJECTION FRACTION[S] WHEN PERFORMED) DUAL RADIOTRACER (EG MYOCARDIAL VIABILITY)
78433	MYOCARDIAL IMAGING POSITRON EMISSION TOMOGRAPHY (PET) COMBINED PERFUSION WITH METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND OR EJECTION FRACTION[S] WHEN PERFORMED) DUAL RADIOTRACER (EG MYOCARDIAL VIABILITY) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY TRANSMISSION SCAN
78434	ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW (AQMBF) POSITRON EMISSION TOMOGRAPHY (PET) REST AND PHARMACOLOGIC STRESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE ANGIOGRAPHY VENOGRAPHY)
78451	MYOCARDIAL PERFUSION IMAGING TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION QUALITATIVE OR QUANTITATIVE WALL MOTION EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE ADDITIONAL QUANTIFICATION WHEN PERFORMED) SINGLE STUDY AT REST OR STRESS (EXERCISE OR PHARMACOLOGIC)
78452	MYOCARDIAL PERFUSION IMAGING TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION QUALITATIVE OR QUANTITATIVE WALL MOTION EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE ADDITIONAL QUANTIFICATION WHEN PERFORMED) MULTIPLE STUDIES AT REST AND OR STRESS (EXERCISE OR PHARMACOLOGIC) AND OR REDISTRIBUTION AND OR REST REINJECTION
78453	MYOCARDIAL PERFUSION IMAGING PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL MOTION EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE ADDITIONAL QUANTIFICATION WHEN PERFORMED) SINGLE STUDY AT REST OR STRESS (EXERCISE OR PHARMACOLOGIC)
78454	MYOCARDIAL PERFUSION IMAGING PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL MOTION EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE ADDITIONAL QUANTIFICATION WHEN PERFORMED) MULTIPLE STUDIES AT REST AND OR STRESS (EXERCISE OR PHARMACOLOGIC) AND OR REDISTRIBUTION AND OR REST REINJECTION
78456	ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE
78457	VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL
78458	VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL
78459	MYOCARDIAL IMAGING POSITRON EMISSION TOMOGRAPHY (PET) METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND OR EJECTION FRACTION[S] WHEN PERFORMED) SINGLE STUDY
78460	MYOCARDIAL PERFUSION IMAGING (PLANAR) SINGLE STUDY AT REST OR STRESS (EXERCISE AND OR PHARMACOLOGIC) W WO QUANTIFICATION

78461	MYOCARDIAL PERFUSION IMAGING MULTIPLE STUDIES (PLANAR) AT REST AND OR STRESS (EXERCISE AND OR PHARMACOLOGIC) AND REDISTRIBUTION AND OR REST INJECTION W WO QUANTIFICATION
78464	MYOCARDIAL PERFUSION IMAGING TOMOGRAPHIC (SPECT) SINGLE STUDY (INCLUDING ATTENUATION CORRECTION WHEN PERFORMED) AT REST OR STRESS (EXERCISE AND OR PHARMACOLOGIC) W WO QUANTIFICATION
78465	MYOCARDIAL PERFUSION IMAGING TOMOGRAPHIC (SPECT) MULTIPLE STUDIES (INCLUDING ATTENUATION CORRECTION WHEN PERFORMED) AT REST AND OR STRESS (EXERCISE AND OR PHARMACOLOGIC) AND REDISTRIBUTION AND OR REST INJECTION W WO QUANTIFICATION
78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUALITATIVE OR QUANTITATIVE
78468	MYOCARDIAL IMAGING INFARCT AVID PLANAR WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE
78469	MYOCARDIAL IMAGING INFARCT AVID PLANAR TOMOGRAPHIC SPECT W WO QUANTIFICATION
78472	CARDIAC BLOOD POOL IMAGING GATED EQUILIBRIUM PLANAR SINGLE STUDY AT REST OR STRESS (EXERCISE AND OR PHARMACOLOGIC) WALL MOTION STUDY PLUS EJECTION FRACTION W WO ADDITIONAL QUANTITATIVE PROCESSING
78473	CARDIAC BLOOD POOL IMAGING GATED EQUILIBRIUM MULTIPLE STUDIES WALL MOTION STUDY PLUS EJECTION FRACTION AT REST AND STRESS (EXERCISE AND OR PHARMACOLOGIC) W WO ADDITIONAL QUANTIFICATION
78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
78481	CARDIAC BLOOD POOL IMAGING (PLANAR) FIRST PASS TECHNIQUE SINGLE STUDY AT REST OR WITH STRESS (EXERCISE AND OR PHARMACOLOGIC) WALL MOTION STUDY PLUS EJECTION FRACTION W WO QUANTIFICATION
78483	CARDIAC BLOOD POOL IMAGING (PLANAR) FIRST PASS TECHNIQUE MULTIPLE STUDIES AT REST AND WITH STRESS (EXERCISE AND OR PHARMACOLOGIC) WALL MOTION STUDY PLUS EJECTION FRACTION W WO QUANTIFICATION
78491	MYOCARDIAL IMAGING POSITRON EMISSION TOMOGRAPHY (PET) PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND OR EJECTION FRACTION[S] WHEN PERFORMED) SINGLE STUDY AT REST OR STRESS (EXERCISE OR PHARMACOLOGIC)
78492	MYOCARDIAL IMAGING POSITRON EMISSION TOMOGRAPHY (PET) PERFUSION MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)
78494	CARDIAC BLOOD POOL IMAGING GATED EQUILIBRIUM SPECT AT REST WALL MOTION STUDY PLUS EJECTION FRACTION W WO QUANTITATIVE PROCESSING

78496	CARDIAC BLOOD POOL IMAGING GATED EQUILIBRIUM SINGLE STUDY AT REST WITH RIGHT VENTRICULAR EJECTION FRACTION BY FIRST PASS TECHNIQUE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
78499	UNLISTED CARDIOVASCULAR PROCEDURE DIAGNOSTIC NUCLEAR MEDICINE
78579	PULMONARY VENTILATION IMAGING (EG AEROSOL OR GAS)
78580	PULMONARY PERFUSION IMAGING (EG PARTICULATE)
78582	PULMONARY VENTILATION (EG AEROSOL OR GAS) AND PERFUSION IMAGING
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION INCLUDING IMAGING WHEN PERFORMED
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (EG AEROSOL OR GAS) INCLUDING IMAGING WHEN PERFORMED
78599	UNLISTED RESPIRATORY PROCEDURE DIAGNOSTIC NUCLEAR MEDICINE
78600	BRAIN IMAGING LESS THAN 4 STATIC VIEWS
78601	BRAIN IMAGING LESS THAN 4 STATIC VIEWS WITH VASCULAR FLOW
78605	BRAIN IMAGING MINIMUM 4 STATIC VIEWS
78606	BRAIN IMAGING MINIMUM 4 STATIC VIEWS WITH VASCULAR FLOW
78608	BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET) METABOLIC EVALUATION
78609	BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET) PERFUSION EVALUATION
78610	BRAIN IMAGING VASCULAR FLOW ONLY
78630	CEREBROSPINAL FLUID FLOW IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL) CISTERNOGRAPHY
78635	CEREBROSPINAL FLUID FLOW IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL) VENTRICULOGRAPHY
78645	CEREBROSPINAL FLUID FLOW IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL) SHUNT EVALUATION
78650	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY
78699	UNLISTED NERVOUS SYSTEM PROCEDURE DIAGNOSTIC NUCLEAR MEDICINE
78700	KIDNEY IMAGING MORPHOLOGY
78701	KIDNEY IMAGING MORPHOLOGY WITH VASCULAR FLOW
78707	KIDNEY IMAGING MORPHOLOGY WITH VASCULAR FLOW AND FUNCTION SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION
78708	KIDNEY IMAGING MORPHOLOGY WITH VASCULAR FLOW AND FUNCTION SINGLE STUDY WITH PHARMACOLOGICAL INTERVENTION (EG ANGIOTENSIN CONVERTING ENZYME INHIBITOR AND OR DIURETIC)

78709	KIDNEY IMAGING MORPHOLOGY WITH VASCULAR FLOW AND FUNCTION MULTIPLE STUDIES WITH AND WITHOUT PHARMACOLOGICAL INTERVENTION (EG ANGIOTENSIN CONVERTING ENZYME INHIBITOR AND OR DIURETIC)
78725	KIDNEY FUNCTION STUDY NON-IMAGING RADIOISOTOPIC STUDY
78730	URINARY BLADDER RESIDUAL STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)
78761	TESTICULAR IMAGING WITH VASCULAR FLOW
78799	UNLISTED GENITOURINARY PROCEDURE DIAGNOSTIC NUCLEAR MEDICINE
78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING WHEN PERFORMED) PLANAR SINGLE AREA (EG HEAD NECK CHEST PELVIS) SINGLE DAY IMAGING
78801	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING WHEN PERFORMED) PLANAR 2 OR MORE AREAS (EG ABDOMEN AND PELVIS HEAD AND CHEST) 1 OR MORE DAYS IMAGING OR SINGLE AREA IMAGING OVER 2 OR MORE DAYS
78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING WHEN PERFORMED) PLANAR WHOLE BODY SINGLE DAY IMAGING
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING WHEN PERFORMED) TOMOGRAPHIC (SPECT) SINGLE AREA (EG HEAD NECK CHEST PELVIS) OR ACQUISITION SINGLE DAY IMAGING
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING WHEN PERFORMED) PLANAR WHOLE BODY REQUIRING 2 OR MORE DAYS IMAGING
78808	INJECTION PROCEDURE FOR RADIOPHARMACEUTICAL LOCALIZATION BY NON-IMAGING PROBE STUDY INTRAVENOUS (EG PARATHYROID ADENOMA)
78811	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING LIMITED AREA (EG CHEST HEAD NECK)
78812	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING SKULL BASE TO MID-THIGH
78813	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING WHOLE BODY
78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING LIMITED AREA (EG CHEST HEAD NECK)

78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING SKULL BASE TO MID-THIGH
78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING WHOLE BODY
78830	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING WHEN PERFORMED) TOMOGRAPHIC (SPECT) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) TRANSMISSION SCAN FOR ANATOMICAL REVIEW LOCALIZATION AND DETERMINATION DETECTION OF PATHOLOGY SINGLE AREA (EG HEAD NECK CHEST PELVIS) OR ACQUISITION SINGLE DAY IMAGING
78831	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING WHEN PERFORMED) TOMOGRAPHIC (SPECT) MINIMUM 2 AREAS (EG PELVIS AND KNEES CHEST AND ABDOMEN) OR SEPARATE ACQUISITIONS (EG LUNG VENTILATION AND PERFUSION) SINGLE DAY IMAGING OR SINGLE AREA OR ACQUISITION OVER 2 OR MORE DAYS
78832	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING WHEN PERFORMED) TOMOGRAPHIC (SPECT) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) TRANSMISSION SCAN FOR ANATOMICAL REVIEW LOCALIZATION AND DETERMINATION DETECTION OF PATHOLOGY MINIMUM 2 AREAS (EG PELVIS AND KNEES CHEST AND ABDOMEN) OR SEPARATE ACQUISITIONS (EG LUNG VENTILATION AND PERFUSION) SINGLE DAY IMAGING OR SINGLE AREA OR ACQUISITION OVER 2 OR MORE DAYS
78835	RADIOPHARMACEUTICAL QUANTIFICATION MEASUREMENT(S) SINGLE AREA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
78999	UNLISTED MISCELLANEOUS PROCEDURE DIAGNOSTIC NUCLEAR MEDICINE
79005	RADIOPHARMACEUTICAL THERAPY BY ORAL ADMINISTRATION
79101	RADIOPHARMACEUTICAL THERAPY BY INTRAVENOUS ADMINISTRATION
79200	RADIOPHARMACEUTICAL THERAPY BY INTRACAVITARY ADMINISTRATION
79300	RADIOPHARMACEUTICAL THERAPY BY INTERSTITIAL RADIOACTIVE COLLOID ADMINISTRATION
79403	RADIOPHARMACEUTICAL THERAPY RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INFUSION
79440	RADIOPHARMACEUTICAL THERAPY BY INTRA-ARTICULAR ADMINISTRATION
79445	RADIOPHARMACEUTICAL THERAPY BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION
79999	RADIOPHARMACEUTICAL THERAPY UNLISTED PROCEDURE

80047	BASIC METABOLIC PANEL (CALCIUM IONIZED) THIS PANEL MUST INCLUDE THE FOLLOWING: CALCIUM IONIZED (82330) CARBON DIOXIDE (BICARBONATE) (82374) CHLORIDE (82435) CREATININE (82565) GLUCOSE (82947) POTASSIUM (84132) SODIUM (84295) UREA NITROGEN (BUN) (84520)
80048	BASIC METABOLIC PANEL (CALCIUM TOTAL) THIS PANEL MUST INCLUDE THE FOLLOWING: CALCIUM TOTAL (82310) CARBON DIOXIDE (BICARBONATE) (82374) CHLORIDE (82435) CREATININE (82565) GLUCOSE (82947) POTASSIUM (84132) SODIUM (84295) UREA NITROGEN (BUN) (84520)
80050	GENERAL HEALTH PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: COMPREHENSIVE METABOLIC PANEL (80053) BLOOD COUNT COMPLETE (CBC) AUTOMATED AND AUTOMATED DIFFERENTIAL WBC COUNT (85025 OR 85027 AND 85004) OR BLOOD COUNT COMPLETE (CBC) AUTOMATED (85027) AND APPROPRIATE MANUAL DIFFERENTIAL WBC COUNT (85007 OR 85009) THYROID STIMULATING HORMONE (TSH) (84443)
80051	ELECTROLYTE PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CARBON DIOXIDE (BICARBONATE) (82374) CHLORIDE (82435) POTASSIUM (84132) SODIUM (84295)
80053	COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: ALBUMIN (82040) BILIRUBIN TOTAL (82247) CALCIUM TOTAL (82310) CARBON DIOXIDE (BICARBONATE) (82374) CHLORIDE (82435) CREATININE (82565) GLUCOSE (82947) PHOSPHATASE ALKALINE (84075) POTASSIUM (84132) PROTEIN TOTAL (84155) SODIUM (84295) TRANSFERASE ALANINE AMINO (ALT) (SGPT) (84460) TRANSFERASE ASPARTATE AMINO (AST) (SGOT) (84450) UREA NITROGEN (BUN) (84520)
80055	OBSTETRIC PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: BLOOD COUNT COMPLETE (CBC) AUTOMATED AND AUTOMATED DIFFERENTIAL WBC COUNT (85025 OR 85027 AND 85004) OR BLOOD COUNT COMPLETE (CBC) AUTOMATED (85027) AND APPROPRIATE MANUAL DIFFERENTIAL WBC COUNT (85007 OR 85009) HEPATITIS B SURFACE ANTIGEN (HBSAG) (87340) ANTIBODY RUBELLA (86762) SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUALITATIVE (EG VDRL RPR ART) (86592) ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE (86850) BLOOD TYPING ABO (86900) AND BLOOD TYPING RH (D) (86901)
80061	LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOLESTEROL SERUM TOTAL (82465) LIPOPROTEIN DIRECT MEASUREMENT HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL) (83718) TRIGLYCERIDES (84478)
80069	RENAL FUNCTION PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: ALBUMIN (82040) CALCIUM TOTAL (82310) CARBON DIOXIDE (BICARBONATE) (82374) CHLORIDE (82435) CREATININE (82565) GLUCOSE (82947) PHOSPHORUS INORGANIC (PHOSPHATE) (84100) POTASSIUM (84132) SODIUM (84295) UREA NITROGEN (BUN) (84520)
80074	ACUTE HEPATITIS PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: HEPATITIS A ANTIBODY (HAAB) IGM ANTIBODY (86709) HEPATITIS B CORE ANTIBODY (HBCAB) IGM ANTIBODY (86705) HEPATITIS B SURFACE ANTIGEN (HBSAG) (87340) HEPATITIS C ANTIBODY (86803)

80076	HEPATIC FUNCTION PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: ALBUMIN (82040) BILIRUBIN TOTAL (82247) BILIRUBIN DIRECT (82248) PHOSPHATASE ALKALINE (84075) PROTEIN TOTAL (84155) TRANSFERASE ALANINE AMINO (ALT) (SGPT) (84460) TRANSFERASE ASPARTATE AMINO (AST) (SGOT) (84450)
80081	OBSTETRIC PANEL (INCLUDES HIV TESTING) THIS PANEL MUST INCLUDE THE FOLLOWING: BLOOD COUNT COMPLETE (CBC) AND AUTOMATED DIFFERENTIAL WBC COUNT (85025 OR 85027 AND 85004) OR BLOOD COUNT COMPLETE (CBC) AUTOMATED (85027) AND APPROPRIATE MANUAL DIFFERENTIAL WBC COUNT (85007 OR 85009) HEPATITIS B SURFACE ANTIGEN (HBSAG) (87340) HIV-1 ANTIGEN(S) WITH HIV-1 AND HIV-2 ANTIBODIES SINGLE RESULT (87389) ANTIBODY RUBELLA (86762) SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUALITATIVE (EG VDRL RPR ART) (86592) ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE (86850) BLOOD TYPING ABO (86900) AND BLOOD TYPING RH (D) (86901)
80143	ACETAMINOPHEN
80145	ADALIMUMAB
80150	AMIKACIN
80151	AMIODARONE
80155	CAFFEINE
80156	CARBAMAZEPINE TOTAL
80157	CARBAMAZEPINE FREE
80158	CYCLOSPORINE
80159	CLOZAPINE
80161	CARBAMAZEPINE -10 11-EPOXIDE
80162	DIGOXIN TOTAL
80163	DIGOXIN FREE
80164	VALPROIC ACID (DIPROPYLACETIC ACID) TOTAL
80165	VALPROIC ACID (DIPROPYLACETIC ACID) FREE
80167	FELBAMATE
80168	ETHOSUXIMIDE
80169	EVEROLIMUS
80170	GENTAMICIN
80171	GABAPENTIN WHOLE BLOOD SERUM OR PLASMA
80173	HALOPERIDOL
80175	LAMOTRIGINE
80176	LIDOCAINE
80177	LEVETIRACETAM
80178	LITHIUM

80179	SALICYLATE
80180	MYCOPHENOLATE (MYCOPHENOLIC ACID)
80181	FLECAINIDE
80183	OXCARBAZEPINE
80184	PHENOBARBITAL
80185	PHENYTOIN TOTAL
80186	PHENYTOIN FREE
80187	POSACONAZOLE
80188	PRIMIDONE
80189	ITRACONAZOLE
80190	PROCAINAMIDE
80192	PROCAINAMIDE WITH METABOLITES (EG N-ACETYL PROCAINAMIDE)
80193	LEFLUNOMIDE
80194	QUINIDINE
80195	SIROLIMUS
80197	TACROLIMUS
80198	THEOPHYLLINE
80199	TIAGABINE
80200	TOBRAMYCIN
80201	TOPIRAMATE
80202	VANCOMYCIN
80203	ZONISAMIDE
80204	METHOTREXATE
80210	RUFINAMIDE
80220	HYDROXYCHLOROQUINE
80230	INFLIXIMAB
80235	LACOSAMIDE
80280	VEDOLIZUMAB
80285	VORICONAZOLE
80299	QUANTITATION OF THERAPEUTIC DRUG NOT ELSEWHERE SPECIFIED
80305	DRUG TEST(S) PRESUMPTIVE ANY NUMBER OF DRUG CLASSES ANY NUMBER OF DEVICES OR PROCEDURES CAPABLE OF BEING READ BY DIRECT OPTICAL OBSERVATION ONLY (EG UTILIZING IMMUNOASSAY [EG DIPSTICKS CUPS CARDS OR CARTRIDGES]) INCLUDES SAMPLE VALIDATION WHEN PERFORMED PER DATE OF SERVICE

80306	DRUG TEST(S) PRESUMPTIVE ANY NUMBER OF DRUG CLASSES ANY NUMBER OF DEVICES OR PROCEDURES READ BY INSTRUMENT ASSISTED DIRECT OPTICAL OBSERVATION (EG UTILIZING IMMUNOASSAY [EG DIPSTICKS CUPS CARDS OR CARTRIDGES]) INCLUDES SAMPLE VALIDATION WHEN PERFORMED PER DATE OF SERVICE
80307	DRUG TEST(S) PRESUMPTIVE ANY NUMBER OF DRUG CLASSES ANY NUMBER OF DEVICES OR PROCEDURES BY INSTRUMENT CHEMISTRY ANALYZERS (EG UTILIZING IMMUNOASSAY [EG EIA ELISA EMIT FPIA IA KIMS RIA]) CHROMATOGRAPHY (EG GC HPLC) AND MASS SPECTROMETRY EITHER W WO CHROMATOGRAPHY (EG DART DESI GC-MS GC-MS MS LC-MS LC-MS MS LDTD MALDI TOF) INCLUDES SAMPLE VALIDATION WHEN PERFORMED PER DATE OF SERVICE
80320	ALCOHOLS
80321	ALCOHOL BIOMARKERS 1 OR 2
80322	ALCOHOL BIOMARKERS 3 OR MORE
80323	ALKALOIDS NOT OTHERWISE SPECIFIED
80324	AMPHETAMINES 1 OR 2
80325	AMPHETAMINES 3 OR 4
80326	AMPHETAMINES 5 OR MORE
80327	ANABOLIC STEROIDS 1 OR 2
80328	ANABOLIC STEROIDS 3 OR MORE
80329	ANALGESICS NON-OPIOID 1 OR 2
80330	ANALGESICS NON-OPIOID 3-5
80331	ANALGESICS NON-OPIOID 6 OR MORE
80332	ANTIDEPRESSANTS SEROTONERGIC CLASS 1 OR 2
80333	ANTIDEPRESSANTS SEROTONERGIC CLASS 3-5
80334	ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE
80335	ANTIDEPRESSANTS TRICYCLIC AND OTHER CYCLICALS 1 OR 2
80336	ANTIDEPRESSANTS TRICYCLIC AND OTHER CYCLICALS 3-5
80337	ANTIDEPRESSANTS TRICYCLIC AND OTHER CYCLICALS 6 OR MORE
80338	ANTIDEPRESSANTS NOT OTHERWISE SPECIFIED
80339	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 1-3
80340	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 4-6
80341	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 7 OR MORE
80342	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 1-3
80343	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 4-6
80344	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 7 OR MORE

80345	BARBITURATES
80346	BENZODIAZEPINES 1-12
80347	BENZODIAZEPINES 13 OR MORE
80348	BUPRENORPHINE
80349	CANNABINOIDS NATURAL
80350	CANNABINOIDS SYNTHETIC 1-3
80351	CANNABINOIDS SYNTHETIC 4-6
80352	CANNABINOIDS SYNTHETIC 7 OR MORE
80353	COCAINE
80354	FENTANYL
80355	GABAPENTIN NON-BLOOD
80356	HEROIN METABOLITE
80357	KETAMINE AND NORKETAMINE
80358	METHADONE
80359	METHYLENEDIOXYAMPHETAMINES (MDA MDEA MDMA)
80360	METHYLPHENIDATE
80361	OPIATES 1 OR MORE
80362	OPIOIDS AND OPIATE ANALOGS 1 OR 2
80363	OPIOIDS AND OPIATE ANALOGS 3 OR 4
80364	OPIOIDS AND OPIATE ANALOGS 5 OR MORE
80365	OXYCODONE
80366	PREGABALIN
80367	PROPOXYPHENE
80368	SEDATIVE HYPNOTICS (NON-BENZODIAZEPINES)
80369	SKELETAL MUSCLE RELAXANTS 1 OR 2
80370	SKELETAL MUSCLE RELAXANTS 3 OR MORE
80371	STIMULANTS SYNTHETIC
80372	TAPENTADOL
80373	TRAMADOL
80374	STEREOISOMER (ENANTIOMER) ANALYSIS SINGLE DRUG CLASS
80375	DRUG(S) OR SUBSTANCE(S) DEFINITIVE QUALITATIVE OR QUANTITATIVE NOT OTHERWISE SPECIFIED 1-3
80376	DRUG(S) OR SUBSTANCE(S) DEFINITIVE QUALITATIVE OR QUANTITATIVE NOT OTHERWISE SPECIFIED 4-6
80377	DRUG(S) OR SUBSTANCE(S) DEFINITIVE QUALITATIVE OR QUANTITATIVE NOT OTHERWISE SPECIFIED 7 OR MORE

80400	ACTH STIMULATION PANEL FOR ADRENAL INSUFFICIENCY THIS PANEL MUST INCLUDE THE FOLLOWING: CORTISOL (82533 X 2)
80402	ACTH STIMULATION PANEL FOR 21 HYDROXYLASE DEFICIENCY THIS PANEL MUST INCLUDE THE FOLLOWING: CORTISOL (82533 X 2) 17 HYDROXYPROGESTERONE (83498 X 2)
80406	ACTH STIMULATION PANEL FOR 3 BETA-HYDROXYDEHYDROGENASE DEFICIENCY THIS PANEL MUST INCLUDE THE FOLLOWING: CORTISOL (82533 X 2) 17 HYDROXYPREGNENOLONE (84143 X 2)
80408	ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG SALINE INFUSION) THIS PANEL MUST INCLUDE THE FOLLOWING: ALDOSTERONE (82088 X 2) RENIN (84244 X 2)
80410	CALCITONIN STIMULATION PANEL (EG CALCIUM PENTAGASTRIN) THIS PANEL MUST INCLUDE THE FOLLOWING: CALCITONIN (82308 X 3)
80412	CORTICOTROPIC RELEASING HORMONE (CRH) STIMULATION PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CORTISOL (82533 X 6) ADRENOCORTICOTROPIC HORMONE (ACTH) (82024 X 6)
80414	CHORIONIC GONADOTROPIN STIMULATION PANEL TESTOSTERONE RESPONSE THIS PANEL MUST INCLUDE THE FOLLOWING: TESTOSTERONE (84403 X 2 ON 3 POOLED BLOOD SAMPLES)
80415	CHORIONIC GONADOTROPIN STIMULATION PANEL ESTRADIOL RESPONSE THIS PANEL MUST INCLUDE THE FOLLOWING: ESTRADIOL TOTAL (82670 X 2 ON 3 POOLED BLOOD SAMPLES)
80416	RENAL VEIN RENIN STIMULATION PANEL (EG CAPTOPRIL) THIS PANEL MUST INCLUDE THE FOLLOWING: RENIN (84244 X 6)
80417	PERIPHERAL VEIN RENIN STIMULATION PANEL (EG CAPTOPRIL) THIS PANEL MUST INCLUDE THE FOLLOWING: RENIN (84244 X 2)
80418	COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: ADRENOCORTICOTROPIC HORMONE (ACTH) (82024 X 4) LUTEINIZING HORMONE (LH) (83002 X 4) FOLLICLE STIMULATING HORMONE (FSH) (83001 X 4) PROLACTIN (84146 X 4) HUMAN GROWTH HORMONE (HGH) (83003 X 4) CORTISOL (82533 X 4) THYROID STIMULATING HORMONE (TSH) (84443 X 4)
80420	DEXAMETHASONE SUPPRESSION PANEL 48 HOUR THIS PANEL MUST INCLUDE THE FOLLOWING: FREE CORTISOL URINE (82530 X 2) CORTISOL (82533 X 2) VOLUME MEASUREMENT FOR TIMED COLLECTION (81050 X 2)
80422	GLUCAGON TOLERANCE PANEL FOR INSULINOMA THIS PANEL MUST INCLUDE THE FOLLOWING: GLUCOSE (82947 X 3) INSULIN (83525 X 3)
80424	GLUCAGON TOLERANCE PANEL FOR PHEOCHROMOCYTOMA THIS PANEL MUST INCLUDE THE FOLLOWING: CATECHOLAMINES FRACTIONATED (82384 X 2)
80426	GONADOTROPIN RELEASING HORMONE STIMULATION PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: FOLLICLE STIMULATING HORMONE (FSH) (83001 X 4) LUTEINIZING HORMONE (LH) (83002 X 4)

80428	GROWTH HORMONE STIMULATION PANEL (EG ARGININE INFUSION L-DOPA ADMINISTRATION) THIS PANEL MUST INCLUDE THE FOLLOWING: HUMAN GROWTH HORMONE (HGH) (83003 X 4)
80430	GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINISTRATION) THIS PANEL MUST INCLUDE THE FOLLOWING: GLUCOSE (82947 X 3) HUMAN GROWTH HORMONE (HGH) (83003 X 4)
80432	INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: INSULIN (83525) C-PEPTIDE (84681 X 5) GLUCOSE (82947 X 5)
80434	INSULIN TOLERANCE PANEL FOR ACTH INSUFFICIENCY THIS PANEL MUST INCLUDE THE FOLLOWING: CORTISOL (82533 X 5) GLUCOSE (82947 X 5)
80435	INSULIN TOLERANCE PANEL FOR GROWTH HORMONE DEFICIENCY THIS PANEL MUST INCLUDE THE FOLLOWING: GLUCOSE (82947 X 5) HUMAN GROWTH HORMONE (HGH) (83003 X 5)
80436	METYRAPONE PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CORTISOL (82533 X 2) 11 DEOXYCORTISOL (82634 X 2)
80438	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL 1 HOUR THIS PANEL MUST INCLUDE THE FOLLOWING: THYROID STIMULATING HORMONE (TSH) (84443 X 3)
80439	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL 2 HOUR THIS PANEL MUST INCLUDE THE FOLLOWING: THYROID STIMULATING HORMONE (TSH) (84443 X 4)
80503	PATHOLOGY CLINICAL CONSULTATION FOR A CLINICAL PROBLEM WITH LIMITED REVIEW OF PATIENT S HISTORY AND MEDICAL RECORDS AND STRAIGHTFORWARD MEDICAL DECISION MAKING WHEN USING TIME FOR CODE SELECTION 5-20 MINUTES OF TOTAL TIME IS SPENT ON THE DATE OF THE CONSULTATION.
80504	PATHOLOGY CLINICAL CONSULTATION FOR A MODERATELY COMPLEX CLINICAL PROBLEM WITH REVIEW OF PATIENT S HISTORY AND MEDICAL RECORDS AND MODERATE LEVEL OF MEDICAL DECISION MAKING WHEN USING TIME FOR CODE SELECTION 21-40 MINUTES OF TOTAL TIME IS SPENT ON THE DATE OF THE CONSULTATION.
80505	PATHOLOGY CLINICAL CONSULTATION FOR A HIGHLY COMPLEX CLINICAL PROBLEM WITH COMPREHENSIVE REVIEW OF PATIENT S HISTORY AND MEDICAL RECORDS AND HIGH LEVEL OF MEDICAL DECISION MAKING WHEN USING TIME FOR CODE SELECTION 41-60 MINUTES OF TOTAL TIME IS SPENT ON THE DATE OF THE CONSULTATION.
80506	PATHOLOGY CLINICAL CONSULTATION PROLONGED SERVICE EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
81000	URINALYSIS BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN GLUCOSE HEMOGLOBIN KETONES LEUKOCYTES NITRITE PH PROTEIN SPECIFIC GRAVITY UROBILINOGEN ANY NUMBER OF THESE CONSTITUENTS NON-AUTOMATED WITH MICROSCOPY

81001	URINALYSIS BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN GLUCOSE HEMOGLOBIN KETONES LEUKOCYTES NITRITE PH PROTEIN SPECIFIC GRAVITY UROBILINOGEN ANY NUMBER OF THESE CONSTITUENTS AUTOMATED WITH MICROSCOPY
81002	URINALYSIS BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN GLUCOSE HEMOGLOBIN KETONES LEUKOCYTES NITRITE PH PROTEIN SPECIFIC GRAVITY UROBILINOGEN ANY NUMBER OF THESE CONSTITUENTS NON-AUTOMATED WITHOUT MICROSCOPY
81003	URINALYSIS BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN GLUCOSE HEMOGLOBIN KETONES LEUKOCYTES NITRITE PH PROTEIN SPECIFIC GRAVITY UROBILINOGEN ANY NUMBER OF THESE CONSTITUENTS AUTOMATED WITHOUT MICROSCOPY
81005	URINALYSIS QUALITATIVE OR SEMIQUANTITATIVE EXCEPT IMMUNOASSAYS
81007	URINALYSIS BACTERIURIA SCREEN EXCEPT BY CULTURE OR DIPSTICK
81015	URINALYSIS MICROSCOPIC ONLY
81020	URINALYSIS 2 OR 3 GLASS TEST
81025	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON METHODS
81050	VOLUME MEASUREMENT FOR TIMED COLLECTION EACH
81099	UNLISTED URINALYSIS PROCEDURE
81105	HUMAN PLATELET ANTIGEN 1 GENOTYPING (HPA-1) ITGB3 (INTEGRIN BETA 3 [PLATELET GLYCOPROTEIN IIIA] ANTIGEN CD61 [GPIIIA]) (EG NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT] POST-TRANSFUSION PURPURA) GENE ANALYSIS COMMON VARIANT HPA-1A B (L33P)
81106	HUMAN PLATELET ANTIGEN 2 GENOTYPING (HPA-2) GP1BA (GLYCOPROTEIN IB [PLATELET] ALPHA POLYPEPTIDE [GPIBA]) (EG NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT] POST-TRANSFUSION PURPURA) GENE ANALYSIS COMMON VARIANT HPA-2A B (T145M)
81107	HUMAN PLATELET ANTIGEN 3 GENOTYPING (HPA-3) ITGA2B (INTEGRIN ALPHA 2B [PLATELET GLYCOPROTEIN IIB OF IIB IIIA COMPLEX] ANTIGEN CD41 [GPIIB]) (EG NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT] POST-TRANSFUSION PURPURA) GENE ANALYSIS COMMON VARIANT HPA-3A B (I843S)
81108	HUMAN PLATELET ANTIGEN 4 GENOTYPING (HPA-4) ITGB3 (INTEGRIN BETA 3 [PLATELET GLYCOPROTEIN IIIA] ANTIGEN CD61 [GPIIIA]) (EG NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT] POST-TRANSFUSION PURPURA) GENE ANALYSIS COMMON VARIANT HPA-4A B (R143Q)
81109	HUMAN PLATELET ANTIGEN 5 GENOTYPING (HPA-5) ITGA2 (INTEGRIN ALPHA 2 [CD49B ALPHA 2 SUBUNIT OF VLA-2 RECEPTOR] [GPIA]) (EG NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT] POST-TRANSFUSION PURPURA) GENE ANALYSIS COMMON VARIANT (EG HPA-5A B (K505E))
81110	HUMAN PLATELET ANTIGEN 6 GENOTYPING (HPA-6W) ITGB3 (INTEGRIN BETA 3 [PLATELET GLYCOPROTEIN IIIA ANTIGEN CD61] [GPIIIA]) (EG NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT] POST-TRANSFUSION PURPURA) GENE ANALYSIS COMMON VARIANT HPA-6A B (R489Q)

81111	HUMAN PLATELET ANTIGEN 9 GENOTYPING (HPA-9W) ITGA2B (INTEGRIN ALPHA 2B [PLATELET GLYCOPROTEIN IIB OF IIB IIIA COMPLEX ANTIGEN CD41] [GPIIB]) (EG NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT] POST-TRANSFUSION PURPURA) GENE ANALYSIS COMMON VARIANT HPA-9A B (V837M)
81112	HUMAN PLATELET ANTIGEN 15 GENOTYPING (HPA-15) CD109 (CD109 MOLECULE) (EG NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT] POST-TRANSFUSION PURPURA) GENE ANALYSIS COMMON VARIANT HPA-15A B (S682Y)
81120	IDH1 (ISOCITRATE DEHYDROGENASE 1 [NADP+] SOLUBLE) (EG GLIOMA) COMMON VARIANTS (EG R132H R132C)
81121	IDH2 (ISOCITRATE DEHYDROGENASE 2 [NADP+] MITOCHONDRIAL) (EG GLIOMA) COMMON VARIANTS (EG R140W R172M)
81161	DMD (DYSTROPHIN) (EG DUCHENNE BECKER MUSCULAR DYSTROPHY) DELETION ANALYSIS AND DUPLICATION ANALYSIS IF PERFORMED
81162	BRCA1 (BRCA1 DNA REPAIR ASSOCIATED) BRCA2 (BRCA2 DNA REPAIR ASSOCIATED) (EG HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS FULL SEQUENCE ANALYSIS AND FULL DUPLICATION DELETION ANALYSIS (IE DETECTION OF LARGE GENE REARRANGEMENTS)
81163	BRCA1 (BRCA1 DNA REPAIR ASSOCIATED) BRCA2 (BRCA2 DNA REPAIR ASSOCIATED) (EG HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS FULL SEQUENCE ANALYSIS
81164	BRCA1 (BRCA1 DNA REPAIR ASSOCIATED) BRCA2 (BRCA2 DNA REPAIR ASSOCIATED) (EG HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS FULL DUPLICATION DELETION ANALYSIS (IE DETECTION OF LARGE GENE REARRANGEMENTS)
81165	BRCA1 (BRCA1 DNA REPAIR ASSOCIATED) (EG HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS FULL SEQUENCE ANALYSIS
81166	BRCA1 (BRCA1 DNA REPAIR ASSOCIATED) (EG HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS FULL DUPLICATION DELETION ANALYSIS (IE DETECTION OF LARGE GENE REARRANGEMENTS)
81167	BRCA2 (BRCA2 DNA REPAIR ASSOCIATED) (EG HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS FULL DUPLICATION DELETION ANALYSIS (IE DETECTION OF LARGE GENE REARRANGEMENTS)
81168	CCND1 IGH (T(11 14)) (EG MANTLE CELL LYMPHOMA) TRANSLOCATION ANALYSIS MAJOR BREAKPOINT QUALITATIVE AND QUANTITATIVE IF PERFORMED
81170	ABL1 (ABL PROTO-ONCOGENE 1 NON-RECEPTOR TYROSINE KINASE) (EG ACQUIRED IMATINIB TYROSINE KINASE INHIBITOR RESISTANCE) GENE ANALYSIS VARIANTS IN THE KINASE DOMAIN
81171	AFF2 (ALF TRANSCRIPTION ELONGATION FACTOR 2 [FMR2]) (EG FRAGILE X INTELLECTUAL DISABILITY 2 [FRAXE]) GENE ANALYSIS EVALUATION TO DETECT ABNORMAL (EG EXPANDED) ALLELES

81172	AFF2 (ALF TRANSCRIPTION ELONGATION FACTOR 2 [FMR2]) (EG FRAGILE X INTELLECTUAL DISABILITY 2 [FRAXE]) GENE ANALYSIS CHARACTERIZATION OF ALLELES (EG EXPANDED SIZE AND METHYLATION STATUS)
81173	AR (ANDROGEN RECEPTOR) (EG SPINAL AND BULBAR MUSCULAR ATROPHY KENNEDY DISEASE X CHROMOSOME INACTIVATION) GENE ANALYSIS FULL GENE SEQUENCE
81174	AR (ANDROGEN RECEPTOR) (EG SPINAL AND BULBAR MUSCULAR ATROPHY KENNEDY DISEASE X CHROMOSOME INACTIVATION) GENE ANALYSIS KNOWN FAMILIAL VARIANT
81175	ASXL1 (ADDITIONAL SEX COMBS LIKE 1 TRANSCRIPTIONAL REGULATOR) (EG MYELODYSPLASTIC SYNDROME MYELOPROLIFERATIVE NEOPLASMS CHRONIC MYELOMONOCYTIC LEUKEMIA) GENE ANALYSIS FULL GENE SEQUENCE
81176	ASXL1 (ADDITIONAL SEX COMBS LIKE 1 TRANSCRIPTIONAL REGULATOR) (EG MYELODYSPLASTIC SYNDROME MYELOPROLIFERATIVE NEOPLASMS CHRONIC MYELOMONOCYTIC LEUKEMIA) GENE ANALYSIS TARGETED SEQUENCE ANALYSIS (EG EXON 12)
81177	ATN1 (ATROPHIN 1) (EG DENTATORUBRAL-PALLIDOLUYSIAN ATROPHY) GENE ANALYSIS EVALUATION TO DETECT ABNORMAL (EG EXPANDED) ALLELES
81178	ATXN1 (ATAXIN 1) (EG SPINOCEREBELLAR ATAXIA) GENE ANALYSIS EVALUATION TO DETECT ABNORMAL (EG EXPANDED) ALLELES
81179	ATXN2 (ATAXIN 2) (EG SPINOCEREBELLAR ATAXIA) GENE ANALYSIS EVALUATION TO DETECT ABNORMAL (EG EXPANDED) ALLELES
81180	ATXN3 (ATAXIN 3) (EG SPINOCEREBELLAR ATAXIA MACHADO-JOSEPH DISEASE) GENE ANALYSIS EVALUATION TO DETECT ABNORMAL (EG EXPANDED) ALLELES
81181	ATXN7 (ATAXIN 7) (EG SPINOCEREBELLAR ATAXIA) GENE ANALYSIS EVALUATION TO DETECT ABNORMAL (EG EXPANDED) ALLELES
81182	ATXN8OS (ATXN8 OPPOSITE STRAND [NON-PROTEIN CODING]) (EG SPINOCEREBELLAR ATAXIA) GENE ANALYSIS EVALUATION TO DETECT ABNORMAL (EG EXPANDED) ALLELES
81183	ATXN10 (ATAXIN 10) (EG SPINOCEREBELLAR ATAXIA) GENE ANALYSIS EVALUATION TO DETECT ABNORMAL (EG EXPANDED) ALLELES
81184	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG SPINOCEREBELLAR ATAXIA) GENE ANALYSIS EVALUATION TO DETECT ABNORMAL (EG EXPANDED) ALLELES
81185	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG SPINOCEREBELLAR ATAXIA) GENE ANALYSIS FULL GENE SEQUENCE
81186	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG SPINOCEREBELLAR ATAXIA) GENE ANALYSIS KNOWN FAMILIAL VARIANT
81187	CNBP (CCHC-TYPE ZINC FINGER NUCLEIC ACID BINDING PROTEIN) (EG MYOTONIC DYSTROPHY TYPE 2) GENE ANALYSIS EVALUATION TO DETECT ABNORMAL (EG EXPANDED) ALLELES

81188	CSTB (CYSTATIN B) (EG UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS EVALUATION TO DETECT ABNORMAL (EG EXPANDED) ALLELES
81189	CSTB (CYSTATIN B) (EG UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS FULL GENE SEQUENCE
81190	CSTB (CYSTATIN B) (EG UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS KNOWN FAMILIAL VARIANT(S)
81191	NTRK1 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 1) (EG SOLID TUMORS) TRANSLOCATION ANALYSIS
81192	NTRK2 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 2) (EG SOLID TUMORS) TRANSLOCATION ANALYSIS
81193	NTRK3 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 3) (EG SOLID TUMORS) TRANSLOCATION ANALYSIS
81194	NTRK (NEUROTROPHIC-TROPOMYOSIN RECEPTOR TYROSINE KINASE 1 2 AND 3) (EG SOLID TUMORS) TRANSLOCATION ANALYSIS
81195	CYTOGENOMIC (GENOME-WIDE) ANALYSIS HEMATOLOGIC MALIGNANCY STRUCTURAL VARIANTS AND COPY NUMBER VARIANTS OPTICAL GENOME MAPPING (OGM)
81200	ASPA (ASPARTOACYLASE) (EG CANAVAN DISEASE) GENE ANALYSIS COMMON VARIANTS (EG E285A Y231X)
81201	APC (ADENOMATOUS POLYPOSIS COLI) (EG FAMILIAL ADENOMATOSIS POLYPOSIS [FAP] ATTENUATED FAP) GENE ANALYSIS FULL GENE SEQUENCE
81202	APC (ADENOMATOUS POLYPOSIS COLI) (EG FAMILIAL ADENOMATOSIS POLYPOSIS [FAP] ATTENUATED FAP) GENE ANALYSIS KNOWN FAMILIAL VARIANTS
81203	APC (ADENOMATOUS POLYPOSIS COLI) (EG FAMILIAL ADENOMATOSIS POLYPOSIS [FAP] ATTENUATED FAP) GENE ANALYSIS DUPLICATION DELETION VARIANTS
81204	AR (ANDROGEN RECEPTOR) (EG SPINAL AND BULBAR MUSCULAR ATROPHY KENNEDY DISEASE X CHROMOSOME INACTIVATION) GENE ANALYSIS CHARACTERIZATION OF ALLELES (EG EXPANDED SIZE OR METHYLATION STATUS)
81205	BCKDHB (BRANCHED-CHAIN KETO ACID DEHYDROGENASE E1 BETA POLYPEPTIDE) (EG MAPLE SYRUP URINE DISEASE) GENE ANALYSIS COMMON VARIANTS (EG R183P G278S E422X)
81206	BCR ABL1 (T(9 22)) (EG CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS MAJOR BREAKPOINT QUALITATIVE OR QUANTITATIVE
81207	BCR ABL1 (T(9 22)) (EG CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS MINOR BREAKPOINT QUALITATIVE OR QUANTITATIVE
81208	BCR ABL1 (T(9 22)) (EG CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS OTHER BREAKPOINT QUALITATIVE OR QUANTITATIVE
81209	BLM (BLOOM SYNDROME RECQ HELICASE-LIKE) (EG BLOOM SYNDROME) GENE ANALYSIS 2281DEL6INS7 VARIANT
81210	BRAF (B-RAF PROTO-ONCOGENE SERINE THREONINE KINASE) (EG COLON CANCER MELANOMA) GENE ANALYSIS V600 VARIANT(S)

81212	BRCA1 (BRCA1 DNA REPAIR ASSOCIATED) BRCA2 (BRCA2 DNA REPAIR ASSOCIATED) (EG HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS 185DELAG 5385INSC 6174DELT VARIANTS
81215	BRCA1 (BRCA1 DNA REPAIR ASSOCIATED) (EG HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS KNOWN FAMILIAL VARIANT
81216	BRCA2 (BRCA2 DNA REPAIR ASSOCIATED) (EG HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS FULL SEQUENCE ANALYSIS
81217	BRCA2 (BRCA2 DNA REPAIR ASSOCIATED) (EG HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS KNOWN FAMILIAL VARIANT
81218	CEBPA (CCAAT ENHANCER BINDING PROTEIN [C EBP] ALPHA) (EG ACUTE MYELOID LEUKEMIA) GENE ANALYSIS FULL GENE SEQUENCE
81219	CALR (CALRETICULIN) (EG MYELOPROLIFERATIVE DISORDERS) GENE ANALYSIS COMMON VARIANTS IN EXON 9
81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG CYSTIC FIBROSIS) GENE ANALYSIS COMMON VARIANTS (EG ACMG ACOG GUIDELINES)
81221	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG CYSTIC FIBROSIS) GENE ANALYSIS KNOWN FAMILIAL VARIANTS
81222	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG CYSTIC FIBROSIS) GENE ANALYSIS DUPLICATION DELETION VARIANTS
81223	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG CYSTIC FIBROSIS) GENE ANALYSIS FULL GENE SEQUENCE
81224	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG CYSTIC FIBROSIS) GENE ANALYSIS INTRON 8 POLY-T ANALYSIS (EG MALE INFERTILITY)
81225	CYP2C19 (CYTOCHROME P450 FAMILY 2 SUBFAMILY C POLYPEPTIDE 19) (EG DRUG METABOLISM) GENE ANALYSIS COMMON VARIANTS (EG 2 3 4 8 17)
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)
81227	CYP2C9 (CYTOCHROME P450 FAMILY 2 SUBFAMILY C POLYPEPTIDE 9) (EG DRUG METABOLISM) GENE ANALYSIS COMMON VARIANTS (EG 2 3 5 6)
81228	CYTOGENOMIC (GENOME-WIDE) ANALYSIS FOR CONSTITUTIONAL CHROMOSOMAL ABNORMALITIES INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER VARIANTS COMPARATIVE GENOMIC HYBRIDIZATION [CGH] MICROARRAY ANALYSIS
81229	CYTOGENOMIC (GENOME-WIDE) ANALYSIS FOR CONSTITUTIONAL CHROMOSOMAL ABNORMALITIES INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS COMPARATIVE GENOMIC HYBRIDIZATION (CGH) MICROARRAY ANALYSIS

81230	CYP3A4 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 4) (EG DRUG METABOLISM) GENE ANALYSIS COMMON VARIANT(S) (EG 2 22)
81231	CYP3A5 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 5) (EG DRUG METABOLISM) GENE ANALYSIS COMMON VARIANTS (EG 2 3 4 5 6 7)
81232	DPYD (DIHYDROPYRIMIDINE DEHYDROGENASE) (EG 5-FLUOROURACIL 5-FU AND CAPECITABINE DRUG METABOLISM) GENE ANALYSIS COMMON VARIANT(S) (EG 2A 4 5 6)
81233	BTK (BRUTON S TYROSINE KINASE) (EG CHRONIC LYMPHOCYTIC LEUKEMIA) GENE ANALYSIS COMMON VARIANTS (EG C481S C481R C481F)
81234	DMPK (DM1 PROTEIN KINASE) (EG MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS EVALUATION TO DETECT ABNORMAL (EXPANDED) ALLELES
81235	EGFR (EPIDERMAL GROWTH FACTOR RECEPTOR) (EG NON-SMALL CELL LUNG CANCER) GENE ANALYSIS COMMON VARIANTS (EG EXON 19 LREA DELETION L858R T790M G719A G719S L861Q)
81236	EZH2 (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) (EG MYELODYSPLASTIC SYNDROME MYELOPROLIFERATIVE NEOPLASMS) GENE ANALYSIS FULL GENE SEQUENCE
81237	EZH2 (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) (EG DIFFUSE LARGE B-CELL LYMPHOMA) GENE ANALYSIS COMMON VARIANT(S) (EG CODON 646)
81238	F9 (COAGULATION FACTOR IX) (EG HEMOPHILIA B) FULL GENE SEQUENCE
81239	DMPK (DM1 PROTEIN KINASE) (EG MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS CHARACTERIZATION OF ALLELES (EG EXPANDED SIZE)
81240	F2 (PROTHROMBIN COAGULATION FACTOR II) (EG HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS 20210G A VARIANT
81241	F5 (COAGULATION FACTOR V) (EG HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS LEIDEN VARIANT
81242	FANCC (FANCONI ANEMIA COMPLEMENTATION GROUP C) (EG FANCONI ANEMIA TYPE C) GENE ANALYSIS COMMON VARIANT (EG IVS4+4A T)
81243	FMR1 (FRAGILE X MESSENGER RIBONUCLEOPROTEIN 1) (EG FRAGILE X SYNDROME X-LINKED INTELLECTUAL DISABILITY [XLID]) GENE ANALYSIS EVALUATION TO DETECT ABNORMAL (EG EXPANDED) ALLELES
81244	FMR1 (FRAGILE X MESSENGER RIBONUCLEOPROTEIN 1) (EG FRAGILE X SYNDROME X-LINKED INTELLECTUAL DISABILITY [XLID]) GENE ANALYSIS CHARACTERIZATION OF ALLELES (EG EXPANDED SIZE AND PROMOTER METHYLATION STATUS)
81245	FLT3 (FMS-RELATED TYROSINE KINASE 3) (EG ACUTE MYELOID LEUKEMIA) GENE ANALYSIS INTERNAL TANDEM DUPLICATION (ITD) VARIANTS (IE EXONS 14 15)
81246	FLT3 (FMS-RELATED TYROSINE KINASE 3) (EG ACUTE MYELOID LEUKEMIA) GENE ANALYSIS TYROSINE KINASE DOMAIN (TKD) VARIANTS (EG D835 I836)

81247	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG HEMOLYTIC ANEMIA JAUNDICE) GENE ANALYSIS COMMON VARIANT(S) (EG A A-)
81248	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG HEMOLYTIC ANEMIA JAUNDICE) GENE ANALYSIS KNOWN FAMILIAL VARIANT(S)
81249	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG HEMOLYTIC ANEMIA JAUNDICE) GENE ANALYSIS FULL GENE SEQUENCE
81250	G6PC (GLUCOSE-6-PHOSPHATASE CATALYTIC SUBUNIT) (EG GLYCOGEN STORAGE DISEASE TYPE 1A VON GIERKE DISEASE) GENE ANALYSIS COMMON VARIANTS (EG R83C Q347X)
81251	GBA (GLUCOSIDASE BETA ACID) (EG GAUCHER DISEASE) GENE ANALYSIS COMMON VARIANTS (EG N370S 84GG L444P IVS2+1G A)
81252	GJB2 (GAP JUNCTION PROTEIN BETA 2 26KDA CONNEXIN 26) (EG NONSYNDROMIC HEARING LOSS) GENE ANALYSIS FULL GENE SEQUENCE
81253	GJB2 (GAP JUNCTION PROTEIN BETA 2 26KDA CONNEXIN 26) (EG NONSYNDROMIC HEARING LOSS) GENE ANALYSIS KNOWN FAMILIAL VARIANTS
81254	GJB6 (GAP JUNCTION PROTEIN BETA 6 30KDA CONNEXIN 30) (EG NONSYNDROMIC HEARING LOSS) GENE ANALYSIS COMMON VARIANTS (EG 309KB [DEL(GJB6-D13S1830)] AND 232KB [DEL(GJB6-D13S1854)])
81255	HEXA (HEXOSAMINIDASE A [ALPHA POLYPEPTIDE]) (EG TAY-SACHS DISEASE) GENE ANALYSIS COMMON VARIANTS (EG 1278INSTATC 1421+1G C G269S)
81256	HFE (HEMOCHROMATOSIS) (EG HEREDITARY HEMOCHROMATOSIS) GENE ANALYSIS COMMON VARIANTS (EG C282Y H63D)
81257	HBA1 HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG ALPHA THALASSEMIA HB BART HYDROPS FETALIS SYNDROME HBH DISEASE) GENE ANALYSIS COMMON DELETIONS OR VARIANT (EG SOUTHEAST ASIAN THAI FILIPINO MEDITERRANEAN ALPHA3.7 ALPHA4.2 ALPHA20.5 CONSTANT SPRING)
81258	HBA1 HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG ALPHA THALASSEMIA HB BART HYDROPS FETALIS SYNDROME HBH DISEASE) GENE ANALYSIS KNOWN FAMILIAL VARIANT
81259	HBA1 HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG ALPHA THALASSEMIA HB BART HYDROPS FETALIS SYNDROME HBH DISEASE) GENE ANALYSIS FULL GENE SEQUENCE
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)
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)

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)
81263	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG LEUKEMIA AND LYMPHOMA B-CELL) VARIABLE REGION SOMATIC MUTATION ANALYSIS
81264	IGK@ (IMMUNOGLOBULIN KAPPA LIGHT CHAIN LOCUS) (EG LEUKEMIA AND LYMPHOMA B-CELL) GENE REARRANGEMENT ANALYSIS EVALUATION TO DETECT ABNORMAL CLONAL POPULATION(S)
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)
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)
81267	CHIMERISM (ENGRAFTMENT) ANALYSIS POST TRANSPLANTATION SPECIMEN (EG HEMATOPOIETIC STEM CELL) INCLUDES COMPARISON TO PREVIOUSLY PERFORMED BASELINE ANALYSES WITHOUT CELL SELECTION
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
81269	HBA1 HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG ALPHA THALASSEMIA HB BART HYDROPS FETALIS SYNDROME HBH DISEASE) GENE ANALYSIS DUPLICATION DELETION VARIANTS
81270	JAK2 (JANUS KINASE 2) (EG MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS P.VAL617PHE (V617F) VARIANT
81271	HTT (HUNTINGTIN) (EG HUNTINGTON DISEASE) GENE ANALYSIS EVALUATION TO DETECT ABNORMAL (EG EXPANDED) ALLELES
81272	KIT (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG) (EG GASTROINTESTINAL STROMAL TUMOR [GIST] ACUTE MYELOID LEUKEMIA MELANOMA) GENE ANALYSIS TARGETED SEQUENCE ANALYSIS (EG EXONS 8 11 13 17 18)
81273	KIT (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG) (EG MASTOCYTOSIS) GENE ANALYSIS D816 VARIANT(S)
81274	HTT (HUNTINGTIN) (EG HUNTINGTON DISEASE) GENE ANALYSIS CHARACTERIZATION OF ALLELES (EG EXPANDED SIZE)

81275	KRAS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG) (EG CARCINOMA) GENE ANALYSIS VARIANTS IN EXON 2 (EG CODONS 12 AND 13)
81276	KRAS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG) (EG CARCINOMA) GENE ANALYSIS ADDITIONAL VARIANT(S) (EG CODON 61 CODON 146)
81277	CYTOGENOMIC NEOPLASIA (GENOME-WIDE) MICROARRAY ANALYSIS INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND LOSS-OF-HETEROZYGOSITY VARIANTS FOR CHROMOSOMAL ABNORMALITIES
81278	IGH@ BCL2 (T(14 18)) (EG FOLLICULAR LYMPHOMA) TRANSLOCATION ANALYSIS MAJOR BREAKPOINT REGION (MBR) AND MINOR CLUSTER REGION (MCR) BREAKPOINTS QUALITATIVE OR QUANTITATIVE
81279	JAK2 (JANUS KINASE 2) (EG MYELOPROLIFERATIVE DISORDER) TARGETED SEQUENCE ANALYSIS (EG EXONS 12 AND 13)
81283	IFNL3 (INTERFERON LAMBDA 3) (EG DRUG RESPONSE) GENE ANALYSIS RS12979860 VARIANT
81284	FXN (FRATAXIN) (EG FRIEDREICH ATAXIA) GENE ANALYSIS EVALUATION TO DETECT ABNORMAL (EXPANDED) ALLELES
81285	FXN (FRATAXIN) (EG FRIEDREICH ATAXIA) GENE ANALYSIS CHARACTERIZATION OF ALLELES (EG EXPANDED SIZE)
81286	FXN (FRATAXIN) (EG FRIEDREICH ATAXIA) GENE ANALYSIS FULL GENE SEQUENCE
81287	MGMT (O-6-METHYLGUANINE-DNA METHYLTRANSFERASE) (EG GLIOBLASTOMA MULTIFORME) PROMOTER METHYLATION ANALYSIS
81288	MLH1 (MUTL HOMOLOG 1 COLON CANCER NONPOLYPOSIS TYPE 2) (EG HEREDITARY NON-POLYPOSIS COLORECTAL CANCER LYNCH SYNDROME) GENE ANALYSIS PROMOTER METHYLATION ANALYSIS
81289	FXN (FRATAXIN) (EG FRIEDREICH ATAXIA) GENE ANALYSIS KNOWN FAMILIAL VARIANT(S)
81290	MCOLN1 (MUCOLIPIN 1) (EG MUCOLIPIDOSIS TYPE IV) GENE ANALYSIS COMMON VARIANTS (EG IVS3-2A G DEL6.4KB)
81291	MTHFR (5 10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS COMMON VARIANTS (EG 677T 1298C)
81292	MLH1 (MUTL HOMOLOG 1 COLON CANCER NONPOLYPOSIS TYPE 2) (EG HEREDITARY NON-POLYPOSIS COLORECTAL CANCER LYNCH SYNDROME) GENE ANALYSIS FULL SEQUENCE ANALYSIS
81293	MLH1 (MUTL HOMOLOG 1 COLON CANCER NONPOLYPOSIS TYPE 2) (EG HEREDITARY NON-POLYPOSIS COLORECTAL CANCER LYNCH SYNDROME) GENE ANALYSIS KNOWN FAMILIAL VARIANTS
81294	MLH1 (MUTL HOMOLOG 1 COLON CANCER NONPOLYPOSIS TYPE 2) (EG HEREDITARY NON-POLYPOSIS COLORECTAL CANCER LYNCH SYNDROME) GENE ANALYSIS DUPLICATION DELETION VARIANTS
81295	MSH2 (MUTS HOMOLOG 2 COLON CANCER NONPOLYPOSIS TYPE 1) (EG HEREDITARY NON-POLYPOSIS COLORECTAL CANCER LYNCH SYNDROME) GENE ANALYSIS FULL SEQUENCE ANALYSIS

81296	MSH2 (MUTS HOMOLOG 2 COLON CANCER NONPOLYPOSIS TYPE 1) (EG HEREDITARY NON-POLYPOSIS COLORECTAL CANCER LYNCH SYNDROME) GENE ANALYSIS KNOWN FAMILIAL VARIANTS
81297	MSH2 (MUTS HOMOLOG 2 COLON CANCER NONPOLYPOSIS TYPE 1) (EG HEREDITARY NON-POLYPOSIS COLORECTAL CANCER LYNCH SYNDROME) GENE ANALYSIS DUPLICATION DELETION VARIANTS
81298	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG HEREDITARY NON-POLYPOSIS COLORECTAL CANCER LYNCH SYNDROME) GENE ANALYSIS FULL SEQUENCE ANALYSIS
81299	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG HEREDITARY NON-POLYPOSIS COLORECTAL CANCER LYNCH SYNDROME) GENE ANALYSIS KNOWN FAMILIAL VARIANTS
81300	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG HEREDITARY NON-POLYPOSIS COLORECTAL CANCER LYNCH SYNDROME) GENE ANALYSIS DUPLICATION DELETION VARIANTS
81301	MICROSATELLITE INSTABILITY ANALYSIS (EG HEREDITARY NON-POLYPOSIS COLORECTAL CANCER LYNCH SYNDROME) OF MARKERS FOR MISMATCH REPAIR DEFICIENCY (EG BAT25 BAT26) INCLUDES COMPARISON OF NEOPLASTIC AND NORMAL TISSUE IF PERFORMED
81302	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG RETT SYNDROME) GENE ANALYSIS FULL SEQUENCE ANALYSIS
81303	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG RETT SYNDROME) GENE ANALYSIS KNOWN FAMILIAL VARIANT
81304	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG RETT SYNDROME) GENE ANALYSIS DUPLICATION DELETION VARIANTS
81305	MYD88 (MYELOID DIFFERENTIATION PRIMARY RESPONSE 88) (EG WALDENSTROM S MACROGLOBULINEMIA LYMPHOPLASMACYTIC LEUKEMIA) GENE ANALYSIS P.LEU265PRO (L265P) VARIANT
81306	NUDT15 (NUDIX HYDROLASE 15) (EG DRUG METABOLISM) GENE ANALYSIS COMMON VARIANT(S) (EG 2 3 4 5 6)
81307	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG BREAST AND PANCREATIC CANCER) GENE ANALYSIS FULL GENE SEQUENCE
81308	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG BREAST AND PANCREATIC CANCER) GENE ANALYSIS KNOWN FAMILIAL VARIANT
81309	PIK3CA (PHOSPHATIDYLINOSITOL-4 5-BIPHOSPHATE 3-KINASE CATALYTIC SUBUNIT ALPHA) (EG COLORECTAL AND BREAST CANCER) GENE ANALYSIS TARGETED SEQUENCE ANALYSIS (EG EXONS 7 9 20)
81310	NPM1 (NUCLEOPHOSMIN) (EG ACUTE MYELOID LEUKEMIA) GENE ANALYSIS EXON 12 VARIANTS
81311	NRAS (NEUROBLASTOMA RAS VIRAL [V-RAS] ONCOGENE HOMOLOG) (EG COLORECTAL CARCINOMA) GENE ANALYSIS VARIANTS IN EXON 2 (EG CODONS 12 AND 13) AND EXON 3 (EG CODON 61)
81312	PABPN1 (POLY[A] BINDING PROTEIN NUCLEAR 1) (EG OCULOPHARYNGEAL MUSCULAR DYSTROPHY) GENE ANALYSIS EVALUATION TO DETECT ABNORMAL (EG EXPANDED) ALLELES

81313	PCA3 KLK3 (PROSTATE CANCER ANTIGEN 3 [NON-PROTEIN CODING] KALLIKREIN-RELATED PEPTIDASE 3 [PROSTATE SPECIFIC ANTIGEN]) RATIO (EG PROSTATE CANCER)
81314	PDGFRA (PLATELET-DERIVED GROWTH FACTOR RECEPTOR ALPHA POLYPEPTIDE) (EG GASTROINTESTINAL STROMAL TUMOR [GIST]) GENE ANALYSIS TARGETED SEQUENCE ANALYSIS (EG EXONS 12 18)
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
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
81317	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG HEREDITARY NON-POLYPOSIS COLORECTAL CANCER LYNCH SYNDROME) GENE ANALYSIS FULL SEQUENCE ANALYSIS
81318	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG HEREDITARY NON-POLYPOSIS COLORECTAL CANCER LYNCH SYNDROME) GENE ANALYSIS KNOWN FAMILIAL VARIANTS
81319	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG HEREDITARY NON-POLYPOSIS COLORECTAL CANCER LYNCH SYNDROME) GENE ANALYSIS DUPLICATION DELETION VARIANTS
81320	PLCG2 (PHOSPHOLIPASE C GAMMA 2) (EG CHRONIC LYMPHOCYTIC LEUKEMIA) GENE ANALYSIS COMMON VARIANTS (EG R665W S707F L845F)
81321	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG COWDEN SYNDROME PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS FULL SEQUENCE ANALYSIS
81322	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG COWDEN SYNDROME PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS KNOWN FAMILIAL VARIANT
81323	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG COWDEN SYNDROME PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS DUPLICATION DELETION VARIANT
81324	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG CHARCOT-MARIE-TOOTH HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS DUPLICATION DELETION ANALYSIS
81325	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG CHARCOT-MARIE-TOOTH HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS FULL SEQUENCE ANALYSIS
81326	PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG CHARCOT-MARIE-TOOTH HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE PALSIES) GENE ANALYSIS KNOWN FAMILIAL VARIANT
81327	SEPT9 (SEPTIN9) (EG COLORECTAL CANCER) PROMOTER METHYLATION ANALYSIS
81328	SLCO1B1 (SOLUTE CARRIER ORGANIC ANION TRANSPORTER FAMILY MEMBER 1B1) (EG ADVERSE DRUG REACTION) GENE ANALYSIS COMMON VARIANT(S) (EG 5)

81329	SMN1 (SURVIVAL OF MOTOR NEURON 1 TELOMERIC) (EG SPINAL MUSCULAR ATROPHY) GENE ANALYSIS DOSAGE DELETION ANALYSIS (EG CARRIER TESTING) INCLUDES SMN2 (SURVIVAL OF MOTOR NEURON 2 CENTROMERIC) ANALYSIS IF PERFORMED
81330	SMPD1(SPHINGOMYELIN PHOSPHODIESTERASE 1 ACID LYSOSOMAL) (EG NIEMANN-PICK DISEASE TYPE A) GENE ANALYSIS COMMON VARIANTS (EG R496L L302P FSP330)
81331	SNRPN UBE3A (SMALL NUCLEAR RIBONUCLEOPROTEIN POLYPEPTIDE N AND UBIQUITIN PROTEIN LIGASE E3A) (EG PRADER-WILLI SYNDROME AND OR ANGELMAN SYNDROME) METHYLATION ANALYSIS
81332	SERPINA1 (SERPIN PEPTIDASE INHIBITOR CLADE A ALPHA-1 ANTIPROTEINASE ANTITRYPSIN MEMBER 1) (EG ALPHA-1-ANTITRYPSIN DEFICIENCY) GENE ANALYSIS COMMON VARIANTS (EG S AND Z)
81333	TGFBI (TRANSFORMING GROWTH FACTOR BETA-INDUCED) (EG CORNEAL DYSTROPHY) GENE ANALYSIS COMMON VARIANTS (EG R124H R124C R124L R555W R555Q)
81334	RUNX1 (RUNT RELATED TRANSCRIPTION FACTOR 1) (EG ACUTE MYELOID LEUKEMIA FAMILIAL PLATELET DISORDER WITH ASSOCIATED MYELOID MALIGNANCY) GENE ANALYSIS TARGETED SEQUENCE ANALYSIS (EG EXONS 3-8)
81335	TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG DRUG METABOLISM) GENE ANALYSIS COMMON VARIANTS (EG 2 3)
81336	SMN1 (SURVIVAL OF MOTOR NEURON 1 TELOMERIC) (EG SPINAL MUSCULAR ATROPHY) GENE ANALYSIS FULL GENE SEQUENCE
81337	SMN1 (SURVIVAL OF MOTOR NEURON 1 TELOMERIC) (EG SPINAL MUSCULAR ATROPHY) GENE ANALYSIS KNOWN FAMILIAL SEQUENCE VARIANT(S)
81338	MPL (MPL PROTO-ONCOGENE THROMBOPOIETIN RECEPTOR) (EG MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS COMMON VARIANTS (EG W515A W515K W515L W515R)
81339	MPL (MPL PROTO-ONCOGENE THROMBOPOIETIN RECEPTOR) (EG MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS SEQUENCE ANALYSIS EXON 10
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)
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)
81342	TRG@ (T CELL ANTIGEN RECEPTOR GAMMA) (EG LEUKEMIA AND LYMPHOMA) GENE REARRANGEMENT ANALYSIS EVALUATION TO DETECT ABNORMAL CLONAL POPULATION(S)
81343	PPP2R2B (PROTEIN PHOSPHATASE 2 REGULATORY SUBUNIT BBETA) (EG SPINOCEREBELLAR ATAXIA) GENE ANALYSIS EVALUATION TO DETECT ABNORMAL (EG EXPANDED) ALLELES

81344	TBP (TATA BOX BINDING PROTEIN) (EG SPINOCEREBELLAR ATAXIA) GENE ANALYSIS EVALUATION TO DETECT ABNORMAL (EG EXPANDED) ALLELES
81345	TERT (TELOMERASE REVERSE TRANSCRIPTASE) (EG THYROID CARCINOMA GLIOBLASTOMA MULTIFORME) GENE ANALYSIS TARGETED SEQUENCE ANALYSIS (EG PROMOTER REGION)
81346	TYMS (THYMIDYLATE SYNTHETASE) (EG 5-FLUOROURACIL 5-FU DRUG METABOLISM) GENE ANALYSIS COMMON VARIANT(S) (EG TANDEM REPEAT VARIANT)
81347	SF3B1 (SPLICING FACTOR [3B] SUBUNIT B1) (EG MYELODYSPLASTIC SYNDROME ACUTE MYELOID LEUKEMIA) GENE ANALYSIS COMMON VARIANTS (EG A672T E622D L833F R625C R625L)
81348	SRSF2 (SERINE AND ARGININE-RICH SPLICING FACTOR 2) (EG MYELODYSPLASTIC SYNDROME ACUTE MYELOID LEUKEMIA) GENE ANALYSIS COMMON VARIANTS (EG P95H P95L)
81349	CYTOGENOMIC (GENOME-WIDE) ANALYSIS FOR CONSTITUTIONAL CHROMOSOMAL ABNORMALITIES INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND LOSS-OF-HETEROZYGOSITY VARIANTS LOW-PASS SEQUENCING ANALYSIS
81350	UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY POLYPEPTIDE A1) (EG IRINOTECAN METABOLISM) GENE ANALYSIS COMMON VARIANTS (EG 28 36 37)
81351	TP53 (TUMOR PROTEIN 53) (EG LI-FRAUMENI SYNDROME) GENE ANALYSIS FULL GENE SEQUENCE
81352	TP53 (TUMOR PROTEIN 53) (EG LI-FRAUMENI SYNDROME) GENE ANALYSIS TARGETED SEQUENCE ANALYSIS (EG 4 ONCOLOGY)
81353	TP53 (TUMOR PROTEIN 53) (EG LI-FRAUMENI SYNDROME) GENE ANALYSIS KNOWN FAMILIAL VARIANT
81354	CYTOGENOMIC (GENOME-WIDE) ANALYSIS FOR CONSTITUTIONAL CHROMOSOMAL ABNORMALITIES INTERROGATION OF STRUCTURAL AND COPY NUMBER VARIANTS OPTICAL GENOME MAPPING (OGM)
81355	VKORC1 (VITAMIN K EPOXIDE REDUCTASE COMPLEX SUBUNIT 1) (EG WARFARIN METABOLISM) GENE ANALYSIS COMMON VARIANT(S) (EG -1639G A C.173+1000C T)
81357	U2AF1 (U2 SMALL NUCLEAR RNA AUXILIARY FACTOR 1) (EG MYELODYSPLASTIC SYNDROME ACUTE MYELOID LEUKEMIA) GENE ANALYSIS COMMON VARIANTS (EG S34F S34Y Q157R Q157P)
81360	ZRSR2 (ZINC FINGER CCCH-TYPE RNA BINDING MOTIF AND SERINE ARGININE-RICH 2) (EG MYELODYSPLASTIC SYNDROME ACUTE MYELOID LEUKEMIA) GENE ANALYSIS COMMON VARIANT(S) (EG E65FS E122FS R448FS)
81361	HBB (HEMOGLOBIN SUBUNIT BETA) (EG SICKLE CELL ANEMIA BETA THALASSEMIA HEMOGLOBINOPATHY) COMMON VARIANT(S) (EG HBS HBC HBE)
81362	HBB (HEMOGLOBIN SUBUNIT BETA) (EG SICKLE CELL ANEMIA BETA THALASSEMIA HEMOGLOBINOPATHY) KNOWN FAMILIAL VARIANT(S)
81363	HBB (HEMOGLOBIN SUBUNIT BETA) (EG SICKLE CELL ANEMIA BETA THALASSEMIA HEMOGLOBINOPATHY) DUPLICATION DELETION VARIANT(S)

81364	HBB (HEMOGLOBIN SUBUNIT BETA) (EG SICKLE CELL ANEMIA BETA THALASSEMIA HEMOGLOBINOPATHY) FULL GENE SEQUENCE
81370	HLA CLASS I AND II TYPING LOW RESOLUTION (EG ANTIGEN EQUIVALENTS) HLA-A -B -C -DRB1 3 4 5 AND -DQB1
81371	HLA CLASS I AND II TYPING LOW RESOLUTION (EG ANTIGEN EQUIVALENTS) HLA-A -B AND -DRB1 (EG VERIFICATION TYPING)
81372	HLA CLASS I TYPING LOW RESOLUTION (EG ANTIGEN EQUIVALENTS) COMPLETE (IE HLA-A -B AND -C)
81373	HLA CLASS I TYPING LOW RESOLUTION (EG ANTIGEN EQUIVALENTS) ONE LOCUS (EG HLA-A -B OR -C) EACH
81374	HLA CLASS I TYPING LOW RESOLUTION (EG ANTIGEN EQUIVALENTS) ONE ANTIGEN EQUIVALENT (EG B 27) EACH
81375	HLA CLASS II TYPING LOW RESOLUTION (EG ANTIGEN EQUIVALENTS) HLA-DRB1 3 4 5 AND -DQB1
81376	HLA CLASS II TYPING LOW RESOLUTION (EG ANTIGEN EQUIVALENTS) ONE LOCUS (EG HLA-DRB1 -DRB3 4 5 -DQB1 -DQA1 -DPB1 OR -DPA1) EACH
81377	HLA CLASS II TYPING LOW RESOLUTION (EG ANTIGEN EQUIVALENTS) ONE ANTIGEN EQUIVALENT EACH
81378	HLA CLASS I AND II TYPING HIGH RESOLUTION (IE ALLELES OR ALLELE GROUPS) HLA-A -B -C AND -DRB1
81379	HLA CLASS I TYPING HIGH RESOLUTION (IE ALLELES OR ALLELE GROUPS) COMPLETE (IE HLA-A -B AND -C)
81380	HLA CLASS I TYPING HIGH RESOLUTION (IE ALLELES OR ALLELE GROUPS) ONE LOCUS (EG HLA-A -B OR -C) EACH
81381	HLA CLASS I TYPING HIGH RESOLUTION (IE ALLELES OR ALLELE GROUPS) ONE ALLELE OR ALLELE GROUP (EG B 57:01P) EACH
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
81383	HLA CLASS II TYPING HIGH RESOLUTION (IE ALLELES OR ALLELE GROUPS) ONE ALLELE OR ALLELE GROUP (EG HLA-DQB1 06:02P) EACH

81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1 (EG IDENTIFICATION OF SINGLE GERMLINE VARIANT [EG SNP] BY TECHNIQUES SUCH AS RESTRICTION ENZYME DIGESTION OR MELT CURVE ANALYSIS) ACADM (ACYL-COA DEHYDROGENASE C-4 TO C-12 STRAIGHT CHAIN MCAD) (EG MEDIUM CHAIN ACYL DEHYDROGENASE DEFICIENCY) K304E VARIANT ACE (ANGIOTENSIN CONVERTING ENZYME) (EG HEREDITARY BLOOD PRESSURE REGULATION) INSERTION DELETION VARIANT AGTR1 (ANGIOTENSIN II RECEPTOR TYPE 1) (EG ESSENTIAL HYPERTENSION) 1166A C VARIANT BCKDHA (BRANCHED CHAIN KETO ACID DEHYDROGENASE E1 ALPHA POLYPEPTIDE) (EG MAPLE SYRUP URINE DISEASE TYPE 1A) Y438N VARIANT CCR5 (CHEMOKINE C-C MOTIF RECEPTOR 5) (EG HIV RESISTANCE) 32-BP DELETION MUTATION 794 825DEL32 DELETION CLRN1 (CLARIN 1) (EG USHER SYNDROME TYPE 3) N48K VARIANT F2 (COAGULATION FACTOR 2) (EG HEREDITARY HYPERCOAGULABILITY) 1199G A VARIANT F5 (COAGULATION FACTOR V) (EG HEREDITARY HYPERCOAGULABILITY) HR2 VARIANT F7 (COAGULATION FACTOR VII [SERUM PROTHROMBIN CONVERSION ACCELERATOR]) (EG HEREDITARY HYPERCOAGULABILITY) R353Q VARIANT F13B (COAGULATION FACTOR XIII B POLYPEPTIDE) (EG HEREDITARY HYPERCOAGULABILITY) V34L VARIANT FGB (FIBRINOGEN BETA CHAIN) (EG HEREDITARY ISCHEMIC HEART DISEASE) -455G A VARIANT FGFR1 (FIBROBLAST GROWTH FACTOR RECEPTOR 1) (EG PFEIFFER SYNDROME TYPE 1 CRANIOSYNOSTOSIS) P252R VARIANT FGFR3 (FIBROBLAST GROWTH FACTOR RECEPTOR 3) (EG MUENKE SYNDROME) P250R VARIANT FKTN (FUKUTIN) (EG FUKUYAMA CONGENITAL MUSCULAR DYSTROPHY) RETROTRANSPOSON INSERTION VARIANT GNE (GLUCOSAMINE [UDP-N-ACETYL]-2-EPIMERASE N-ACETYLMANNOSAMINE KINASE) (EG INCLUSION BODY MYOPATHY 2 [IBM2] NONAKA MYOPATHY) M712T VARIANT IVD (ISOVALERYL-COA DEHYDROGENASE) (EG ISOVALERIC ACIDEMIA) A282V VARIANT LCT (LACTASE-PHLORIZIN HYDROLASE) (EG LACTOSE INTOLERANCE) 13910 C T VARIANT NEB (NEBULIN) (EG NEMALINE MYOPATHY 2) EXON 55 DELETION VARIANT PCDH15 (PROTOCADHERIN-RELATED 15) (EG USHER SYNDROME TYPE 1F) R245X VARIANT SERPINE1 (SERPINE PEPTIDASE INHIBITOR CLADE E MEMBER 1 PLASMINOGEN ACTIVATOR INHIBITOR -1 PAI-1) (EG THROMBOPHILIA) 4G VARIANT SHOC2 (SOC-2 SUPPRESSOR OF CLEAR HOMOLOG) (EG NOONAN-LIKE SYNDROME WITH LOOSE ANAGEN HAIR) S2G VARIANT SRY (SEX DETERMINING REGION Y) (EG 46 XX TESTICULAR DISORDER OF SEX DEVELOPMENT GONADAL DYSGENESIS) GENE ANALYSIS TOR1A (TORSIN FAMILY 1 MEMBER A [TORSIN A]) (EG EARLY-ONSET PRIMARY DYSTONIA [DYT1]) 907_909DELGAG (904_906DELGAG) VARIANT
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)
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3 (EG 10 SNPS 2-10 METHYLATED VARIANTS OR 2-10 SOMATIC VARIANTS [TYPICALLY USING NON-SEQUENCING TARGET VARIANT ANALYSIS] IMMUNOGLOBULIN AND T-CELL RECEPTOR GENE REARRANGEMENTS DUPLICATION DELETION VARIANTS OF 1 EXON LOSS OF HETEROZYGOSITY [LOH] UNIPARENTAL DISOMY [UPD])

81403	OF 10 AMPLICONS USING MULTIPLEX PCR IN 2 OR MORE INDEPENDENT REACTIONS MUTATION SCANNING OR DUPLICATION DELETION VARIANTS OF 2-5 EXONS) ANG (ANGIOGENIN RIBONUCLEASE RNASE A FAMILY 5) (EG AMYOTROPHIC LATERAL SCLEROSIS) FULL GENE SEQUENCE ARX (ARISTALESS RELATED HOMEOBOX) (EG X-LINKED LISSENCEPHALY WITH AMBIGUOUS GENITALIA X-LINKED INTELLECTUAL DISABILITY) DUPLICATION DELETION ANALYSIS CEL (CARBOXYL ESTER LIPASE [BILE SALT-STIMULATED LIPASE]) (EG MATURITY-ONSET DIABETES OF THE YOUNG [MODY]) TARGETED SEQUENCE ANALYSIS OF EXON 11 (EG C.1785DELC C.1686DELT) CTNNB1 (CATENIN [CADHERIN-ASSOCIATED PROTEIN] BETA 1 88KDA) (EG DESMOID TUMORS) TARGETED SEQUENCE ANALYSIS (EG EXON 3) DAZ SRY (DELETED IN AZOOSPERMIA AND SEX DETERMINING REGION Y) (EG MALE INFERTILITY) COMMON DELETIONS (EG AZFA AZFB AZFC AZFD) DNMT3A (DNA [CYTOSINE-5-]-METHYLTRANSFERASE 3 ALPHA) (EG ACUTE MYELOID LEUKEMIA) TARGETED SEQUENCE ANALYSIS (EG EXON 23) EPCAM (EPITHELIAL CELL ADHESION MOLECULE) (EG LYNCH SYNDROME) DUPLICATION DELETION ANALYSIS F8 (COAGULATION FACTOR VIII) (EG HEMOPHILIA A) INVERSION ANALYSIS INTRON 1 AND INTRON 22A F12 (COAGULATION FACTOR XII [HAGEMAN FACTOR]) (EG ANGIOEDEMA HEREDITARY TYPE III FACTOR XII DEFICIENCY) TARGETED SEQUENCE ANALYSIS OF EXON 9 FGFR3 (FIBROBLAST GROWTH FACTOR RECEPTOR 3) (EG ISOLATED CRANIOSYNOSTOSIS) TARGETED SEQUENCE ANALYSIS (EG EXON 7) (FOR TARGETED SEQUENCE ANALYSIS OF MULTIPLE FGFR3 EXONS USE 81404) GJB1 (GAP JUNCTION PROTEIN BETA 1) (EG CHARCOT-MARIE-TOOTH X-LINKED) FULL GENE SEQUENCE GNAQ (GUANINE NUCLEOTIDE-BINDING PROTEIN G[Q] SUBUNIT ALPHA) (EG UVEAL MELANOMA) COMMON VARIANTS (EG R183 Q209) HUMAN ERYTHROCYTE ANTIGEN GENE ANALYSES (EG SLC14A1 [KIDD BLOOD GROUP] BCAM [LUTHERAN BLOOD GROUP] ICAM4 [LANDSTEINER-WIENER BLOOD GROUP] SLC4A1 [DIEGO BLOOD GROUP] AQP1 [COLTON BLOOD GROUP] ERMAP [SCIANNA BLOOD GROUP] RHCE [RH BLOOD GROUP CCEE ANTIGENS] KEL [KELL BLOOD GROUP] DARC [DUFFY BLOOD GROUP] GYPA GYPB GYPE [MNS BLOOD GROUP] ART4 [DOMBROCK BLOOD GROUP]) (EG SICKLE-CELL DISEASE THALASSEMIA HEMOLYTIC TRANSFUSION REACTIONS HEMOLYTIC DISEASE OF THE FETUS OR NEWBORN) COMMON VARIANTS HRAS (V-HA-RAS HARVEY RAT SARCOMA VIRAL ONCOGENE HOMOLOG) (EG COSTELLO SYNDROME) EXON 2 SEQUENCE KCNC3 (POTASSIUM VOLTAGE-GATED CHANNEL SHAW-RELATED SUBFAMILY MEMBER 3) (EG SPINOCEREBELLAR ATAXIA) TARGETED SEQUENCE ANALYSIS (EG EXON 2) KCNJ2 (POTASSIUM INWARDLY-RECTIFYING CHANNEL SUBFAMILY J MEMBER 2) (EG AND ERSEN-TAWIL SYNDROME) FULL GENE SEQUENCE KCNJ11 (POTASSIUM INWARDLY-RECTIFYING CHANNEL SUBFAMILY J MEMBER 11) (EG FAMILIAL HYPERINSULINISM) FULL GENE SEQUENCE KILLER CELL IMMUNOGLOBULIN-LIKE RECEPTOR (KIR) GENE FAMILY (EG

81404	SCANNING OR DUPLICATION DELETION VARIANTS OF 6-10 EXONS OR CHARACTERIZATION OF A DYNAMIC MUTATION DISORDER TRIPLET REPEAT BY SOUTHERN BLOT ANALYSIS) ACADS (ACYL-COA DEHYDROGENASE C-2 TO C-3 SHORT CHAIN) (EG SHORT CHAIN ACYL-COA DEHYDROGENASE DEFICIENCY) TARGETED SEQUENCE ANALYSIS (EG EXONS 5 AND 6) AQP2 (AQUAPORIN 2 [COLLECTING DUCT]) (EG NEPHROGENIC DIABETES INSIPIDUS) FULL GENE SEQUENCE ARX (ARISTALESS RELATED HOMEOBOX) (EG X-LINKED LISSENCEPHALY WITH AMBIGUOUS GENITALIA X-LINKED INTELLECTUAL DISABILITY) FULL GENE SEQUENCE AVPR2 (ARGININE VASOPRESSIN RECEPTOR 2) (EG NEPHROGENIC DIABETES INSIPIDUS) FULL GENE SEQUENCE BBS10 (BARDET-BIEDL SYNDROME 10) (EG BARDET-BIEDL SYNDROME) FULL GENE SEQUENCE BTD (BIOTINIDASE) (EG BIOTINIDASE DEFICIENCY) FULL GENE SEQUENCE C10ORF2 (CHROMOSOME 10 OPEN READING FRAME 2) (EG MITOCHONDRIAL DNA DEPLETION SYNDROME) FULL GENE SEQUENCE CAV3 (CAVEOLIN 3) (EG CAV3-RELATED DISTAL MYOPATHY LIMB-GIRDLE MUSCULAR DYSTROPHY TYPE 1C) FULL GENE SEQUENCE CD40LG (CD40 LIGAND) (EG X-LINKED HYPER IGM SYNDROME) FULL GENE SEQUENCE CDKN2A (CYCLIN-DEPENDENT KINASE INHIBITOR 2A) (EG CDKN2A-RELATED CUTANEOUS MALIGNANT MELANOMA FAMILIAL ATYPICAL MOLE-MALIGNANT MELANOMA SYNDROME) FULL GENE SEQUENCE CLRN1 (CLARIN 1) (EG USHER SYNDROME TYPE 3) FULL GENE SEQUENCE COX6B1 (CYTOCHROME C OXIDASE SUBUNIT VIB POLYPEPTIDE 1) (EG MITOCHONDRIAL RESPIRATORY CHAIN COMPLEX IV DEFICIENCY) FULL GENE SEQUENCE CPT2 (CARNITINE PALMITOYLTRANSFERASE 2) (EG CARNITINE PALMITOYLTRANSFERASE II DEFICIENCY) FULL GENE SEQUENCE CRX (CONE-ROD HOMEOBOX) (EG CONE-ROD DYSTROPHY 2 LEBER CONGENITAL AMAUROSIS) FULL GENE SEQUENCE CYP1B1 (CYTOCHROME P450 FAMILY 1 SUBFAMILY B POLYPEPTIDE 1) (EG PRIMARY CONGENITAL GLAUCOMA) FULL GENE SEQUENCE EGR2 (EARLY GROWTH RESPONSE 2) (EG CHARCOT-MARIE-TOOTH) FULL GENE SEQUENCE EMD (EMERIN) (EG EMERY-DREIFUSS MUSCULAR DYSTROPHY) DUPLICATION DELETION ANALYSIS EPM2A (EPILEPSY PROGRESSIVE MYOCLONUS TYPE 2A LAFORA DISEASE [LAFORIN]) (EG PROGRESSIVE MYOCLONUS EPILEPSY) FULL GENE SEQUENCE FGF23 (FIBROBLAST GROWTH FACTOR 23) (EG HYPOPHOSPHATEMIC RICKETS) FULL GENE SEQUENCE FGFR2 (FIBROBLAST GROWTH FACTOR RECEPTOR 2) (EG CRANIOSYNOSTOSIS APERT SYNDROME CROUZON SYNDROME) TARGETED SEQUENCE ANALYSIS (EG EXONS 8 10) FGFR3 (FIBROBLAST GROWTH FACTOR RECEPTOR 3) (EG ACHONDROPLASIA HYPOCHONDROPLASIA) TARGETED SEQUENCE ANALYSIS (EG EXONS 8 11 12 13) FHL1 (FOUR AND A HALF LIM DOMAINS 1) (EG EMERY-DREIFUSS MUSCULAR DYSTROPHY) FULL GENE SEQUENCE FKRP (FUKUTIN RELATED PROTEIN) (EG CONGENITAL MUSCULAR DYSTROPHY TYPE 1C [MDC1C] LIMB-GIRDLE MUSCULAR DYSTROPHY [LGMD] TYPE 2I) FULL GENE SEQUENCE FOXG1 (FORKHEAD BOX G1)

	SCANNING OR DUPLICATION DELETION VARIANTS OF 11-25 EXONS REGIONALLY TARGETED CYTOGENOMIC ARRAY ANALYSIS) ABCD1 (ATP-BINDING CASSETTE SUB-FAMILY D [ALD] MEMBER 1) (EG ADRENOLEUKODYSTROPHY) FULL GENE SEQUENCE ACADS (ACYL-COA DEHYDROGENASE C-2 TO C-3 SHORT CHAIN) (EG SHORT CHAIN ACYL-COA DEHYDROGENASE DEFICIENCY) FULL GENE SEQUENCE ACTA2 (ACTIN ALPHA 2 SMOOTH MUSCLE AORTA) (EG THORACIC AORTIC ANEURYSMS AND AORTIC DISSECTIONS) FULL GENE SEQUENCE ACTC1 (ACTIN ALPHA CARDIAC MUSCLE 1) (EG FAMILIAL HYPERTROPHIC CARDIOMYOPATHY) FULL GENE SEQUENCE ANKRD1 (ANKYRIN REPEAT DOMAIN 1) (EG DILATED CARDIOMYOPATHY) FULL GENE SEQUENCE APTX (APRATAXIN) (EG ATAXIA WITH OCULOMOTOR APRAXIA 1) FULL GENE SEQUENCE ARSA (ARYLSULFATASE A) (EG ARYLSULFATASE A DEFICIENCY) FULL GENE SEQUENCE BCKDHA (BRANCHED CHAIN KETO ACID DEHYDROGENASE E1 ALPHA POLYPEPTIDE) (EG MAPLE SYRUP URINE DISEASE TYPE 1A) FULL GENE SEQUENCE BCS1L (BCS1-LIKE [S. CEREVISIAE]) (EG LEIGH SYNDROME MITOCHONDRIAL COMPLEX III DEFICIENCY GRACILE SYNDROME) FULL GENE SEQUENCE BMPR2 (BONE MORPHOGENETIC PROTEIN RECEPTOR TYPE II [SERINE THREONINE KINASE]) (EG HERITABLE PULMONARY ARTERIAL HYPERTENSION) DUPLICATION DELETION ANALYSIS CASQ2 (CALSEQUESTRIN 2 [CARDIAC MUSCLE]) (EG CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA) FULL GENE SEQUENCE CASR (CALCIUM-SENSING RECEPTOR) (EG HYPOCALCEMIA) FULL GENE SEQUENCE CDKL5 (CYCLIN-DEPENDENT KINASE-LIKE 5) (EG EARLY INFANTILE EPILEPTIC ENCEPHALOPATHY) DUPLICATION DELETION ANALYSIS CHRNA4 (CHOLINERGIC RECEPTOR NICOTINIC ALPHA 4) (EG NOCTURNAL FRONTAL LOBE EPILEPSY) FULL GENE SEQUENCE CHRNB2 (CHOLINERGIC RECEPTOR NICOTINIC BETA 2 [NEURONAL]) (EG NOCTURNAL FRONTAL LOBE EPILEPSY) FULL GENE SEQUENCE COX10 (COX10 HOMOLOG CYTOCHROME C OXIDASE ASSEMBLY PROTEIN) (EG MITOCHONDRIAL RESPIRATORY CHAIN COMPLEX IV DEFICIENCY) FULL GENE SEQUENCE COX15 (COX15 HOMOLOG CYTOCHROME C OXIDASE ASSEMBLY PROTEIN) (EG MITOCHONDRIAL RESPIRATORY CHAIN COMPLEX IV DEFICIENCY) FULL GENE SEQUENCE CPOX (COPROPORPHYRINOGEN OXIDASE) (EG HEREDITARY COPROPORPHYRIA) FULL GENE SEQUENCE CTRC (CHYMOTRYPSIN C) (EG HEREDITARY PANCREATITIS) FULL GENE SEQUENCE CYP11B1 (CYTOCHROME P450 FAMILY 11 SUBFAMILY B POLYPEPTIDE 1) (EG CONGENITAL ADRENAL HYPERPLASIA) FULL GENE SEQUENCE CYP17A1 (CYTOCHROME P450 FAMILY 17 SUBFAMILY A POLYPEPTIDE 1) (EG CONGENITAL ADRENAL HYPERPLASIA) FULL GENE SEQUENCE CYP21A2 (CYTOCHROME P450 FAMILY 21 SUBFAMILY A POLYPEPTIDE2) (EG STEROID 21-HYDROXYLASE ISOFORM CONGENITAL ADRENAL HYPERPLASIA) FULL GENE SEQUENCE CYTOGENOMIC CONSTITUTIONAL TARGETED
81405	MICROARRAY ANALYSIS OF CHROMOSOME 22Q13 BY INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND

81406	SCANNING OR DUPLICATION DELETION VARIANTS OF 26-50 EXONS) ACADVL (ACYL-COA DEHYDROGENASE VERY LONG CHAIN) (EG VERY LONG CHAIN ACYL-COENZYME A DEHYDROGENASE DEFICIENCY) FULL GENE SEQUENCE ACTN4 (ACTININ ALPHA 4) (EG FOCAL SEGMENTAL GLOMERULOSCLEROSIS) FULL GENE SEQUENCE AFG3L2 (AFG3 ATPASE FAMILY GENE 3-LIKE 2 [S. CEREVISIAE]) (EG SPINOCEREBELLAR ATAXIA) FULL GENE SEQUENCE AIRE (AUTOIMMUNE REGULATOR) (EG AUTOIMMUNE POLYENDOCRINOPATHY SYNDROME TYPE 1) FULL GENE SEQUENCE ALDH7A1 (ALDEHYDE DEHYDROGENASE 7 FAMILY MEMBER A1) (EG PYRIDOXINE-DEPENDENT EPILEPSY) FULL GENE SEQUENCE ANO5 (ANOCTAMIN 5) (EG LIMB-GIRDLE MUSCULAR DYSTROPHY) FULL GENE SEQUENCE ANOS1 (ANOSMIN-1) (EG KALLMANN SYNDROME 1) FULL GENE SEQUENCE APP (AMYLOID BETA [A4] PRECURSOR PROTEIN) (EG ALZHEIMER DISEASE) FULL GENE SEQUENCE ASS1 (ARGININOSUCCINATE SYNTHASE 1) (EG CITRULLINEMIA TYPE I) FULL GENE SEQUENCE ATL1 (ATLASTIN GTPASE 1) (EG SPASTIC PARAPLEGIA) FULL GENE SEQUENCE ATP1A2 (ATPASE NA+ K+ TRANSPORTING ALPHA 2 POLYPEPTIDE) (EG FAMILIAL HEMIPLEGIC MIGRAINE) FULL GENE SEQUENCE ATP7B (ATPASE CU++ TRANSPORTING BETA POLYPEPTIDE) (EG WILSON DISEASE) FULL GENE SEQUENCE BBS1 (BARDET-BIEDL SYNDROME 1) (EG BARDET-BIEDL SYNDROME) FULL GENE SEQUENCE BBS2 (BARDET-BIEDL SYNDROME 2) (EG BARDET-BIEDL SYNDROME) FULL GENE SEQUENCE BCKDHB (BRANCHED-CHAIN KETO ACID DEHYDROGENASE E1 BETA POLYPEPTIDE) (EG MAPLE SYRUP URINE DISEASE TYPE 1B) FULL GENE SEQUENCE BEST1 (BESTROPHIN 1) (EG VITELLIFORM MACULAR DYSTROPHY) FULL GENE SEQUENCE BMPR2 (BONE MORPHOGENETIC PROTEIN RECEPTOR TYPE II [SERINE THREONINE KINASE]) (EG HERITABLE PULMONARY ARTERIAL HYPERTENSION) FULL GENE SEQUENCE BRAF (B-RAF PROTO-ONCOGENE SERINE THREONINE KINASE) (EG NOONAN SYNDROME) FULL GENE SEQUENCE BSCL2 (BERARDINELLI-SEIP CONGENITAL LIPODYSTROPHY 2 [SEIPIN]) (EG BERARDINELLI-SEIP CONGENITAL LIPODYSTROPHY) FULL GENE SEQUENCE BTK (BRUTON AGAMMAGLOBULINEMIA TYROSINE KINASE) (EG X-LINKED AGAMMAGLOBULINEMIA) FULL GENE SEQUENCE CACNB2 (CALCIUM CHANNEL VOLTAGE-DEPENDENT BETA 2 SUBUNIT) (EG BRUGADA SYNDROME) FULL GENE SEQUENCE CAPN3 (CALPAIN 3) (EG LIMB-GIRDLE MUSCULAR DYSTROPHY [LGMD] TYPE 2A CALPAINOPATHY) FULL GENE SEQUENCE CBS (CYSTATHIONINE-BETA-SYNTHASE) (EG HOMOCYSTINURIA CYSTATHIONINE BETA-SYNTHASE DEFICIENCY) FULL GENE SEQUENCE CDH1 (CADHERIN 1 TYPE 1 E-CADHERIN [EPITHELIAL]) (EG HEREDITARY DIFFUSE GASTRIC CANCER) FULL GENE SEQUENCE CDKL5 (CYCLIN-DEPENDENT KINASE-LIKE 5) (EG EARLY INFANTILE EPILEPTIC ENCEPHALOPATHY) FULL GENE SEQUENCE CLCN1 (CHLORIDE CHANNEL 1 SKELETAL MUSCLE) (EG MYOTONIA CONGENITA) FULL GENE SEQUENCE CLCNKB (CHLORIDE CHANNEL VOLTAGE-

	SCANNING OR DUPLICATION DELETION VARIANTS OF 50 EXONS SEQUENCE ANALYSIS OF MULTIPLE GENES ON ONE PLATFORM) ABCC8 (ATP-BINDING CASSETTE SUB-FAMILY C [CFTR MRP] MEMBER 8) (EG FAMILIAL HYPERINSULINISM) FULL GENE SEQUENCE AGL (AMYLO-ALPHA-1 6-GLUCOSIDASE 4-ALPHA-GLUCANOTRANSFERASE) (EG GLYCOGEN STORAGE DISEASE TYPE III) FULL GENE SEQUENCE AHI1 (ABELSON HELPER INTEGRATION SITE 1) (EG JOUBERT SYNDROME) FULL GENE SEQUENCE APOB (APOLIPOPROTEIN B) (EG FAMILIAL HYPERCHOLESTEROLEMIA TYPE B) FULL GENE SEQUENCE ASPM (ASP [ABNORMAL SPINDLE] HOMOLOG MICROCEPHALY ASSOCIATED [DROSOPHILA]) (EG PRIMARY MICROCEPHALY) FULL GENE SEQUENCE CHD7 (CHROMODOMAIN HELICASE DNA BINDING PROTEIN 7) (EG CHARGE SYNDROME) FULL GENE SEQUENCE COL4A4 (COLLAGEN TYPE IV ALPHA 4) (EG ALPORT SYNDROME) FULL GENE SEQUENCE COL4A5 (COLLAGEN TYPE IV ALPHA 5) (EG ALPORT SYNDROME) DUPLICATION DELETION ANALYSIS COL6A1 (COLLAGEN TYPE VI ALPHA 1) (EG COLLAGEN TYPE VI-RELATED DISORDERS) FULL GENE SEQUENCE COL6A2 (COLLAGEN TYPE VI ALPHA 2) (EG COLLAGEN TYPE VI-RELATED DISORDERS) FULL GENE SEQUENCE COL6A3 (COLLAGEN TYPE VI ALPHA 3) (EG COLLAGEN TYPE VI-RELATED DISORDERS) FULL GENE SEQUENCE CREBBP (CREB BINDING PROTEIN) (EG RUBINSTEIN-TAYBI SYNDROME) FULL GENE SEQUENCE F8 (COAGULATION FACTOR VIII) (EG HEMOPHILIA A) FULL GENE SEQUENCE JAG1 (JAGGED 1) (EG ALAGILLE SYNDROME) FULL GENE SEQUENCE KDM5C (LYSINE DEMETHYLASE 5C) (EG X-LINKED INTELLECTUAL DISABILITY) FULL GENE SEQUENCE KIAA0196 (KIAA0196) (EG SPASTIC PARAPLEGIA) FULL GENE SEQUENCE L1CAM (L1 CELL ADHESION MOLECULE) (EG MASA SYNDROME X-LINKED HYDROCEPHALY) FULL GENE SEQUENCE LAMB2 (LAMININ BETA 2 [LAMININ S]) (EG PIERSON SYNDROME) FULL GENE SEQUENCE MYBPC3 (MYOSIN BINDING PROTEIN C CARDIAC) (EG FAMILIAL HYPERTROPHIC CARDIOMYOPATHY) FULL GENE SEQUENCE MYH6 (MYOSIN HEAVY CHAIN 6 CARDIAC MUSCLE ALPHA) (EG FAMILIAL DILATED CARDIOMYOPATHY) FULL GENE SEQUENCE MYH7 (MYOSIN HEAVY CHAIN 7 CARDIAC MUSCLE BETA) (EG FAMILIAL HYPERTROPHIC CARDIOMYOPATHY LIANG DISTAL MYOPATHY) FULL GENE SEQUENCE MYO7A (MYOSIN VIIA) (EG USHER SYNDROME TYPE 1) FULL GENE SEQUENCE NOTCH1 (NOTCH 1) (EG AORTIC VALVE DISEASE) FULL GENE SEQUENCE NPHS1 (NEPHROSIS 1 CONGENITAL FINNISH TYPE [NEPHRIN]) (EG CONGENITAL FINNISH NEPHROSIS) FULL GENE SEQUENCE OPA1 (OPTIC ATROPHY 1) (EG OPTIC ATROPHY) FULL GENE SEQUENCE PCDH15 (PROTOCADHERIN-RELATED 15) (EG USHER SYNDROME TYPE 1) FULL GENE SEQUENCE PKD1 (POLYCYSTIC KIDNEY DISEASE 1 [AUTOSOMAL DOMINANT]) (EG POLYCYSTIC KIDNEY DISEASE) FULL GENE SEQUENCE PLCE1 (PHOSPHOLIPASE C EPSILON 1) (EG NEPHROTIC SYNDROME TYPE 3) FULL GENE SEQUENCE
81407	SCN1A (SODIUM CHANNEL VOLTAGE-GATED TYPE 1 ALPHA SUBUNIT) (EG GENERALIZED EPILEPSY WITH FEBRILE

81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9 (EG ANALYSIS OF 50 EXONS IN A SINGLE GENE BY DNA SEQUENCE ANALYSIS) ABCA4 (ATP-BINDING CASSETTE SUB-FAMILY A [ABC1] MEMBER 4) (EG STARGARDT DISEASE AGE-RELATED MACULAR DEGENERATION) FULL GENE SEQUENCE ATM (ATAXIA TELANGIECTASIA MUTATED) (EG ATAXIA TELANGIECTASIA) FULL GENE SEQUENCE CDH23 (CADHERIN-RELATED 23) (EG USHER SYNDROME TYPE 1) FULL GENE SEQUENCE CEP290 (CENTROSOMAL PROTEIN 290KDA) (EG JOUBERT SYNDROME) FULL GENE SEQUENCE COL1A1 (COLLAGEN TYPE I ALPHA 1) (EG OSTEOGENESIS IMPERFECTA TYPE I) FULL GENE SEQUENCE COL1A2 (COLLAGEN TYPE I ALPHA 2) (EG OSTEOGENESIS IMPERFECTA TYPE I) FULL GENE SEQUENCE COL4A1 (COLLAGEN TYPE IV ALPHA 1) (EG BRAIN SMALL-VESSEL DISEASE WITH HEMORRHAGE) FULL GENE SEQUENCE COL4A3 (COLLAGEN TYPE IV ALPHA 3 [GOODPASTURE ANTIGEN]) (EG ALPORT SYNDROME) FULL GENE SEQUENCE COL4A5 (COLLAGEN TYPE IV ALPHA 5) (EG ALPORT SYNDROME) FULL GENE SEQUENCE DMD (DYSTROPHIN) (EG DUCHENNE BECKER MUSCULAR DYSTROPHY) FULL GENE SEQUENCE DYSF (DYSFERLIN LIMB GIRDLE MUSCULAR DYSTROPHY 2B [AUTOSOMAL RECESSIVE]) (EG LIMB-GIRDLE MUSCULAR DYSTROPHY) FULL GENE SEQUENCE FBN1 (FIBRILLIN 1) (EG MARFAN SYNDROME) FULL GENE SEQUENCE ITPR1 (INOSITOL 1 4 5-TRISPHOSPHATE RECEPTOR TYPE 1) (EG SPINOCEREBELLAR ATAXIA) FULL GENE SEQUENCE LAMA2 (LAMININ ALPHA 2) (EG CONGENITAL MUSCULAR DYSTROPHY) FULL GENE SEQUENCE LRRK2 (LEUCINE-RICH REPEAT KINASE 2) (EG PARKINSON DISEASE) FULL GENE SEQUENCE MYH11 (MYOSIN HEAVY CHAIN 11 SMOOTH MUSCLE) (EG THORACIC AORTIC ANEURYSMS AND AORTIC DISSECTIONS) FULL GENE SEQUENCE NEB (NEBULIN) (EG NEMALINE MYOPATHY 2) FULL GENE SEQUENCE NF1 (NEUROFIBROMIN 1) (EG NEUROFIBROMATOSIS TYPE 1) FULL GENE SEQUENCE PKHD1 (POLYCYSTIC KIDNEY AND HEPATIC DISEASE 1) (EG AUTOSOMAL RECESSIVE POLYCYSTIC KIDNEY DISEASE) FULL GENE SEQUENCE RYR1 (RYANODINE RECEPTOR 1 SKELETAL) (EG MALIGNANT HYPERTHERMIA) FULL GENE SEQUENCE RYR2 (RYANODINE RECEPTOR 2 [CARDIAC]) (EG CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA ARRHYTHMOGENIC RIGHT VENTRICULAR DYSPLASIA) FULL GENE SEQUENCE OR TARGETED SEQUENCE ANALYSIS OF 50 EXONS USH2A (USHER SYNDROME 2A [AUTOSOMAL RECESSIVE MILD]) (EG USHER SYNDROME TYPE 2) FULL GENE SEQUENCE VPS13B (VACUOLAR PROTEIN SORTING 13 HOMOLOG B [YEAST]) (EG COHEN SYNDROME) FULL GENE SEQUENCE VWF (VON WILLEBRAND FACTOR) (EG VON WILLEBRAND DISEASE TYPES 1 AND 3) FULL GENE SEQUENCE
81410	AORTIC DYSFUNCTION OR DILATION (EG MARFAN SYNDROME LOEYS DIETZ SYNDROME EHLER DANLOS SYNDROME TYPE IV ARTERIAL TORTUOSITY SYNDROME) GENOMIC SEQUENCE ANALYSIS PANEL MUST INCLUDE SEQUENCING OF AT LEAST 9 GENES INCLUDING FBN1 TGFBR1 TGFBR2 COL3A1 MYH11 ACTA2 SLC2A10 SMAD3 AND MYLK
81411	AORTIC DYSFUNCTION OR DILATION (EG MARFAN SYNDROME LOEYS DIETZ SYNDROME EHLER DANLOS SYNDROME TYPE IV ARTERIAL TORTUOSITY SYNDROME) DUPLICATION DELETION ANALYSIS PANEL MUST INCLUDE ANALYSES FOR TGFBR1 TGFBR2 MYH11 AND COL3A1

81412	ASHKENAZI JEWISH ASSOCIATED DISORDERS (EG BLOOM SYNDROME CANAVAN DISEASE CYSTIC FIBROSIS FAMILIAL DYSAUTONOMIA FANCONI ANEMIA GROUP C GAUCHER DISEASE TAY-SACHS DISEASE) GENOMIC SEQUENCE ANALYSIS PANEL MUST INCLUDE SEQUENCING OF AT LEAST 9 GENES INCLUDING ASPA BLM CFTR FANCC GBA HEXA IKBKAP MCOLN1 AND SMPD1
81413	CARDIAC ION CHANNELOPATHIES (EG BRUGADA SYNDROME LONG QT SYNDROME SHORT QT SYNDROME CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA) GENOMIC SEQUENCE ANALYSIS PANEL MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES INCLUDING ANK2 CASQ2 CAV3 KCNE1 KCNE2 KCNH2 KCNJ2 KCNQ1 RYR2 AND SCN5A
81414	CARDIAC ION CHANNELOPATHIES (EG BRUGADA SYNDROME LONG QT SYNDROME SHORT QT SYNDROME CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA) DUPLICATION DELETION GENE ANALYSIS PANEL MUST INCLUDE ANALYSIS OF AT LEAST 2 GENES INCLUDING KCNH2 AND KCNQ1
81415	EXOME (EG UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME) SEQUENCE ANALYSIS
81416	EXOME (EG UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME) SEQUENCE ANALYSIS EACH COMPARATOR EXOME (EG PARENTS SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
81417	EXOME (EG UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME) RE-EVALUATION OF PREVIOUSLY OBTAINED EXOME SEQUENCE (EG UPDATED KNOWLEDGE OR UNRELATED CONDITION SYNDROME)
81418	DRUG METABOLISM (EG PHARMACOGENOMICS) GENOMIC SEQUENCE ANALYSIS PANEL MUST INCLUDE TESTING OF AT LEAST 6 GENES INCLUDING CYP2C19 CYP2D6 AND CYP2D6 DUPLICATION DELETION ANALYSIS
81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL MUST INCLUDE ANALYSES FOR ALDH7A1 CACNA1A CDKL5 CHD2 GABRG2 GRIN2A KCNQ2 MECP2 PCDH19 POLG PRRT2 SCN1A SCN1B SCN2A SCN8A SLC2A1 SLC9A6 STXBP1 SYNGAP1 TCF4 TPP1 TSC1 TSC2 AND ZEB2
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
81422	FETAL CHROMOSOMAL MICRODELETION(S) GENOMIC SEQUENCE ANALYSIS (EG DIGEORGE SYNDROME CRI-DU-CHAT SYNDROME) CIRCULATING CELL-FREE FETAL DNA IN MATERNAL BLOOD
81425	GENOME (EG UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME) SEQUENCE ANALYSIS
81426	GENOME (EG UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME) SEQUENCE ANALYSIS EACH COMPARATOR GENOME (EG PARENTS SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

81427	GENOME (EG UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME) RE-EVALUATION OF PREVIOUSLY OBTAINED GENOME SEQUENCE (EG UPDATED KNOWLEDGE OR UNRELATED CONDITION SYNDROME)
81430	HEARING LOSS (EG NONSYNDROMIC HEARING LOSS USHER SYNDROME PENDRED SYNDROME) GENOMIC SEQUENCE ANALYSIS PANEL MUST INCLUDE SEQUENCING OF AT LEAST 60 GENES INCLUDING CDH23 CLRN1 GJB2 GPR98 MTRNR1 MYO7A MYO15A PCDH15 OTOF SLC26A4 TMC1 TMPRSS3 USH1C USH1G USH2A AND WFS1
81431	HEARING LOSS (EG NONSYNDROMIC HEARING LOSS USHER SYNDROME PENDRED SYNDROME) DUPLICATION DELETION ANALYSIS PANEL MUST INCLUDE COPY NUMBER ANALYSES FOR STRC AND DFNB1 DELETIONS IN GJB2 AND GJB6 GENES
81432	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG HEREDITARY BREAST CANCER HEREDITARY OVARIAN CANCER HEREDITARY ENDOMETRIAL CANCER HEREDITARY PANCREATIC CANCER HEREDITARY PROSTATE CANCER) GENOMIC SEQUENCE ANALYSIS PANEL 5 OR MORE GENES INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS
81433	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG HEREDITARY BREAST CANCER HEREDITARY OVARIAN CANCER HEREDITARY ENDOMETRIAL CANCER) DUPLICATION DELETION ANALYSIS PANEL MUST INCLUDE ANALYSES FOR BRCA1 BRCA2 MLH1 MSH2 AND STK11
81434	HEREDITARY RETINAL DISORDERS (EG RETINITIS PIGMENTOSA LEBER CONGENITAL AMAUROSIS CONE-ROD DYSTROPHY) GENOMIC SEQUENCE ANALYSIS PANEL MUST INCLUDE SEQUENCING OF AT LEAST 15 GENES INCLUDING ABCA4 CNGA1 CRB1 EYS PDE6A PDE6B PRPF31 PRPH2 RDH12 RHO RP1 RP2 RPE65 RPGR AND USH2A
81435	HEREDITARY COLON CANCER-RELATED DISORDERS (EG LYNCH SYNDROME PTEN HAMARTOMA SYNDROME COWDEN SYNDROME FAMILIAL ADENOMATOSIS POLYPOSIS) GENOMIC SEQUENCE ANALYSIS PANEL 5 OR MORE GENES INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS
81436	HEREDITARY COLON CANCER DISORDERS (EG LYNCH SYNDROME PTEN HAMARTOMA SYNDROME COWDEN SYNDROME FAMILIAL ADENOMATOSIS POLYPOSIS) DUPLICATION DELETION ANALYSIS PANEL MUST INCLUDE ANALYSIS OF AT LEAST 5 GENES INCLUDING MLH1 MSH2 EPCAM SMAD4 AND STK11
81437	HEREDITARY NEUROENDOCRINE TUMOR-RELATED DISORDERS (EG MEDULLARY THYROID CARCINOMA PARATHYROID CARCINOMA MALIGNANT PHEOCHROMOCYTOMA OR PARAGANGLIOMA) GENOMIC SEQUENCE ANALYSIS PANEL 5 OR MORE GENES INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS
81438	HEREDITARY NEUROENDOCRINE TUMOR DISORDERS (EG MEDULLARY THYROID CARCINOMA PARATHYROID CARCINOMA MALIGNANT PHEOCHROMOCYTOMA OR PARAGANGLIOMA) DUPLICATION DELETION ANALYSIS PANEL MUST INCLUDE ANALYSES FOR SDHB SDHC SDHD AND VHL

81439	HEREDITARY CARDIOMYOPATHY (EG HYPERTROPHIC CARDIOMYOPATHY DILATED CARDIOMYOPATHY ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY) GENOMIC SEQUENCE ANALYSIS PANEL MUST INCLUDE SEQUENCING OF AT LEAST 5 CARDIOMYOPATHY-RELATED GENES (EG DSG2 MYBPC3 MYH7 PKP2 TTN)
81440	NUCLEAR ENCODED MITOCHONDRIAL GENES (EG NEUROLOGIC OR MYOPATHIC PHENOTYPES) GENOMIC SEQUENCE PANEL MUST INCLUDE ANALYSIS OF AT LEAST 100 GENES INCLUDING BCS1L C10ORF2 COQ2 COX10 DGUOK MPV17 OPA1 PDSS2 POLG POLG2 RRM2B SCO1 SCO2 SLC25A4 SUCLA2 SUCLG1 TAZ TK2 AND TYMP
81441	INHERITED BONE MARROW FAILURE SYNDROMES (IBMFS) (EG FANCONI ANEMIA DYSKERATOSIS CONGENITA DIAMOND-BLACKFAN ANEMIA SHWACHMAN-DIAMOND SYNDROME GATA2 DEFICIENCY SYNDROME CONGENITAL AMEGAKARYOCYTIC THROMBOCYTOPENIA) SEQUENCE ANALYSIS PANEL MUST INCLUDE SEQUENCING OF AT LEAST 30 GENES INCLUDING BRCA2 BRIP1 DKC1 FANCA FANCB FANCC FANCD2 FANCE FANCF FANCG FANCI FANCL GATA1 GATA2 MPL NHP2 NOP10 PALB2 RAD51C RPL11 RPL35A RPL5 RPS10 RPS19 RPS24 RPS26 RPS7 SBDS TERT AND TINF2
81442	NOONAN SPECTRUM DISORDERS (EG NOONAN SYNDROME CARDIO-FACIO-CUTANEOUS SYNDROME COSTELLO SYNDROME LEOPARD SYNDROME NOONAN-LIKE SYNDROME) GENOMIC SEQUENCE ANALYSIS PANEL MUST INCLUDE SEQUENCING OF AT LEAST 12 GENES INCLUDING BRAF CBL HRAS KRAS MAP2K1 MAP2K2 NRAS PTPN11 RAF1 RIT1 SHOC2 AND SOS1
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS (EG CYSTIC FIBROSIS ASHKENAZI JEWISH-ASSOCIATED DISORDERS [EG BLOOM SYNDROME CANAVAN DISEASE FANCONI ANEMIA TYPE C MUCOLIPIDOSIS TYPE VI GAUCHER DISEASE TAY-SACHS DISEASE] BETA HEMOGLOBINOPATHIES PHENYLKETONURIA GALACTOSEMIA) GENOMIC SEQUENCE ANALYSIS PANEL MUST INCLUDE SEQUENCING OF AT LEAST 15 GENES (EG ACADM ARSA ASPA ATP7B BCKDHA BCKDHB BLM CFTR DHCR7 FANCC G6PC GAA GALT GBA GBE1 HBB HEXA IKBKAP MCOLN1 PAH)
81445	SOLID ORGAN NEOPLASM GENOMIC SEQUENCE ANALYSIS PANEL 5-50 GENES INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS IF PERFORMED DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS
81448	HEREDITARY PERIPHERAL NEUROPATHIES (EG CHARCOT-MARIE-TOOTH SPASTIC PARAPLEGIA) GENOMIC SEQUENCE ANALYSIS PANEL MUST INCLUDE SEQUENCING OF AT LEAST 5 PERIPHERAL NEUROPATHY-RELATED GENES (EG BSCL2 GJB1 MFN2 MPZ REEP1 SPAST SPG11 SPTLC1)
81449	SOLID ORGAN NEOPLASM GENOMIC SEQUENCE ANALYSIS PANEL 5-50 GENES INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS IF PERFORMED RNA ANALYSIS

81450	HEMATOLYMPHOID NEOPLASM OR DISORDER GENOMIC SEQUENCE ANALYSIS PANEL 5-50 GENES INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS IF PERFORMED DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS
81451	HEMATOLYMPHOID NEOPLASM OR DISORDER GENOMIC SEQUENCE ANALYSIS PANEL 5-50 GENES INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS IF PERFORMED RNA ANALYSIS
81455	SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM OR DISORDER 51 OR GREATER GENES GENOMIC SEQUENCE ANALYSIS PANEL INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS IF PERFORMED DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS
81456	SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM OR DISORDER 51 OR GREATER GENES GENOMIC SEQUENCE ANALYSIS PANEL INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS IF PERFORMED RNA ANALYSIS
81457	SOLID ORGAN NEOPLASM GENOMIC SEQUENCE ANALYSIS PANEL INTERROGATION FOR SEQUENCE VARIANTS DNA ANALYSIS MICROSATELLITE INSTABILITY
81458	SOLID ORGAN NEOPLASM GENOMIC SEQUENCE ANALYSIS PANEL INTERROGATION FOR SEQUENCE VARIANTS DNA ANALYSIS COPY NUMBER VARIANTS AND MICROSATELLITE INSTABILITY
81459	SOLID ORGAN NEOPLASM GENOMIC SEQUENCE ANALYSIS PANEL INTERROGATION FOR SEQUENCE VARIANTS DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS COPY NUMBER VARIANTS MICROSATELLITE INSTABILITY TUMOR MUTATION BURDEN AND REARRANGEMENTS
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
81462	SOLID ORGAN NEOPLASM GENOMIC SEQUENCE ANALYSIS PANEL CELL-FREE NUCLEIC ACID (EG PLASMA) INTERROGATION FOR SEQUENCE VARIANTS DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS COPY NUMBER VARIANTS AND REARRANGEMENTS
81463	SOLID ORGAN NEOPLASM GENOMIC SEQUENCE ANALYSIS PANEL CELL-FREE NUCLEIC ACID (EG PLASMA) INTERROGATION FOR SEQUENCE VARIANTS DNA ANALYSIS COPY NUMBER VARIANTS AND MICROSATELLITE INSTABILITY

81464	SOLID ORGAN NEOPLASM GENOMIC SEQUENCE ANALYSIS PANEL CELL-FREE NUCLEIC ACID (EG PLASMA) INTERROGATION FOR SEQUENCE VARIANTS DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS COPY NUMBER VARIANTS MICROSATELLITE INSTABILITY TUMOR MUTATION BURDEN AND REARRANGEMENTS
81465	WHOLE MITOCHONDRIAL GENOME LARGE DELETION ANALYSIS PANEL (EG KEARNS-SAYRE SYNDROME CHRONIC PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA) INCLUDING HETEROPLASMY DETECTION IF PERFORMED
81470	X-LINKED INTELLECTUAL DISABILITY (XLID) (EG SYNDROMIC AND NON-SYNDROMIC XLID) GENOMIC SEQUENCE ANALYSIS PANEL MUST INCLUDE SEQUENCING OF AT LEAST 60 GENES INCLUDING ARX ATRX CDKL5 FGD1 FMR1 HUWE1 IL1RAPL KDM5C L1CAM MECP2 MED12 MID1 OCRL RPS6KA3 AND SLC16A2
81471	X-LINKED INTELLECTUAL DISABILITY (XLID) (EG SYNDROMIC AND NON-SYNDROMIC XLID) DUPLICATION DELETION GENE ANALYSIS MUST INCLUDE ANALYSIS OF AT LEAST 60 GENES INCLUDING ARX ATRX CDKL5 FGD1 FMR1 HUWE1 IL1RAPL KDM5C L1CAM MECP2 MED12 MID1 OCRL RPS6KA3 AND SLC16A2
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE
81490	AUTOIMMUNE (RHEUMATOID ARTHRITIS) ANALYSIS OF 12 BIOMARKERS USING IMMUNOASSAYS UTILIZING SERUM PROGNOSTIC ALGORITHM REPORTED AS A DISEASE ACTIVITY SCORE
81493	CORONARY ARTERY DISEASE MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 23 GENES UTILIZING WHOLE PERIPHERAL BLOOD ALGORITHM REPORTED AS A RISK SCORE
81500	ONCOLOGY (OVARIAN) BIOCHEMICAL ASSAYS OF TWO PROTEINS (CA-125 AND HE4) UTILIZING SERUM WITH MENOPAUSAL STATUS ALGORITHM REPORTED AS A RISK SCORE
81503	ONCOLOGY (OVARIAN) BIOCHEMICAL ASSAYS OF FIVE PROTEINS (CA-125 APOLIPOPROTEIN A1 BETA-2 MICROGLOBULIN TRANSFERRIN AND PRE-ALBUMIN) UTILIZING SERUM ALGORITHM REPORTED AS A RISK SCORE
81504	ONCOLOGY (TISSUE OF ORIGIN) MICROARRAY GENE EXPRESSION PROFILING OF 2000 GENES UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE ALGORITHM REPORTED AS TISSUE SIMILARITY SCORES
81506	ENDOCRINOLOGY (TYPE 2 DIABETES) BIOCHEMICAL ASSAYS OF SEVEN ANALYTES (GLUCOSE HBA1C INSULIN HS-CRP ADIPONECTIN FERRITIN INTERLEUKIN 2-RECEPTOR ALPHA) UTILIZING SERUM OR PLASMA ALGORITHM REPORTING A RISK SCORE
81507	FETAL ANEUPLOIDY (TRISOMY 21 18 AND 13) DNA SEQUENCE ANALYSIS OF SELECTED REGIONS USING MATERNAL PLASMA ALGORITHM REPORTED AS A RISK SCORE FOR EACH TRISOMY
81508	FETAL CONGENITAL ABNORMALITIES BIOCHEMICAL ASSAYS OF TWO PROTEINS (PAPP-A HCG [ANY FORM]) UTILIZING MATERNAL SERUM ALGORITHM REPORTED AS A RISK SCORE
81509	FETAL CONGENITAL ABNORMALITIES BIOCHEMICAL ASSAYS OF THREE PROTEINS (PAPP-A HCG [ANY FORM] DIA) UTILIZING MATERNAL SERUM ALGORITHM REPORTED AS A RISK SCORE

81510	FETAL CONGENITAL ABNORMALITIES BIOCHEMICAL ASSAYS OF THREE ANALYTES (AFP UE3 HCG [ANY FORM]) UTILIZING MATERNAL SERUM ALGORITHM REPORTED AS A RISK SCORE
81511	FETAL CONGENITAL ABNORMALITIES BIOCHEMICAL ASSAYS OF FOUR ANALYTES (AFP UE3 HCG [ANY FORM] DIA) UTILIZING MATERNAL SERUM ALGORITHM REPORTED AS A RISK SCORE (MAY INCLUDE ADDITIONAL RESULTS FROM PREVIOUS BIOCHEMICAL TESTING)
81512	FETAL CONGENITAL ABNORMALITIES BIOCHEMICAL ASSAYS OF FIVE ANALYTES (AFP UE3 TOTAL HCG HYPERGLYCOSYLATED HCG DIA) UTILIZING MATERNAL SERUM ALGORITHM REPORTED AS A RISK SCORE
81513	INFECTIOUS DISEASE BACTERIAL VAGINOSIS QUANTITATIVE REAL-TIME AMPLIFICATION OF RNA MARKERS FOR ATOPOBIUM VAGINAE GARDNERELLA VAGINALIS AND LACTOBACILLUS SPECIES UTILIZING VAGINAL-FLUID SPECIMENS ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE RESULT FOR BACTERIAL VAGINOSIS
81514	INFECTIOUS DISEASE BACTERIAL VAGINOSIS AND VAGINITIS QUANTITATIVE REAL-TIME AMPLIFICATION OF DNA MARKERS FOR GARDNERELLA VAGINALIS ATOPOBIUM VAGINAE MEGASPHAERA TYPE 1 BACTERIAL VAGINOSIS ASSOCIATED BACTERIA-2 (BVAB-2) AND LACTOBACILLUS SPECIES (L. CRISPATUS AND L. JENSENII) UTILIZING VAGINAL-FLUID SPECIMENS ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE FOR HIGH LIKELIHOOD OF BACTERIAL VAGINOSIS INCLUDES SEPARATE DETECTION OF TRICHOMONAS VAGINALIS AND OR CANDIDA SPECIES (C. ALBICANS C. TROPICALIS C. PARAPSILOSIS C. DUBLINIENSIS) CANDIDA GLABRATA CANDIDA KRUSEI WHEN REPORTED
81515	INFECTIOUS DISEASE BACTERIAL VAGINOSIS AND VAGINITIS REAL-TIME PCR AMPLIFICATION OF DNA MARKERS FOR ATOPOBIUM VAGINAE ATOPOBIUM SPECIES MEGASPHAERA TYPE 1 AND BACTERIAL VAGINOSIS ASSOCIATED BACTERIA-2 (BVAB-2) UTILIZING VAGINAL-FLUID SPECIMENS ALGORITHM REPORTED AS POSITIVE OR NEGATIVE FOR HIGH LIKELIHOOD OF BACTERIAL VAGINOSIS INCLUDES SEPARATE DETECTION OF TRICHOMONAS VAGINALIS AND CANDIDA SPECIES (C. ALBICANS C. TROPICALIS C. PARAPSILOSIS C. DUBLINIENSIS) CANDIDA GLABRATA CANDIDA KRUSEI WHEN REPORTED
81517	LIVER DISEASE ANALYSIS OF 3 BIOMARKERS (HYALURONIC ACID [HA] PROCOLLAGEN III AMINO TERMINAL PEPTIDE [PIIINP] TISSUE INHIBITOR OF METALLOPROTEINASE 1 [TIMP-1]) USING IMMUNOASSAYS UTILIZING SERUM PROGNOSTIC ALGORITHM REPORTED AS A RISK SCORE AND RISK OF LIVER FIBROSIS AND LIVER-RELATED CLINICAL EVENTS WITHIN 5 YEARS
81518	ONCOLOGY (BREAST) MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 11 GENES (7 CONTENT AND 4 HOUSEKEEPING) UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE ALGORITHMS REPORTED AS PERCENTAGE RISK FOR METASTATIC RECURRENCE AND LIKELIHOOD OF BENEFIT FROM EXTENDED ENDOCRINE THERAPY
81519	ONCOLOGY (BREAST) MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 21 GENES UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE ALGORITHM REPORTED AS RECURRENCE SCORE

81520	ONCOLOGY (BREAST) MRNA GENE EXPRESSION PROFILING BY HYBRID CAPTURE OF 58 GENES (50 CONTENT AND 8 HOUSEKEEPING) UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE ALGORITHM REPORTED AS A RECURRENCE RISK SCORE
81521	ONCOLOGY (BREAST) MRNA MICROARRAY GENE EXPRESSION PROFILING OF 70 CONTENT GENES AND 465 HOUSEKEEPING GENES UTILIZING FRESH FROZEN OR FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE ALGORITHM REPORTED AS INDEX RELATED TO RISK OF DISTANT METASTASIS
81522	ONCOLOGY (BREAST) MRNA GENE EXPRESSION PROFILING BY RT-PCR OF 12 GENES (8 CONTENT AND 4 HOUSEKEEPING) UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE ALGORITHM REPORTED AS RECURRENCE RISK SCORE
81523	ONCOLOGY (BREAST) MRNA NEXT-GENERATION SEQUENCING GENE EXPRESSION PROFILING OF 70 CONTENT GENES AND 31 HOUSEKEEPING GENES UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE ALGORITHM REPORTED AS INDEX RELATED TO RISK TO DISTANT METASTASIS
81524	ONCOLOGY (CENTRAL NERVOUS SYSTEM TUMOR) DNA METHYLATION ANALYSIS OF AT LEAST 10 000 METHYLATION SITES UTILIZING DNA EXTRACTED FROM FORMALIN-FIXED TUMOR TISSUE ALGORITHM(S) REPORTED AS PROBABILITY OF MATCHING A REFERENCE TUMOR FAMILY AND CLASS AND MGMT (O-6-METHYLGUANINE-DNA METHYLTRANSFERASE) PROMOTER METHYLATION STATUS IF PERFORMED
81525	ONCOLOGY (COLON) MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 12 GENES (7 CONTENT AND 5 HOUSEKEEPING) UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE ALGORITHM REPORTED AS A RECURRENCE SCORE
81528	ONCOLOGY (COLORECTAL) SCREENING QUANTITATIVE REAL-TIME TARGET AND SIGNAL AMPLIFICATION OF 10 DNA MARKERS (KRAS MUTATIONS PROMOTER METHYLATION OF NDRG4 AND BMP3) AND FECAL HEMOGLOBIN UTILIZING STOOL ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE RESULT
81529	ONCOLOGY (CUTANEOUS MELANOMA) MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 31 GENES (28 CONTENT AND 3 HOUSEKEEPING) UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE ALGORITHM REPORTED AS RECURRENCE RISK INCLUDING LIKELIHOOD OF SENTINEL LYMPH NODE METASTASIS
81535	ONCOLOGY (GYNECOLOGIC) LIVE TUMOR CELL CULTURE AND CHEMOTHERAPEUTIC RESPONSE BY DAPI STAIN AND MORPHOLOGY PREDICTIVE ALGORITHM REPORTED AS A DRUG RESPONSE SCORE FIRST SINGLE DRUG OR DRUG COMBINATION
81536	ONCOLOGY (GYNECOLOGIC) LIVE TUMOR CELL CULTURE AND CHEMOTHERAPEUTIC RESPONSE BY DAPI STAIN AND MORPHOLOGY PREDICTIVE ALGORITHM REPORTED AS A DRUG RESPONSE SCORE EACH ADDITIONAL SINGLE DRUG OR DRUG COMBINATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

81538	ONCOLOGY (LUNG) MASS SPECTROMETRIC 8-PROTEIN SIGNATURE INCLUDING AMYLOID A UTILIZING SERUM PROGNOSTIC AND PREDICTIVE ALGORITHM REPORTED AS GOOD VERSUS POOR OVERALL SURVIVAL
81539	ONCOLOGY (HIGH-GRADE PROSTATE CANCER) BIOCHEMICAL ASSAY OF FOUR PROTEINS (TOTAL PSA FREE PSA INTACT PSA AND HUMAN KALLIKREIN-2 [HK2]) UTILIZING PLASMA OR SERUM PROGNOSTIC ALGORITHM REPORTED AS A PROBABILITY SCORE
81540	ONCOLOGY (TUMOR OF UNKNOWN ORIGIN) MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 92 GENES (87 CONTENT AND 5 HOUSEKEEPING) TO CLASSIFY TUMOR INTO MAIN CANCER TYPE AND SUBTYPE UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE ALGORITHM REPORTED AS A PROBABILITY OF A PREDICTED MAIN CANCER TYPE AND SUBTYPE
81541	ONCOLOGY (PROSTATE) MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 46 GENES (31 CONTENT AND 15 HOUSEKEEPING) UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE ALGORITHM REPORTED AS A DISEASE-SPECIFIC MORTALITY RISK SCORE
81542	ONCOLOGY (PROSTATE) MRNA MICROARRAY GENE EXPRESSION PROFILING OF 22 CONTENT GENES UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE ALGORITHM REPORTED AS METASTASIS RISK SCORE
81546	ONCOLOGY (THYROID) MRNA GENE EXPRESSION ANALYSIS OF 10 196 GENES UTILIZING FINE NEEDLE ASPIRATE ALGORITHM REPORTED AS A CATEGORICAL RESULT (EG BENIGN OR SUSPICIOUS)
81551	ONCOLOGY (PROSTATE) PROMOTER METHYLATION PROFILING BY REAL-TIME PCR OF 3 GENES (GSTP1 APC RASSF1) UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE ALGORITHM REPORTED AS A LIKELIHOOD OF PROSTATE CANCER DETECTION ON REPEAT BIOPSY
81552	ONCOLOGY (UVEAL MELANOMA) MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 15 GENES (12 CONTENT AND 3 HOUSEKEEPING) UTILIZING FINE NEEDLE ASPIRATE OR FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE ALGORITHM REPORTED AS RISK OF METASTASIS
81554	PULMONARY DISEASE (IDIOPATHIC PULMONARY FIBROSIS [IPF]) MRNA GENE EXPRESSION ANALYSIS OF 190 GENES UTILIZING TRANSBRONCHIAL BIOPSIES DIAGNOSTIC ALGORITHM REPORTED AS CATEGORICAL RESULT (EG POSITIVE OR NEGATIVE FOR HIGH PROBABILITY OF USUAL INTERSTITIAL PNEUMONIA [UIP])
81558	TRANSPLANTATION MEDICINE (ALLOGRAFT REJECTION KIDNEY) MRNA GENE EXPRESSION PROFILING BY QUANTITATIVE POLYMERASE CHAIN REACTION (QPCR) OF 139 GENES UTILIZING WHOLE BLOOD ALGORITHM REPORTED AS A BINARY CATEGORIZATION AS TRANSPLANT EXCELLENCE WHICH INDICATES IMMUNE QUIESCENCE OR NOT TRANSPLANT EXCELLENCE INDICATING SUBCLINICAL REJECTION
81560	TRANSPLANTATION MEDICINE (ALLOGRAFT REJECTION PEDIATRIC LIVER AND SMALL BOWEL) MEASUREMENT OF DONOR AND THIRD-PARTY-INDUCED CD154+T-CYTOTOXIC MEMORY CELLS UTILIZING WHOLE PERIPHERAL BLOOD ALGORITHM REPORTED AS A REJECTION RISK SCORE

81595	CARDIOLOGY (HEART TRANSPLANT) MRNA GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF 20 GENES (11 CONTENT AND 9 HOUSEKEEPING) UTILIZING SUBFRACTION OF PERIPHERAL BLOOD ALGORITHM REPORTED AS A REJECTION RISK SCORE
81596	INFECTIOUS DISEASE CHRONIC HEPATITIS C VIRUS (HCV) INFECTION SIX BIOCHEMICAL ASSAYS (ALT A2-MACROGLOBULIN APOLIPOPROTEIN A-1 TOTAL BILIRUBIN GGT AND HAPTOGLOBIN) UTILIZING SERUM PROGNOSTIC ALGORITHM REPORTED AS SCORES FOR FIBROSIS AND NECROINFLAMMATORY ACTIVITY IN LIVER
81599	UNLISTED MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS
82009	KETONE BODY(S) (EG ACETONE ACETOACETIC ACID BETA-HYDROXYBUTYRATE) QUALITATIVE
82010	KETONE BODY(S) (EG ACETONE ACETOACETIC ACID BETA-HYDROXYBUTYRATE) QUANTITATIVE
82013	ACETYLCHOLINESTERASE
82016	ACYLCARNITINES QUALITATIVE EACH SPECIMEN
82017	ACYLCARNITINES QUANTITATIVE EACH SPECIMEN
82024	ADRENOCORTICOTROPIC HORMONE (ACTH)
82030	ADENOSINE 5-MONOPHOSPHATE CYCLIC (CYCLIC AMP)
82040	ALBUMIN SERUM PLASMA OR WHOLE BLOOD
82042	ALBUMIN OTHER SOURCE QUANTITATIVE EACH SPECIMEN
82043	ALBUMIN URINE (EG MICROALBUMIN) QUANTITATIVE
82044	ALBUMIN URINE (EG MICROALBUMIN) SEMIQUANTITATIVE (EG REAGENT STRIP ASSAY)
82045	ALBUMIN ISCHEMIA MODIFIED
82075	ALCOHOL (ETHANOL) BREATH
82077	ALCOHOL (ETHANOL) ANY SPECIMEN EXCEPT URINE AND BREATH IMMUNOASSAY (EG IA EIA ELISA RIA EMIT FPIA) AND ENZYMATIC METHODS (EG ALCOHOL DEHYDROGENASE)
82085	ALDOLASE
82088	ALDOSTERONE
82103	ALPHA-1-ANTITRYPSIN TOTAL
82104	ALPHA-1-ANTITRYPSIN PHENOTYPE
82105	ALPHA-FETOPROTEIN (AFP) SERUM
82106	ALPHA-FETOPROTEIN (AFP) AMNIOTIC FLUID
82107	ALPHA-FETOPROTEIN (AFP) AFP-L3 FRACTION ISOFORM AND TOTAL AFP (INCLUDING RATIO)
82108	ALUMINUM
82120	AMINES VAGINAL FLUID QUALITATIVE
82127	AMINO ACIDS SINGLE QUALITATIVE EACH SPECIMEN
82128	AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN

82131	AMINO ACIDS SINGLE QUANTITATIVE EACH SPECIMEN
82135	AMINOLEVULINIC ACID DELTA (ALA)
82136	AMINO ACIDS 2 TO 5 AMINO ACIDS QUANTITATIVE EACH SPECIMEN
82139	AMINO ACIDS 6 OR MORE AMINO ACIDS QUANTITATIVE EACH SPECIMEN
82140	AMMONIA
82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC)
82150	AMYLASE
82154	ANDROSTANEDIOL GLUCURONIDE
82157	ANDROSTENEDIONE
82160	ANDROSTERONE
82163	ANGIOTENSIN II
82164	ANGIOTENSIN I - CONVERTING ENZYME (ACE)
82166	ANTI-MULLERIAN HORMONE (AMH)
82172	APOLIPOPROTEIN EACH
82175	ARSENIC
82180	ASCORBIC ACID (VITAMIN C) BLOOD
82190	ATOMIC ABSORPTION SPECTROSCOPY EACH ANALYTE
82232	BETA-2 MICROGLOBULIN
82233	BETA-AMYLOID 1-40 (ABETA 40)
82234	BETA-AMYLOID 1-42 (ABETA 42)
82239	BILE ACIDS TOTAL
82240	BILE ACIDS CHOLYLGLYCINE
82247	BILIRUBIN TOTAL
82248	BILIRUBIN DIRECT
82252	BILIRUBIN FECES QUALITATIVE
82261	BIOTINIDASE EACH SPECIMEN
82270	BLOOD OCCULT BY PEROXIDASE ACTIVITY (EG GUAIAC) QUALITATIVE FECES CONSECUTIVE COLLECTED SPECIMENS WITH SINGLE DETERMINATION FOR COLORECTAL NEOPLASM SCREENING (IE PATIENT WAS PROVIDED 3 CARDS OR SINGLE TRIPLE CARD FOR CONSECUTIVE COLLECTION)
82271	BLOOD OCCULT BY PEROXIDASE ACTIVITY (EG GUAIAC) QUALITATIVE OTHER SOURCES
82272	BLOOD OCCULT BY PEROXIDASE ACTIVITY (EG GUAIAC) QUALITATIVE FECES 1-3 SIMULTANEOUS DETERMINATIONS PERFORMED FOR OTHER THAN COLORECTAL NEOPLASM SCREENING
82274	BLOOD OCCULT BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY QUALITATIVE FECES 1-3 SIMULTANEOUS DETERMINATIONS

82286	BRADYKININ
82300	CADMIUM
82306	VITAMIN D 25 HYDROXY INCLUDES FRACTION(S) IF PERFORMED
82307	CALCIFEROL (VITAMIN D)
82308	CALCITONIN
82310	CALCIUM TOTAL
82330	CALCIUM IONIZED
82331	CALCIUM AFTER CALCIUM INFUSION TEST
82340	CALCIUM URINE QUANTITATIVE TIMED SPECIMEN
82355	CALCULUS QUALITATIVE ANALYSIS
82360	CALCULUS QUANTITATIVE ANALYSIS CHEMICAL
82365	CALCULUS INFRARED SPECTROSCOPY
82370	CALCULUS X-RAY DIFFRACTION
82373	CARBOHYDRATE DEFICIENT TRANSFERRIN
82374	CARBON DIOXIDE (BICARBONATE)
82375	CARBOXYHEMOGLOBIN QUANTITATIVE
82376	CARBOXYHEMOGLOBIN QUALITATIVE
82378	CARCINOEMBRYONIC ANTIGEN (CEA)
82379	CARNITINE (TOTAL AND FREE) QUANTITATIVE EACH SPECIMEN
82380	CAROTENE
82382	CATECHOLAMINES TOTAL URINE
82383	CATECHOLAMINES BLOOD
82384	CATECHOLAMINES FRACTIONATED
82387	CATHEPSIN-D
82390	CERULOPLASMIN
82397	CHEMILUMINESCENT ASSAY
82415	CHLORAMPHENICOL
82435	CHLORIDE BLOOD
82436	CHLORIDE URINE
82438	CHLORIDE OTHER SOURCE
82441	CHLORINATED HYDROCARBONS SCREEN
82465	CHOLESTEROL SERUM OR WHOLE BLOOD TOTAL
82480	CHOLINESTERASE SERUM
82482	CHOLINESTERASE RBC

82485	CHONDROITIN B SULFATE QUANTITATIVE
82495	CHROMIUM
82507	CITRATE
82523	COLLAGEN CROSS LINKS ANY METHOD
82525	COPPER
82528	CORTICOSTERONE
82530	CORTISOL FREE
82533	CORTISOL TOTAL
82540	CREATINE
82542	COLUMN CHROMATOGRAPHY INCLUDES MASS SPECTROMETRY IF PERFORMED (EG HPLC LC LC MS LC MS-MS GC GC MS-MS GC MS HPLC MS) NON-DRUG ANALYTE(S) NOT ELSEWHERE SPECIFIED QUALITATIVE OR QUANTITATIVE EACH SPECIMEN
82550	CREATINE KINASE (CK) (CPK) TOTAL
82552	CREATINE KINASE (CK) (CPK) ISOENZYMES
82553	CREATINE KINASE (CK) (CPK) MB FRACTION ONLY
82554	CREATINE KINASE (CK) (CPK) ISOFORMS
82565	CREATININE BLOOD
82570	CREATININE OTHER SOURCE
82575	CREATININE CLEARANCE
82585	CRYOFIBRINOGEN
82595	CRYOGLOBULIN QUALITATIVE OR SEMI-QUANTITATIVE (EG CRYOCRIT)
82600	CYANIDE
82607	CYANOCOBALAMIN (VITAMIN B-12)
82608	CYANOCOBALAMIN (VITAMIN B-12) UNSATURATED BINDING CAPACITY
82610	CYSTATIN C
82615	CYSTINE AND HOMOCYSTINE URINE QUALITATIVE
82626	DEHYDROEPIANDROSTERONE (DHEA)
82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)
82633	DESOXYCORTICOSTERONE 11-
82634	DEOXYCORTISOL 11-
82638	DIBUCAINE NUMBER
82642	DIHYDROTESTOSTERONE (DHT)
82652	VITAMIN D 1 25 DIHYDROXY INCLUDES FRACTION(S) IF PERFORMED
82653	ELASTASE PANCREATIC (EL-1) FECAL QUANTITATIVE

82656	ELASTASE PANCREATIC (EL-1) FECAL QUALITATIVE OR SEMI-QUANTITATIVE
82657	ENZYME ACTIVITY IN BLOOD CELLS CULTURED CELLS OR TISSUE NOT ELSEWHERE SPECIFIED NONRADIOACTIVE SUBSTRATE EACH SPECIMEN
82658	ENZYME ACTIVITY IN BLOOD CELLS CULTURED CELLS OR TISSUE NOT ELSEWHERE SPECIFIED RADIOACTIVE SUBSTRATE EACH SPECIMEN
82664	ELECTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED
82668	ERYTHROPOIETIN
82670	ESTRADIOL TOTAL
82671	ESTROGENS FRACTIONATED
82672	ESTROGENS TOTAL
82677	ESTRIOL
82679	ESTRONE
82681	ESTRADIOL FREE DIRECT MEASUREMENT (EG EQUILIBRIUM DIALYSIS)
82693	ETHYLENE GLYCOL
82696	ETIOCHOLANOLONE
82705	FAT OR LIPIDS FECES QUALITATIVE
82710	FAT OR LIPIDS FECES QUANTITATIVE
82715	FAT DIFFERENTIAL FECES QUANTITATIVE
82725	FATTY ACIDS NONESTERIFIED
82726	VERY LONG CHAIN FATTY ACIDS
82728	FERRITIN
82731	FETAL FIBRONECTIN CERVICOVAGINAL SECRETIONS SEMI-QUANTITATIVE
82735	FLUORIDE
82746	FOLIC ACID SERUM
82747	FOLIC ACID RBC
82757	FRUCTOSE SEMEN
82759	GALACTOKINASE RBC
82760	GALACTOSE
82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE QUANTITATIVE
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE SCREEN
82777	GALECTIN-3
82784	GAMMAGLOBULIN (IMMUNOGLOBULIN) IGA IGD IGG IGM EACH
82785	GAMMAGLOBULIN (IMMUNOGLOBULIN) IGE
82787	GAMMAGLOBULIN (IMMUNOGLOBULIN) IMMUNOGLOBULIN SUBCLASSES (EG IGG1 2 3 OR 4) EACH

82800	GASES BLOOD PH ONLY
82803	GASES BLOOD ANY COMBINATION OF PH PCO2 PO2 CO2 HCO3 (INCLUDING CALCULATED O2 SATURATION)
82805	GASES BLOOD ANY COMBINATION OF PH PCO2 PO2 CO2 HCO3 (INCLUDING CALCULATED O2 SATURATION) WITH O2 SATURATION BY DIRECT MEASUREMENT EXCEPT PULSE OXIMETRY
82810	GASES BLOOD O2 SATURATION ONLY BY DIRECT MEASUREMENT EXCEPT PULSE OXIMETRY
82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATURATION WITH OXYGEN)
82930	GASTRIC ACID ANALYSIS INCLUDES PH IF PERFORMED EACH SPECIMEN
82938	GASTRIN AFTER SECRETIN STIMULATION
82941	GASTRIN
82943	GLUCAGON
82945	GLUCOSE BODY FLUID OTHER THAN BLOOD
82946	GLUCAGON TOLERANCE TEST
82947	GLUCOSE QUANTITATIVE BLOOD (EXCEPT REAGENT STRIP)
82948	GLUCOSE BLOOD REAGENT STRIP
82950	GLUCOSE POST GLUCOSE DOSE (INCLUDES GLUCOSE)
82951	GLUCOSE TOLERANCE TEST (GTT) 3 SPECIMENS (INCLUDES GLUCOSE)
82952	GLUCOSE TOLERANCE TEST EACH ADDITIONAL BEYOND 3 SPECIMENS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD) QUANTITATIVE
82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD) SCREEN
82962	GLUCOSE BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA SPECIFICALLY FOR HOME USE
82963	GLUCOSIDASE BETA
82965	GLUTAMATE DEHYDROGENASE
82977	GLUTAMYLTRANSFERASE GAMMA (GGT)
82978	GLUTATHIONE
82979	GLUTATHIONE REDUCTASE RBC
82985	GLYCATED PROTEIN
83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE (FSH)
83002	GONADOTROPIN LUTEINIZING HORMONE (LH)
83003	GROWTH HORMONE HUMAN (HGH) (SOMATOTROPIN)
83006	GROWTH STIMULATION EXPRESSED GENE 2 (ST2 INTERLEUKIN 1 RECEPTOR LIKE-1)
83009	HELICOBACTER PYLORI BLOOD TEST ANALYSIS FOR UREASE ACTIVITY NON-RADIOACTIVE ISOTOPE (EG C-13)
83010	HAPTOGLOBIN QUANTITATIVE
83012	HAPTOGLOBIN PHENOTYPES

83013	HELICOBACTER PYLORI BREATH TEST ANALYSIS FOR UREASE ACTIVITY NON-RADIOACTIVE ISOTOPE (EG C-13)
83014	HELICOBACTER PYLORI DRUG ADMINISTRATION
83015	HEAVY METAL (EG ANTIMONY ARSENIC BARIUM BERYLLIUM BISMUTH GADOLINIUM MERCURY) QUALITATIVE ANY NUMBER OF ANALYTES
83018	HEAVY METAL (EG ANTIMONY ARSENIC BARIUM BERYLLIUM BISMUTH GADOLINIUM MERCURY) QUANTITATIVE EACH NOT ELSEWHERE SPECIFIED
83020	HEMOGLOBIN FRACTIONATION AND QUANTITATION ELECTROPHORESIS (EG A2 S C AND OR F)
83021	HEMOGLOBIN FRACTIONATION AND QUANTITATION CHROMATOGRAPHY (EG A2 S C AND OR F)
83026	HEMOGLOBIN BY COPPER SULFATE METHOD NON-AUTOMATED
83030	HEMOGLOBIN F (FETAL) CHEMICAL
83033	HEMOGLOBIN F (FETAL) QUALITATIVE
83036	HEMOGLOBIN GLYCOSYLATED (A1C)
83037	HEMOGLOBIN GLYCOSYLATED (A1C) BY DEVICE CLEARED BY FDA FOR HOME USE
83045	HEMOGLOBIN METHEMOGLOBIN QUALITATIVE
83050	HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE
83051	HEMOGLOBIN PLASMA
83060	HEMOGLOBIN SULFHEMOGLOBIN QUANTITATIVE
83065	HEMOGLOBIN THERMOLABILE
83068	HEMOGLOBIN UNSTABLE SCREEN
83069	HEMOGLOBIN URINE
83070	HEMOSIDERIN QUALITATIVE
83080	B-HEXOSAMINIDASE EACH ASSAY
83088	HISTAMINE
83090	HOMOCYSTEINE
83150	HOMOVANILLIC ACID (HVA)
83491	HYDROXYCORTICOSTEROIDS 17- (17-OHCS)
83497	HYDROXYINDOLACETIC ACID 5-(HIAA)
83498	HYDROXYPROGESTERONE 17-D
83500	HYDROXYPROLINE FREE
83505	HYDROXYPROLINE TOTAL
83516	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT ANTIGEN QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE STEP METHOD
83518	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT ANTIGEN QUALITATIVE OR SEMIQUANTITATIVE SINGLE STEP METHOD (EG REAGENT STRIP)

83519	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT ANTIGEN QUANTITATIVE BY RADIOIMMUNOASSAY (EG RIA)
83520	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT ANTIGEN QUANTITATIVE NOT OTHERWISE SPECIFIED
83521	IMMUNOGLOBULIN LIGHT CHAINS (IE KAPPA LAMBDA) FREE EACH
83525	INSULIN TOTAL
83527	INSULIN FREE
83528	INTRINSIC FACTOR
83529	INTERLEUKIN-6 (IL-6)
83540	IRON
83550	IRON BINDING CAPACITY
83570	ISOCITRIC DEHYDROGENASE (IDH)
83582	KETOGENIC STEROIDS FRACTIONATION
83586	KETOSTEROIDS 17- (17-KS) TOTAL
83593	KETOSTEROIDS 17- (17-KS) FRACTIONATION
83605	LACTATE (LACTIC ACID)
83615	LACTATE DEHYDROGENASE (LD) (LDH)
83625	LACTATE DEHYDROGENASE (LD) (LDH) ISOENZYMES SEPARATION AND QUANTITATION
83630	LACTOFERRIN FECAL QUALITATIVE
83631	LACTOFERRIN FECAL QUANTITATIVE
83632	LACTOGEN HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SOMATOMAMMOTROPIN
83633	LACTOSE URINE QUALITATIVE
83655	LEAD
83661	FETAL LUNG MATURITY ASSESSMENT LECITHIN SPHINGOMYELIN (L S) RATIO
83662	FETAL LUNG MATURITY ASSESSMENT FOAM STABILITY TEST
83663	FETAL LUNG MATURITY ASSESSMENT FLUORESCENCE POLARIZATION
83664	FETAL LUNG MATURITY ASSESSMENT LAMELLAR BODY DENSITY
83670	LEUCINE AMINOPEPTIDASE (LAP)
83690	LIPASE
83695	LIPOPROTEIN (A)
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2 (LP-PLA2)
83700	LIPOPROTEIN BLOOD ELECTROPHORETIC SEPARATION AND QUANTITATION
83701	LIPOPROTEIN BLOOD HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEINS INCLUDING LIPOPROTEIN SUBCLASSES WHEN PERFORMED (EG ELECTROPHORESIS ULTRACENTRIFUGATION)

83704	LIPOPROTEIN BLOOD QUANTITATION OF LIPOPROTEIN PARTICLE NUMBER(S) (EG BY NUCLEAR MAGNETIC RESONANCE SPECTROSCOPY) INCLUDES LIPOPROTEIN PARTICLE SUBCLASS(ES) WHEN PERFORMED
83718	LIPOPROTEIN DIRECT MEASUREMENT HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL)
83719	LIPOPROTEIN DIRECT MEASUREMENT VLDL CHOLESTEROL
83721	LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL
83722	LIPOPROTEIN DIRECT MEASUREMENT SMALL DENSE LDL CHOLESTEROL
83727	LUTEINIZING RELEASING FACTOR (LRH)
83735	MAGNESIUM
83775	MALATE DEHYDROGENASE
83785	MANGANESE
83789	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY (EG MS MS MS MALDI MS-TOF QTOF) NON-DRUG ANALYTE(S) NOT ELSEWHERE SPECIFIED QUALITATIVE OR QUANTITATIVE EACH SPECIMEN
83825	MERCURY QUANTITATIVE
83835	METANEPHRINES
83857	METHEMALBUMIN
83861	MICROFLUIDIC ANALYSIS UTILIZING AN INTEGRATED COLLECTION AND ANALYSIS DEVICE TEAR OSMOLARITY
83864	MUCOPOLYSACCHARIDES ACID QUANTITATIVE
83872	MUCIN SYNOVIAL FLUID (ROPES TEST)
83873	MYELIN BASIC PROTEIN CEREBROSPINAL FLUID
83874	MYOGLOBIN
83876	MYELOPEROXIDASE (MPO)
83880	NATRIURETIC PEPTIDE
83883	NEPHELOMETRY EACH ANALYTE NOT ELSEWHERE SPECIFIED
83884	NEUROFILAMENT LIGHT CHAIN (NFL)
83885	NICKEL
83915	NUCLEOTIDASE 5 -
83916	OLIGOCLONAL IMMUNE (OLIGOCLONAL BANDS)
83918	ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN
83919	ORGANIC ACIDS QUALITATIVE EACH SPECIMEN
83921	ORGANIC ACID SINGLE QUANTITATIVE
83930	OSMOLALITY BLOOD
83935	OSMOLALITY URINE
83937	OSTEOCALCIN (BONE G1A PROTEIN)
83945	OXALATE

83950	ONCOPROTEIN HER-2 NEU
83951	ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN (DCP)
83970	PARATHORMONE (PARATHYROID HORMONE)
83986	PH BODY FLUID NOT OTHERWISE SPECIFIED
83987	PH EXHALED BREATH CONDENSATE
83992	PHENCYCLIDINE (PCP)
83993	CALPROTECTIN FECAL
84030	PHENYLALANINE (PKU) BLOOD
84035	PHENYLKETONES QUALITATIVE
84060	PHOSPHATASE ACID TOTAL
84066	PHOSPHATASE ACID PROSTATIC
84075	PHOSPHATASE ALKALINE
84078	PHOSPHATASE ALKALINE HEAT STABLE (TOTAL NOT INCLUDED)
84080	PHOSPHATASE ALKALINE ISOENZYMES
84081	PHOSPHATIDYLGLYCEROL
84085	PHOSPHOGLUCONATE 6- DEHYDROGENASE RBC
84087	PHOSPHOHEXOSE ISOMERASE
84100	PHOSPHORUS INORGANIC (PHOSPHATE)
84105	PHOSPHORUS INORGANIC (PHOSPHATE) URINE
84106	PORPHOBILINOGEN URINE QUALITATIVE
84110	PORPHOBILINOGEN URINE QUANTITATIVE
84112	EVALUATION OF CERVICOVAGINAL FLUID FOR SPECIFIC AMNIOTIC FLUID PROTEIN(S) (EG PLACENTAL ALPHA MICROGLOBULIN-1 [PAMG-1] PLACENTAL PROTEIN 12 [PP12] ALPHA-FETOPROTEIN) QUALITATIVE EACH SPECIMEN
84119	PORPHYRINS URINE QUALITATIVE
84120	PORPHYRINS URINE QUANTITATION AND FRACTIONATION
84126	PORPHYRINS FECES QUANTITATIVE
84132	POTASSIUM SERUM PLASMA OR WHOLE BLOOD
84133	POTASSIUM URINE
84134	PREALBUMIN
84135	PREGNANEDIOL
84138	PREGNANETRIOL
84140	PREGNENOLONE
84143	17-HYDROXYPREGNENOLONE

84144	PROGESTERONE
84145	PROCALCITONIN (PCT)
84146	PROLACTIN
84150	PROSTAGLANDIN EACH
84152	PROSTATE SPECIFIC ANTIGEN (PSA) COMPLEXED (DIRECT MEASUREMENT)
84153	PROSTATE SPECIFIC ANTIGEN (PSA) TOTAL
84154	PROSTATE SPECIFIC ANTIGEN (PSA) FREE
84155	PROTEIN TOTAL EXCEPT BY REFRACTOMETRY SERUM PLASMA OR WHOLE BLOOD
84156	PROTEIN TOTAL EXCEPT BY REFRACTOMETRY URINE
84157	PROTEIN TOTAL EXCEPT BY REFRACTOMETRY OTHER SOURCE (EG SYNOVIAL FLUID CEREBROSPINAL FLUID)
84160	PROTEIN TOTAL BY REFRACTOMETRY ANY SOURCE
84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A (PAPP-A)
84165	PROTEIN ELECTROPHORETIC FRACTIONATION AND QUANTITATION SERUM
84166	PROTEIN ELECTROPHORETIC FRACTIONATION AND QUANTITATION OTHER FLUIDS WITH CONCENTRATION (EG URINE CSF)
84181	PROTEIN WESTERN BLOT WITH INTERPRETATION AND REPORT BLOOD OR OTHER BODY FLUID
84182	PROTEIN WESTERN BLOT WITH INTERPRETATION AND REPORT BLOOD OR OTHER BODY FLUID IMMUNOLOGICAL PROBE FOR BAND IDENTIFICATION EACH
84202	PROTOPORPHYRIN RBC QUANTITATIVE
84203	PROTOPORPHYRIN RBC SCREEN
84206	PROINSULIN
84207	PYRIDOXAL PHOSPHATE (VITAMIN B-6)
84210	PYRUVATE
84220	PYRUVATE KINASE
84228	QUININE
84233	RECEPTOR ASSAY ESTROGEN
84234	RECEPTOR ASSAY PROGESTERONE
84235	RECEPTOR ASSAY ENDOCRINE OTHER THAN ESTROGEN OR PROGESTERONE (SPECIFY HORMONE)
84238	RECEPTOR ASSAY NON-ENDOCRINE (SPECIFY RECEPTOR)
84244	RENIN
84252	RIBOFLAVIN (VITAMIN B-2)
84255	SELENIUM
84260	SEROTONIN
84270	SEX HORMONE BINDING GLOBULIN (SHBG)

84275	SIALIC ACID
84285	SILICA
84295	SODIUM SERUM PLASMA OR WHOLE BLOOD
84300	SODIUM URINE
84302	SODIUM OTHER SOURCE
84305	SOMATOMEDIN
84307	SOMATOSTATIN
84311	SPECTROPHOTOMETRY ANALYTE NOT ELSEWHERE SPECIFIED
84315	SPECIFIC GRAVITY (EXCEPT URINE)
84375	SUGARS CHROMATOGRAPHIC TLC OR PAPER CHROMATOGRAPHY
84376	SUGARS (MONO- DI- AND OLIGOSACCHARIDES) SINGLE QUALITATIVE EACH SPECIMEN
84377	SUGARS (MONO- DI- AND OLIGOSACCHARIDES) MULTIPLE QUALITATIVE EACH SPECIMEN
84378	SUGARS (MONO- DI- AND OLIGOSACCHARIDES) SINGLE QUANTITATIVE EACH SPECIMEN
84379	SUGARS (MONO- DI- AND OLIGOSACCHARIDES) MULTIPLE QUANTITATIVE EACH SPECIMEN
84392	SULFATE URINE
84393	TAU PHOSPHORYLATED (EG PTAU 181 PTAU 217) EACH
84394	TAU TOTAL (TTAU)
84402	TESTOSTERONE FREE
84403	TESTOSTERONE TOTAL
84425	THIAMINE (VITAMIN B-1)
84430	THIOCYANATE
84431	THROMBOXANE METABOLITE(S) INCLUDING THROMBOXANE IF PERFORMED URINE
84432	THYROGLOBULIN
84433	THIOPURINE S-METHYLTRANSFERASE (TPMT)
84436	THYROXINE TOTAL
84437	THYROXINE REQUIRING ELUTION (EG NEONATAL)
84439	THYROXINE FREE
84442	THYROXINE BINDING GLOBULIN (TBG)
84443	THYROID STIMULATING HORMONE (TSH)
84445	THYROID STIMULATING IMMUNE GLOBULINS (TSI)
84446	TOCOPHEROL ALPHA (VITAMIN E)
84449	TRANSCORTIN (CORTISOL BINDING GLOBULIN)
84450	TRANSFERASE ASPARTATE AMINO (AST) (SGOT)
84460	TRANSFERASE ALANINE AMINO (ALT) (SGPT)

84466	TRANSFERRIN
84478	TRIGLYCERIDES
84479	THYROID HORMONE (T3 OR T4) UPTAKE OR THYROID HORMONE BINDING RATIO (THBR)
84480	TRIIODOTHYRONINE T3 TOTAL (TT-3)
84481	TRIIODOTHYRONINE T3 FREE
84482	TRIIODOTHYRONINE T3 REVERSE
84484	TROPONIN QUANTITATIVE
84485	TRYPSIN DUODENAL FLUID
84488	TRYPSIN FECES QUALITATIVE
84490	TRYPSIN FECES QUANTITATIVE 24-HOUR COLLECTION
84510	TYROSINE
84512	TROPONIN QUALITATIVE
84520	UREA NITROGEN QUANTITATIVE
84525	UREA NITROGEN SEMIQUANTITATIVE (EG REAGENT STRIP TEST)
84540	UREA NITROGEN URINE
84545	UREA NITROGEN CLEARANCE
84550	URIC ACID BLOOD
84560	URIC ACID OTHER SOURCE
84577	UROBILINOGEN FECES QUANTITATIVE
84578	UROBILINOGEN URINE QUALITATIVE
84580	UROBILINOGEN URINE QUANTITATIVE TIMED SPECIMEN
84583	UROBILINOGEN URINE SEMIQUANTITATIVE
84585	VANILLYLMANDELIC ACID (VMA) URINE
84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)
84588	VASOPRESSIN (ANTIDIURETIC HORMONE ADH)
84590	VITAMIN A
84591	VITAMIN NOT OTHERWISE SPECIFIED
84597	VITAMIN K
84600	VOLATILES (EG ACETIC ANHYDRIDE DIETHYLETHER)
84620	XYLOSE ABSORPTION TEST BLOOD AND OR URINE
84630	ZINC
84681	C-PEPTIDE
84702	GONADOTROPIN CHORIONIC (HCG) QUANTITATIVE
84703	GONADOTROPIN CHORIONIC (HCG) QUALITATIVE

84704	GONADOTROPIN CHORIONIC (HCG) FREE BETA CHAIN
84830	OVULATION TESTS BY VISUAL COLOR COMPARISON METHODS FOR HUMAN LUTEINIZING HORMONE
84999	UNLISTED CHEMISTRY PROCEDURE
85002	BLEEDING TIME
85004	BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT
85007	BLOOD COUNT BLOOD SMEAR MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC COUNT
85008	BLOOD COUNT BLOOD SMEAR MICROSCOPIC EXAMINATION WITHOUT MANUAL DIFFERENTIAL WBC COUNT
85009	BLOOD COUNT MANUAL DIFFERENTIAL WBC COUNT BUFFY COAT
85013	BLOOD COUNT SPUN MICROHEMATOCRIT
85014	BLOOD COUNT HEMATOCRIT (HCT)
85018	BLOOD COUNT HEMOGLOBIN (HGB)
85025	BLOOD COUNT COMPLETE (CBC) AUTOMATED (HGB HCT RBC WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT
85027	BLOOD COUNT COMPLETE (CBC) AUTOMATED (HGB HCT RBC WBC AND PLATELET COUNT)
85032	BLOOD COUNT MANUAL CELL COUNT (ERYTHROCYTE LEUKOCYTE OR PLATELET) EACH
85041	BLOOD COUNT RED BLOOD CELL (RBC) AUTOMATED
85044	BLOOD COUNT RETICULOCYTE MANUAL
85045	BLOOD COUNT RETICULOCYTE AUTOMATED
85046	BLOOD COUNT RETICULOCYTES AUTOMATED INCLUDING 1 OR MORE CELLULAR PARAMETERS (EG RETICULOCYTE HEMOGLOBIN CONTENT [CHR] IMMATURE RETICULOCYTE FRACTION [IRF] RETICULOCYTE VOLUME [MRV] RNA CONTENT) DIRECT MEASUREMENT
85048	BLOOD COUNT LEUKOCYTE (WBC) AUTOMATED
85049	BLOOD COUNT PLATELET AUTOMATED
85055	RETICULATED PLATELET ASSAY
85060	BLOOD SMEAR PERIPHERAL INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT
85097	BONE MARROW SMEAR INTERPRETATION
85130	CHROMOGENIC SUBSTRATE ASSAY
85170	CLOT RETRACTION
85175	CLOT LYSIS TIME WHOLE BLOOD DILUTION
85210	CLOTTING FACTOR II PROTHROMBIN SPECIFIC
85220	CLOTTING FACTOR V (ACG OR PROACCELERIN) LABILE FACTOR
85230	CLOTTING FACTOR VII (PROCONVERTIN STABLE FACTOR)
85240	CLOTTING FACTOR VIII (AHG) 1-STAGE
85244	CLOTTING FACTOR VIII RELATED ANTIGEN

85245	CLOTTING FACTOR VIII VW FACTOR RISTOCETIN COFACTOR
85246	CLOTTING FACTOR VIII VW FACTOR ANTIGEN
85247	CLOTTING FACTOR VIII VON WILLEBRAND FACTOR MULTIMETRIC ANALYSIS
85250	CLOTTING FACTOR IX (PTC OR CHRISTMAS)
85260	CLOTTING FACTOR X (STUART-PROWER)
85270	CLOTTING FACTOR XI (PTA)
85280	CLOTTING FACTOR XII (HAGEMAN)
85290	CLOTTING FACTOR XIII (FIBRIN STABILIZING)
85291	CLOTTING FACTOR XIII (FIBRIN STABILIZING) SCREEN SOLUBILITY
85292	CLOTTING PREKALLIKREIN ASSAY (FLETCHER FACTOR ASSAY)
85293	CLOTTING HIGH MOLECULAR WEIGHT KININOGEN ASSAY (FITZGERALD FACTOR ASSAY)
85300	CLOTTING INHIBITORS OR ANTICOAGULANTS ANTITHROMBIN III ACTIVITY
85301	CLOTTING INHIBITORS OR ANTICOAGULANTS ANTITHROMBIN III ANTIGEN ASSAY
85302	CLOTTING INHIBITORS OR ANTICOAGULANTS PROTEIN C ANTIGEN
85303	CLOTTING INHIBITORS OR ANTICOAGULANTS PROTEIN C ACTIVITY
85305	CLOTTING INHIBITORS OR ANTICOAGULANTS PROTEIN S TOTAL
85306	CLOTTING INHIBITORS OR ANTICOAGULANTS PROTEIN S FREE
85307	ACTIVATED PROTEIN C (APC) RESISTANCE ASSAY
85335	FACTOR INHIBITOR TEST
85337	THROMBOMODULIN
85345	COAGULATION TIME LEE AND WHITE
85347	COAGULATION TIME ACTIVATED
85348	COAGULATION TIME OTHER METHODS
85360	EUGLOBULIN LYSIS
85362	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP) AGGLUTINATION SLIDE SEMIQUANTITATIVE
85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP) PARACOAGULATION
85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP) QUANTITATIVE
85378	FIBRIN DEGRADATION PRODUCTS D-DIMER QUALITATIVE OR SEMIQUANTITATIVE
85379	FIBRIN DEGRADATION PRODUCTS D-DIMER QUANTITATIVE
85380	FIBRIN DEGRADATION PRODUCTS D-DIMER ULTRASENSITIVE (EG FOR EVALUATION FOR VENOUS THROMBOEMBOLISM) QUALITATIVE OR SEMIQUANTITATIVE
85384	FIBRINOGEN ACTIVITY
85385	FIBRINOGEN ANTIGEN
85390	FIBRINOLYSINS OR COAGULOPATHY SCREEN INTERPRETATION AND REPORT

85396	COAGULATION FIBRINOLYSIS ASSAY WHOLE BLOOD (EG VISCOELASTIC CLOT ASSESSMENT) INCLUDING USE OF ANY PHARMACOLOGIC ADDITIVE(S) AS INDICATED INCLUDING INTERPRETATION AND WRITTEN REPORT PER DAY
85397	COAGULATION AND FIBRINOLYSIS FUNCTIONAL ACTIVITY NOT OTHERWISE SPECIFIED (EG ADAMTS-13) EACH ANALYTE
85400	FIBRINOLYTIC FACTORS AND INHIBITORS PLASMIN
85410	FIBRINOLYTIC FACTORS AND INHIBITORS ALPHA-2 ANTIPLASMIN
85415	FIBRINOLYTIC FACTORS AND INHIBITORS PLASMINOGEN ACTIVATOR
85420	FIBRINOLYTIC FACTORS AND INHIBITORS PLASMINOGEN EXCEPT ANTIGENIC ASSAY
85421	FIBRINOLYTIC FACTORS AND INHIBITORS PLASMINOGEN ANTIGENIC ASSAY
85441	HEINZ BODIES DIRECT
85445	HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE
85460	HEMOGLOBIN OR RBCS FETAL FOR FETOMATERNAL HEMORRHAGE DIFFERENTIAL LYSIS (KLEIHAUER-BETKE)
85461	HEMOGLOBIN OR RBCS FETAL FOR FETOMATERNAL HEMORRHAGE ROSETTE
85475	HEMOLYSIN ACID
85520	HEPARIN ASSAY
85525	HEPARIN NEUTRALIZATION
85530	HEPARIN-PROTAMINE TOLERANCE TEST
85536	IRON STAIN PERIPHERAL BLOOD
85540	LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT
85547	MECHANICAL FRAGILITY RBC
85549	MURAMIDASE
85555	OSMOTIC FRAGILITY RBC UNINCUBATED
85557	OSMOTIC FRAGILITY RBC INCUBATED
85576	PLATELET AGGREGATION (IN VITRO) EACH AGENT
85597	PHOSPHOLIPID NEUTRALIZATION PLATELET
85598	PHOSPHOLIPID NEUTRALIZATION HEXAGONAL PHOSPHOLIPID
85610	PROTHROMBIN TIME
85611	PROTHROMBIN TIME SUBSTITUTION PLASMA FRACTIONS EACH
85612	RUSSELL VIPER VENOM TIME (INCLUDES VENOM) UNDILUTED
85613	RUSSELL VIPER VENOM TIME (INCLUDES VENOM) DILUTED
85635	REPTILASE TEST
85651	SEDIMENTATION RATE ERYTHROCYTE NON-AUTOMATED
85652	SEDIMENTATION RATE ERYTHROCYTE AUTOMATED

85660	SICKLING OF RBC REDUCTION
85670	THROMBIN TIME PLASMA
85675	THROMBIN TIME TITER
85705	THROMBOPLASTIN INHIBITION TISSUE
85730	THROMBOPLASTIN TIME PARTIAL (PTT) PLASMA OR WHOLE BLOOD
85732	THROMBOPLASTIN TIME PARTIAL (PTT) SUBSTITUTION PLASMA FRACTIONS EACH
85810	VISCOSITY
85999	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE
86000	AGGLUTININS FEBRILE (EG BRUCELLA FRANCISELLA MURINE TYPHUS Q FEVER ROCKY MOUNTAIN SPOTTED FEVER SCRUB TYPHUS) EACH ANTIGEN
86001	ALLERGEN SPECIFIC IGG QUANTITATIVE OR SEMIQUANTITATIVE EACH ALLERGEN
86003	ALLERGEN SPECIFIC IGE QUANTITATIVE OR SEMIQUANTITATIVE CRUDE ALLERGEN EXTRACT EACH
86005	ALLERGEN SPECIFIC IGE QUALITATIVE MULTIALLERGEN SCREEN (EG DISK SPONGE CARD)
86008	ALLERGEN SPECIFIC IGE QUANTITATIVE OR SEMIQUANTITATIVE RECOMBINANT OR PURIFIED COMPONENT EACH
86015	ACTIN (SMOOTH MUSCLE) ANTIBODY (ASMA) EACH
86021	ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES
86022	ANTIBODY IDENTIFICATION PLATELET ANTIBODIES
86023	ANTIBODY IDENTIFICATION PLATELET ASSOCIATED IMMUNOGLOBULIN ASSAY
86036	ANTINEUTROPHIL CYTOPLASMIC ANTIBODY (ANCA) SCREEN EACH ANTIBODY
86037	ANTINEUTROPHIL CYTOPLASMIC ANTIBODY (ANCA) TITER EACH ANTIBODY
86038	ANTINUCLEAR ANTIBODIES (ANA)
86039	ANTINUCLEAR ANTIBODIES (ANA) TITER
86041	ACETYLCHOLINE RECEPTOR (ACHR) BINDING ANTIBODY
86042	ACETYLCHOLINE RECEPTOR (ACHR) BLOCKING ANTIBODY
86043	ACETYLCHOLINE RECEPTOR (ACHR) MODULATING ANTIBODY
86051	AQUAPORIN-4 (NEUROMYELITIS OPTICA [NMO]) ANTIBODY ENZYME-LINKED IMMUNOSORBENT IMMUNOASSAY (ELISA)
86052	AQUAPORIN-4 (NEUROMYELITIS OPTICA [NMO]) ANTIBODY CELL-BASED IMMUNOFLUORESCENCE ASSAY (CBA) EACH
86053	AQUAPORIN-4 (NEUROMYELITIS OPTICA [NMO]) ANTIBODY FLOW CYTOMETRY (IE FLUORESCENCE-ACTIVATED CELL SORTING [FACS]) EACH
86060	ANTISTREPTOLYSIN 0 TITER
86063	ANTISTREPTOLYSIN 0 SCREEN

86077	BLOOD BANK PHYSICIAN SERVICES DIFFICULT CROSS MATCH AND OR EVALUATION OF IRREGULAR ANTIBODY(S) INTERPRETATION AND WRITTEN REPORT
86078	BLOOD BANK PHYSICIAN SERVICES INVESTIGATION OF TRANSFUSION REACTION INCLUDING SUSPICION OF TRANSMISSIBLE DISEASE INTERPRETATION AND WRITTEN REPORT
86079	BLOOD BANK PHYSICIAN SERVICES AUTHORIZATION FOR DEVIATION FROM STANDARD BLOOD BANKING PROCEDURES (EG USE OF OUTDATED BLOOD TRANSFUSION OF RH INCOMPATIBLE UNITS) WITH WRITTEN REPORT
86140	C-REACTIVE PROTEIN
86141	C-REACTIVE PROTEIN HIGH SENSITIVITY (HSCRP)
86146	BETA 2 GLYCOPROTEIN I ANTIBODY EACH
86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY EACH IG CLASS
86148	ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID) ANTIBODY
86152	CELL ENUMERATION USING IMMUNOLOGIC SELECTION AND IDENTIFICATION IN FLUID SPECIMEN (EG CIRCULATING TUMOR CELLS IN BLOOD)
86153	CELL ENUMERATION USING IMMUNOLOGIC SELECTION AND IDENTIFICATION IN FLUID SPECIMEN (EG CIRCULATING TUMOR CELLS IN BLOOD) PHYSICIAN INTERPRETATION AND REPORT WHEN REQUIRED
86155	CHEMOTAXIS ASSAY SPECIFY METHOD
86156	COLD AGGLUTININ SCREEN
86157	COLD AGGLUTININ TITER
86160	COMPLEMENT ANTIGEN EACH COMPONENT
86161	COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT
86162	COMPLEMENT TOTAL HEMOLYTIC (CH50)
86171	COMPLEMENT FIXATION TESTS EACH ANTIGEN
86200	CYCLIC CITRULLINATED PEPTIDE (CCP) ANTIBODY
86215	DEOXYRIBONUCLEASE ANTIBODY
86225	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY NATIVE OR DOUBLE STRANDED
86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY SINGLE STRANDED
86231	ENDOMYSIAL ANTIBODY (EMA) EACH IMMUNOGLOBULIN (IG) CLASS
86235	EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY TO ANY METHOD (EG NRNP SS-A SS-B SM RNP SC170 J01) EACH ANTIBODY
86255	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY SCREEN EACH ANTIBODY
86256	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY TITER EACH ANTIBODY
86277	GROWTH HORMONE HUMAN (HGH) ANTIBODY
86280	HEMAGGLUTINATION INHIBITION TEST (HAI)

86294	IMMUNOASSAY FOR TUMOR ANTIGEN QUALITATIVE OR SEMIQUANTITATIVE (EG BLADDER TUMOR ANTIGEN)
86300	IMMUNOASSAY FOR TUMOR ANTIGEN QUANTITATIVE CA 15-3 (27.29)
86301	IMMUNOASSAY FOR TUMOR ANTIGEN QUANTITATIVE CA 19-9
86304	IMMUNOASSAY FOR TUMOR ANTIGEN QUANTITATIVE CA 125
86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)
86308	HETEROPHILE ANTIBODIES SCREENING
86309	HETEROPHILE ANTIBODIES TITER
86310	HETEROPHILE ANTIBODIES TITERS AFTER ABSORPTION WITH BEEF CELLS AND GUINEA PIG KIDNEY
86316	IMMUNOASSAY FOR TUMOR ANTIGEN OTHER ANTIGEN QUANTITATIVE (EG CA 50 72-4 549) EACH
86317	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY QUANTITATIVE NOT OTHERWISE SPECIFIED
86318	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY(IES) QUALITATIVE OR SEMIQUANTITATIVE SINGLE-STEP METHOD (EG REAGENT STRIP)
86320	IMMUNOELECTROPHORESIS SERUM
86325	IMMUNOELECTROPHORESIS OTHER FLUIDS (EG URINE CEREBROSPINAL FLUID) WITH CONCENTRATION
86327	IMMUNOELECTROPHORESIS CROSSED (2-DIMENSIONAL ASSAY)
86328	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY(IES) QUALITATIVE OR SEMIQUANTITATIVE SINGLE STEP METHOD (EG REAGENT STRIP) SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19])
86329	IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED
86331	IMMUNODIFFUSION GEL DIFFUSION QUALITATIVE (OUCHTERLONY) EACH ANTIGEN OR ANTIBODY
86332	IMMUNE COMPLEX ASSAY
86334	IMMUNOFIXATION ELECTROPHORESIS SERUM
86335	IMMUNOFIXATION ELECTROPHORESIS OTHER FLUIDS WITH CONCENTRATION (EG URINE CSF)
86336	INHIBIN A
86337	INSULIN ANTIBODIES
86340	INTRINSIC FACTOR ANTIBODIES
86341	ISLET CELL ANTIBODY
86343	LEUKOCYTE HISTAMINE RELEASE TEST (LHR)
86344	LEUKOCYTE PHAGOCYTOSIS
86352	CELLULAR FUNCTION ASSAY INVOLVING STIMULATION (EG MITOGEN OR ANTIGEN) AND DETECTION OF BIOMARKER (EG ATP)
86353	LYMPHOCYTE TRANSFORMATION MITOGEN (PHYTOMITOGEN) OR ANTIGEN INDUCED BLASTOGENESIS
86355	B CELLS TOTAL COUNT

86356	MONONUCLEAR CELL ANTIGEN QUANTITATIVE (EG FLOW CYTOMETRY) NOT OTHERWISE SPECIFIED EACH ANTIGEN
86357	NATURAL KILLER (NK) CELLS TOTAL COUNT
86359	T CELLS TOTAL COUNT
86360	T CELLS ABSOLUTE CD4 AND CD8 COUNT INCLUDING RATIO
86361	T CELLS ABSOLUTE CD4 COUNT
86362	MYELIN OLIGODENDROCYTE GLYCOPROTEIN (MOG-IGG1) ANTIBODY CELL-BASED IMMUNOFLUORESCENCE ASSAY (CBA) EACH
86363	MYELIN OLIGODENDROCYTE GLYCOPROTEIN (MOG-IGG1) ANTIBODY FLOW CYTOMETRY (IE FLUORESCENCE-ACTIVATED CELL SORTING [FACS]) EACH
86364	TISSUE TRANSGLUTAMINASE EACH IMMUNOGLOBULIN (IG) CLASS
86366	MUSCLE-SPECIFIC KINASE (MUSK) ANTIBODY
86367	STEM CELLS (IE CD34) TOTAL COUNT
86376	MICROSOMAL ANTIBODIES (EG THYROID OR LIVER-KIDNEY) EACH
86381	MITOCHONDRIAL ANTIBODY (EG M2) EACH
86382	NEUTRALIZATION TEST VIRAL
86384	NITROBLUE TETRAZOLIUM DYE TEST (NTD)
86386	NUCLEAR MATRIX PROTEIN 22 (NMP22) QUALITATIVE
86403	PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY
86406	PARTICLE AGGLUTINATION TITER EACH ANTIBODY
86408	NEUTRALIZING ANTIBODY SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) SCREEN
86409	NEUTRALIZING ANTIBODY SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) TITER
86413	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19]) ANTIBODY QUANTITATIVE
86430	RHEUMATOID FACTOR QUALITATIVE
86431	RHEUMATOID FACTOR QUANTITATIVE
86480	TUBERCULOSIS TEST CELL MEDIATED IMMUNITY ANTIGEN RESPONSE MEASUREMENT GAMMA INTERFERON
86481	TUBERCULOSIS TEST CELL MEDIATED IMMUNITY ANTIGEN RESPONSE MEASUREMENT ENUMERATION OF GAMMA INTERFERON-PRODUCING T-CELLS IN CELL SUSPENSION
86485	SKIN TEST CANDIDA
86486	SKIN TEST UNLISTED ANTIGEN EACH
86490	SKIN TEST COCCIDIOIDOMYCOSIS

86510	SKIN TEST HISTOPLASMOSIS
86580	SKIN TEST TUBERCULOSIS INTRADERMAL
86581	STREPTOCOCCUS PNEUMONIAE ANTIBODY (IGG) SEROTYPES MULTIPLEX IMMUNOASSAY QUANTITATIVE
86590	STREPTOKINASE ANTIBODY
86592	SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUALITATIVE (EG VDRL RPR ART)
86593	SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUANTITATIVE
86596	VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH
86602	ANTIBODY ACTINOMYCES
86603	ANTIBODY ADENOVIRUS
86606	ANTIBODY ASPERGILLUS
86609	ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED
86611	ANTIBODY BARTONELLA
86612	ANTIBODY BLASTOMYCES
86615	ANTIBODY BORDETELLA
86617	ANTIBODY BORRELIA BURGDORFERI (LYME DISEASE) CONFIRMATORY TEST (EG WESTERN BLOT OR IMMUNOBLOT)
86618	ANTIBODY BORRELIA BURGDORFERI (LYME DISEASE)
86619	ANTIBODY BORRELIA (RELAPSING FEVER)
86622	ANTIBODY BRUCELLA
86625	ANTIBODY CAMPYLOBACTER
86628	ANTIBODY CANDIDA
86631	ANTIBODY CHLAMYDIA
86632	ANTIBODY CHLAMYDIA IGM
86635	ANTIBODY COCCIDIOIDES
86638	ANTIBODY COXIELLA BURNETII (Q FEVER)
86641	ANTIBODY CRYPTOCOCCUS
86644	ANTIBODY CYTOMEGALOVIRUS (CMV)
86645	ANTIBODY CYTOMEGALOVIRUS (CMV) IGM
86648	ANTIBODY DIPHTHERIA
86651	ANTIBODY ENCEPHALITIS CALIFORNIA (LA CROSSE)
86652	ANTIBODY ENCEPHALITIS EASTERN EQUINE
86653	ANTIBODY ENCEPHALITIS ST. LOUIS
86654	ANTIBODY ENCEPHALITIS WESTERN EQUINE
86658	ANTIBODY ENTEROVIRUS (EG COXSACKIE ECHO POLIO)

86663	ANTIBODY EPSTEIN-BARR (EB) VIRUS EARLY ANTIGEN (EA)
86664	ANTIBODY EPSTEIN-BARR (EB) VIRUS NUCLEAR ANTIGEN (EBNA)
86665	ANTIBODY EPSTEIN-BARR (EB) VIRUS VIRAL CAPSID (VCA)
86666	ANTIBODY EHRLICHIA
86668	ANTIBODY FRANCISELLA TULARENSIS
86671	ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED
86674	ANTIBODY GIARDIA LAMBLIA
86677	ANTIBODY HELICOBACTER PYLORI
86682	ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED
86684	ANTIBODY HAEMOPHILUS INFLUENZA
86687	ANTIBODY HTLV-I
86688	ANTIBODY HTLV-II
86689	ANTIBODY HTLV OR HIV ANTIBODY CONFIRMATORY TEST (EG WESTERN BLOT)
86692	ANTIBODY HEPATITIS DELTA AGENT
86694	ANTIBODY HERPES SIMPLEX NON-SPECIFIC TYPE TEST
86695	ANTIBODY HERPES SIMPLEX TYPE 1
86696	ANTIBODY HERPES SIMPLEX TYPE 2
86698	ANTIBODY HISTOPLASMA
86701	ANTIBODY HIV-1
86702	ANTIBODY HIV-2
86703	ANTIBODY HIV-1 AND HIV-2 SINGLE RESULT
86704	HEPATITIS B CORE ANTIBODY (HBCAB) TOTAL
86705	HEPATITIS B CORE ANTIBODY (HBCAB) IGM ANTIBODY
86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)
86707	HEPATITIS BE ANTIBODY (HBEAB)
86708	HEPATITIS A ANTIBODY (HAAB)
86709	HEPATITIS A ANTIBODY (HAAB) IGM ANTIBODY
86710	ANTIBODY INFLUENZA VIRUS
86711	ANTIBODY JC (JOHN CUNNINGHAM) VIRUS
86713	ANTIBODY LEGIONELLA
86717	ANTIBODY LEISHMANIA
86720	ANTIBODY LEPTOSPIRA
86723	ANTIBODY LISTERIA MONOCYTOGENES
86727	ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS

86732	ANTIBODY MUCORMYCOSIS
86735	ANTIBODY MUMPS
86738	ANTIBODY MYCOPLASMA
86741	ANTIBODY NEISSERIA MENINGITIDIS
86744	ANTIBODY NOCARDIA
86747	ANTIBODY PARVOVIRUS
86750	ANTIBODY PLASMODIUM (MALARIA)
86753	ANTIBODY PROTOZOA NOT ELSEWHERE SPECIFIED
86756	ANTIBODY RESPIRATORY SYNCYTIAL VIRUS
86757	ANTIBODY RICKETTSIA
86759	ANTIBODY ROTAVIRUS
86762	ANTIBODY RUBELLA
86765	ANTIBODY RUBEOLA
86768	ANTIBODY SALMONELLA
86769	ANTIBODY SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19])
86771	ANTIBODY SHIGELLA
86774	ANTIBODY TETANUS
86777	ANTIBODY TOXOPLASMA
86778	ANTIBODY TOXOPLASMA IGM
86780	ANTIBODY TREPONEMA PALLIDUM
86781	ANTIBODY TREPONEMA PALLIDUM CONFIRMATORY TEST (EG FTA-ABS)
86784	ANTIBODY TRICHINELLA
86787	ANTIBODY VARICELLA-ZOSTER
86788	ANTIBODY WEST NILE VIRUS IGM
86789	ANTIBODY WEST NILE VIRUS
86790	ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED
86793	ANTIBODY YERSINIA
86794	ANTIBODY ZIKA VIRUS IGM
86800	THYROGLOBULIN ANTIBODY
86803	HEPATITIS C ANTIBODY
86804	HEPATITIS C ANTIBODY CONFIRMATORY TEST (EG IMMUNOBLOT)
86805	LYMPHOCYTOTOXICITY ASSAY VISUAL CROSSMATCH WITH TITRATION
86806	LYMPHOCYTOTOXICITY ASSAY VISUAL CROSSMATCH WITHOUT TITRATION

86807	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA) STANDARD METHOD
86808	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA) QUICK METHOD
86812	HLA TYPING A B OR C (EG A10 B7 B27) SINGLE ANTIGEN
86813	HLA TYPING A B OR C MULTIPLE ANTIGENS
86816	HLA TYPING DR DQ SINGLE ANTIGEN
86817	HLA TYPING DR DQ MULTIPLE ANTIGENS
86821	HLA TYPING LYMPHOCYTE CULTURE MIXED (MLC)
86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH NON-CYTOTOXIC (EG USING FLOW CYTOMETRY) FIRST SERUM SAMPLE OR DILUTION
86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH NON-CYTOTOXIC (EG USING FLOW CYTOMETRY) EACH ADDITIONAL SERUM SAMPLE OR SAMPLE DILUTION (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
86828	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) SOLID PHASE ASSAYS (EG MICROSPHERES OR BEADS ELISA FLOW CYTOMETRY) QUALITATIVE ASSESSMENT OF THE PRESENCE OR ABSENCE OF ANTIBODY(IES) TO HLA CLASS I AND CLASS II HLA ANTIGENS
86829	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) SOLID PHASE ASSAYS (EG MICROSPHERES OR BEADS ELISA FLOW CYTOMETRY) QUALITATIVE ASSESSMENT OF THE PRESENCE OR ABSENCE OF ANTIBODY(IES) TO HLA CLASS I OR CLASS II HLA ANTIGENS
86830	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) SOLID PHASE ASSAYS (EG MICROSPHERES OR BEADS ELISA FLOW CYTOMETRY) ANTIBODY IDENTIFICATION BY QUALITATIVE PANEL USING COMPLETE HLA PHENOTYPES HLA CLASS I
86831	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) SOLID PHASE ASSAYS (EG MICROSPHERES OR BEADS ELISA FLOW CYTOMETRY) ANTIBODY IDENTIFICATION BY QUALITATIVE PANEL USING COMPLETE HLA PHENOTYPES HLA CLASS II
86832	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) SOLID PHASE ASSAYS (EG MICROSPHERES OR BEADS ELISA FLOW CYTOMETRY) HIGH DEFINITION QUALITATIVE PANEL FOR IDENTIFICATION OF ANTIBODY SPECIFICITIES (EG INDIVIDUAL ANTIGEN PER BEAD METHODOLOGY) HLA CLASS I
86833	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) SOLID PHASE ASSAYS (EG MICROSPHERES OR BEADS ELISA FLOW CYTOMETRY) HIGH DEFINITION QUALITATIVE PANEL FOR IDENTIFICATION OF ANTIBODY SPECIFICITIES (EG INDIVIDUAL ANTIGEN PER BEAD METHODOLOGY) HLA CLASS II
86834	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) SOLID PHASE ASSAYS (EG MICROSPHERES OR BEADS ELISA FLOW CYTOMETRY) SEMI-QUANTITATIVE PANEL (EG TITER) HLA CLASS I
86835	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) SOLID PHASE ASSAYS (EG MICROSPHERES OR BEADS ELISA FLOW CYTOMETRY) SEMI-QUANTITATIVE PANEL (EG TITER) HLA CLASS II

86849	UNLISTED IMMUNOLOGY PROCEDURE
86850	ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE
86860	ANTIBODY ELUTION (RBC) EACH ELUTION
86870	ANTIBODY IDENTIFICATION RBC ANTIBODIES EACH PANEL FOR EACH SERUM TECHNIQUE
86880	ANTIHUMAN GLOBULIN TEST (COOMBS TEST) DIRECT EACH ANTISERUM
86885	ANTIHUMAN GLOBULIN TEST (COOMBS TEST) INDIRECT QUALITATIVE EACH REAGENT RED CELL
86886	ANTIHUMAN GLOBULIN TEST (COOMBS TEST) INDIRECT EACH ANTIBODY TITER
86890	AUTOLOGOUS BLOOD OR COMPONENT COLLECTION PROCESSING AND STORAGE PREDEPOSITED
86891	AUTOLOGOUS BLOOD OR COMPONENT COLLECTION PROCESSING AND STORAGE INTRA- OR POSTOPERATIVE SALVAGE
86900	BLOOD TYPING SEROLOGIC ABO
86901	BLOOD TYPING SEROLOGIC RH (D)
86902	BLOOD TYPING SEROLOGIC ANTIGEN TESTING OF DONOR BLOOD USING REAGENT SERUM EACH ANTIGEN TEST
86904	BLOOD TYPING SEROLOGIC ANTIGEN SCREENING FOR COMPATIBLE UNIT USING PATIENT SERUM PER UNIT SCREENED
86905	BLOOD TYPING SEROLOGIC RBC ANTIGENS OTHER THAN ABO OR RH (D) EACH
86906	BLOOD TYPING SEROLOGIC RH PHENOTYPING COMPLETE
86910	BLOOD TYPING FOR PATERNITY TESTING PER INDIVIDUAL ABO RH AND MN
86911	BLOOD TYPING FOR PATERNITY TESTING PER INDIVIDUAL EACH ADDITIONAL ANTIGEN SYSTEM
86920	COMPATIBILITY TEST EACH UNIT IMMEDIATE SPIN TECHNIQUE
86921	COMPATIBILITY TEST EACH UNIT INCUBATION TECHNIQUE
86922	COMPATIBILITY TEST EACH UNIT ANTIGLOBULIN TECHNIQUE
86923	COMPATIBILITY TEST EACH UNIT ELECTRONIC
86927	FRESH FROZEN PLASMA THAWING EACH UNIT
86930	FROZEN BLOOD EACH UNIT FREEZING (INCLUDES PREPARATION)
86931	FROZEN BLOOD EACH UNIT THAWING
86932	FROZEN BLOOD EACH UNIT FREEZING (INCLUDES PREPARATION) AND THAWING
86940	HEMOLYSINS AND AGGLUTININS AUTO SCREEN EACH
86941	HEMOLYSINS AND AGGLUTININS INCUBATED
86945	IRRADIATION OF BLOOD PRODUCT EACH UNIT
86950	LEUKOCYTE TRANSFUSION
86960	VOLUME REDUCTION OF BLOOD OR BLOOD PRODUCT (EG RED BLOOD CELLS OR PLATELETS) EACH UNIT
86965	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS

86970	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION IDENTIFICATION AND OR COMPATIBILITY TESTING INCUBATION WITH CHEMICAL AGENTS OR DRUGS EACH
86971	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION IDENTIFICATION AND OR COMPATIBILITY TESTING INCUBATION WITH ENZYMES EACH
86972	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION IDENTIFICATION AND OR COMPATIBILITY TESTING BY DENSITY GRADIENT SEPARATION
86975	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION INCUBATION WITH DRUGS EACH
86976	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION BY DILUTION
86977	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION INCUBATION WITH INHIBITORS EACH
86978	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION BY DIFFERENTIAL RED CELL ABSORPTION USING PATIENT RBCS OR RBCS OF KNOWN PHENOTYPE EACH ABSORPTION
86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS EACH UNIT
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE
87003	ANIMAL INOCULATION SMALL ANIMAL WITH OBSERVATION AND DISSECTION
87015	CONCENTRATION (ANY TYPE) FOR INFECTIOUS AGENTS
87040	CULTURE BACTERIAL BLOOD AEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES (INCLUDES ANAEROBIC CULTURE IF APPROPRIATE)
87045	CULTURE BACTERIAL STOOL AEROBIC WITH ISOLATION AND PRELIMINARY EXAMINATION (EG KIA LIA) SALMONELLA AND SHIGELLA SPECIES
87046	CULTURE BACTERIAL STOOL AEROBIC ADDITIONAL PATHOGENS ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES EACH PLATE
87070	CULTURE BACTERIAL ANY OTHER SOURCE EXCEPT URINE BLOOD OR STOOL AEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES
87071	CULTURE BACTERIAL QUANTITATIVE AEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES ANY SOURCE EXCEPT URINE BLOOD OR STOOL
87073	CULTURE BACTERIAL QUANTITATIVE ANAEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES ANY SOURCE EXCEPT URINE BLOOD OR STOOL
87075	CULTURE BACTERIAL ANY SOURCE EXCEPT BLOOD ANAEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES
87076	CULTURE BACTERIAL ANAEROBIC ISOLATE ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION EACH ISOLATE
87077	CULTURE BACTERIAL AEROBIC ISOLATE ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION EACH ISOLATE

87081	CULTURE PRESUMPTIVE PATHOGENIC ORGANISMS SCREENING ONLY
87084	CULTURE PRESUMPTIVE PATHOGENIC ORGANISMS SCREENING ONLY WITH COLONY ESTIMATION FROM DENSITY CHART
87086	CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE
87088	CULTURE BACTERIAL WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF EACH ISOLATE URINE
87101	CULTURE FUNGI (MOLD OR YEAST) ISOLATION WITH PRESUMPTIVE IDENTIFICATION OF ISOLATES SKIN HAIR OR NAIL
87102	CULTURE FUNGI (MOLD OR YEAST) ISOLATION WITH PRESUMPTIVE IDENTIFICATION OF ISOLATES OTHER SOURCE (EXCEPT BLOOD)
87103	CULTURE FUNGI (MOLD OR YEAST) ISOLATION WITH PRESUMPTIVE IDENTIFICATION OF ISOLATES BLOOD
87106	CULTURE FUNGI DEFINITIVE IDENTIFICATION EACH ORGANISM YEAST
87107	CULTURE FUNGI DEFINITIVE IDENTIFICATION EACH ORGANISM MOLD
87109	CULTURE MYCOPLASMA ANY SOURCE
87110	CULTURE CHLAMYDIA ANY SOURCE
87116	CULTURE TUBERCLE OR OTHER ACID-FAST BACILLI (EG TB AFB MYCOBACTERIA) ANY SOURCE WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES
87118	CULTURE MYCOBACTERIAL DEFINITIVE IDENTIFICATION EACH ISOLATE
87140	CULTURE TYPING IMMUNOFLUORESCENT METHOD EACH ANTISERUM
87143	CULTURE TYPING GAS LIQUID CHROMATOGRAPHY (GLC) OR HIGH PRESSURE LIQUID CHROMATOGRAPHY (HPLC) METHOD
87147	CULTURE TYPING IMMUNOLOGIC METHOD OTHER THAN IMMUNOFLUORESCENCE (EG AGGLUTINATION GROUPING) PER ANTISERUM
87149	CULTURE TYPING IDENTIFICATION BY NUCLEIC ACID (DNA OR RNA) PROBE DIRECT PROBE TECHNIQUE PER CULTURE OR ISOLATE EACH ORGANISM PROBED
87150	CULTURE TYPING IDENTIFICATION BY NUCLEIC ACID (DNA OR RNA) PROBE AMPLIFIED PROBE TECHNIQUE PER CULTURE OR ISOLATE EACH ORGANISM PROBED
87152	CULTURE TYPING IDENTIFICATION BY PULSE FIELD GEL TYPING
87153	CULTURE TYPING IDENTIFICATION BY NUCLEIC ACID SEQUENCING METHOD EACH ISOLATE (EG SEQUENCING OF THE 16S RRNA GENE)
87154	CULTURE TYPING IDENTIFICATION OF BLOOD PATHOGEN AND RESISTANCE TYPING WHEN PERFORMED BY NUCLEIC ACID (DNA OR RNA) PROBE MULTIPLEXED AMPLIFIED PROBE TECHNIQUE INCLUDING MULTIPLEX REVERSE TRANSCRIPTION WHEN PERFORMED PER CULTURE OR ISOLATE 6 OR MORE TARGETS
87158	CULTURE TYPING OTHER METHODS
87164	DARK FIELD EXAMINATION ANY SOURCE (EG PENILE VAGINAL ORAL SKIN) INCLUDES SPECIMEN COLLECTION

87166	DARK FIELD EXAMINATION ANY SOURCE (EG PENILE VAGINAL ORAL SKIN) WITHOUT COLLECTION
87168	MACROSCOPIC EXAMINATION ARTHROPOD
87169	MACROSCOPIC EXAMINATION PARASITE
87172	PINWORM EXAM (EG CELLOPHANE TAPE PREP)
87176	HOMOGENIZATION TISSUE FOR CULTURE
87177	OVA AND PARASITES DIRECT SMEARS CONCENTRATION AND IDENTIFICATION
87181	SUSCEPTIBILITY STUDIES ANTIMICROBIAL AGENT AGAR DILUTION METHOD PER AGENT (EG ANTIBIOTIC GRADIENT STRIP)
87182	SUSCEPTIBILITY STUDIES ANTIMICROBIAL AGENT CARBAPENEMASE ENZYME DETECTION (EG KLEBSIELLA PNEUMONIAE CARBAPENEMASE [KPC] NEW DELHI METALLO-BETA-LACTAMASE [NDM] VERONA INTEGRON-ENCODED METALLO-BETA-LACTAMASE [VIM]) MULTIPLEX IMMUNOASSAY QUALITATIVE PER ISOLATE
87183	SUSCEPTIBILITY STUDIES ANTIMICROBIAL AGENT CARBAPENEM RESISTANCE GENES (EG BLAKPC BLANDM BLAVIM BLAOXA-48 BLAIMP) AMPLIFIED PROBE TECHNIQUE PER ISOLATE
87184	SUSCEPTIBILITY STUDIES ANTIMICROBIAL AGENT DISK METHOD PER PLATE (12 OR FEWER AGENTS)
87185	SUSCEPTIBILITY STUDIES ANTIMICROBIAL AGENT ENZYME DETECTION (EG BETA LACTAMASE) PER ENZYME
87186	SUSCEPTIBILITY STUDIES ANTIMICROBIAL AGENT MICRODILUTION OR AGAR DILUTION (MINIMUM INHIBITORY CONCENTRATION [MIC] OR BREAKPOINT) EACH MULTI-ANTIMICROBIAL PER PLATE
87187	SUSCEPTIBILITY STUDIES ANTIMICROBIAL AGENT MICRODILUTION OR AGAR DILUTION MINIMUM LETHAL CONCENTRATION (MLC) EACH PLATE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
87188	SUSCEPTIBILITY STUDIES ANTIMICROBIAL AGENT MACROBROTH DILUTION METHOD EACH AGENT
87190	SUSCEPTIBILITY STUDIES ANTIMICROBIAL AGENT MYCOBACTERIA PROPORTION METHOD EACH AGENT
87197	SERUM BACTERICIDAL TITER (SCHLICHTER TEST)
87205	SMEAR PRIMARY SOURCE WITH INTERPRETATION GRAM OR GIEMSA STAIN FOR BACTERIA FUNGI OR CELL TYPES
87206	SMEAR PRIMARY SOURCE WITH INTERPRETATION FLUORESCENT AND OR ACID FAST STAIN FOR BACTERIA FUNGI PARASITES VIRUSES OR CELL TYPES
87207	SMEAR PRIMARY SOURCE WITH INTERPRETATION SPECIAL STAIN FOR INCLUSION BODIES OR PARASITES (EG MALARIA COCCIDIA MICROSPORIDIA TRYPANOSOMES HERPES VIRUSES)
87209	SMEAR PRIMARY SOURCE WITH INTERPRETATION COMPLEX SPECIAL STAIN (EG TRICHROME IRON HEMOTOXYLIN) FOR OVA AND PARASITES
87210	SMEAR PRIMARY SOURCE WITH INTERPRETATION WET MOUNT FOR INFECTIOUS AGENTS (EG SALINE INDIA INK KOH PREPS)
87220	TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN HAIR OR NAILS FOR FUNGI OR ECTOPARASITE OVA OR MITES (EG SCABIES)

87230	TOXIN OR ANTITOXIN ASSAY TISSUE CULTURE (EG CLOSTRIDIUM DIFFICILE TOXIN)
87250	VIRUS ISOLATION INOCULATION OF EMBRYONATED EGGS OR SMALL ANIMAL INCLUDES OBSERVATION AND DISSECTION
87252	VIRUS ISOLATION TISSUE CULTURE INOCULATION OBSERVATION AND PRESUMPTIVE IDENTIFICATION BY CYTOPATHIC EFFECT
87253	VIRUS ISOLATION TISSUE CULTURE ADDITIONAL STUDIES OR DEFINITIVE IDENTIFICATION (EG HEMABSORPTION NEUTRALIZATION IMMUNOFLUORESCENCE STAIN) EACH ISOLATE
87254	VIRUS ISOLATION CENTRIFUGE ENHANCED (SHELL VIAL) TECHNIQUE INCLUDES IDENTIFICATION WITH IMMUNOFLUORESCENCE STAIN EACH VIRUS
87255	VIRUS ISOLATION INCLUDING IDENTIFICATION BY NON-IMMUNOLOGIC METHOD OTHER THAN BY CYTOPATHIC EFFECT (EG VIRUS SPECIFIC ENZYMATIC ACTIVITY)
87260	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE ADENOVIRUS
87265	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE BORDETELLA PERTUSSIS PARAPERTUSSIS
87267	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE ENTEROVIRUS DIRECT FLUORESCENT ANTIBODY (DFA)
87269	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE GIARDIA
87270	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE CHLAMYDIA TRACHOMATIS
87271	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE CYTOMEGALOVIRUS DIRECT FLUORESCENT ANTIBODY (DFA)
87272	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE CRYPTOSPORIDIUM
87273	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE HERPES SIMPLEX VIRUS TYPE 2
87274	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE HERPES SIMPLEX VIRUS TYPE 1
87275	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE INFLUENZA B VIRUS
87276	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE INFLUENZA A VIRUS
87278	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE LEGIONELLA PNEUMOPHILA
87279	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE PARAINFLUENZA VIRUS EACH TYPE
87280	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE RESPIRATORY SYNCYTIAL VIRUS

87281	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE PNEUMOCYSTIS CARINII
87283	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE RUBEOLA
87285	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE TREPONEMA PALLIDUM
87290	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE VARICELLA ZOSTER VIRUS
87299	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE NOT OTHERWISE SPECIFIED EACH ORGANISM
87300	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE POLYVALENT FOR MULTIPLE ORGANISMS EACH POLYVALENT ANTISERUM
87301	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD ADENOVIRUS ENTERIC TYPES 40 41
87305	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD ASPERGILLUS
87320	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD CHLAMYDIA TRACHOMATIS
87324	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD CLOSTRIDIUM DIFFICILE TOXIN(S)
87327	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD CRYPTOCOCCUS NEOFORMANS
87328	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD CRYPTOSPORIDIUM
87329	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD GIARDIA
87332	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD CYTOMEGALOVIRUS

87335	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD ESCHERICHIA COLI 0157
87336	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD ENTAMOEBA HISTOLYTICA DISPAR GROUP
87337	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD ENTAMOEBA HISTOLYTICA GROUP
87338	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD HELICOBACTER PYLORI STOOL
87339	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD HELICOBACTER PYLORI
87340	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD HEPATITIS B SURFACE ANTIGEN (HBSAG)
87341	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD HEPATITIS B SURFACE ANTIGEN (HBSAG) NEUTRALIZATION
87350	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD HEPATITIS BE ANTIGEN (HBEAG)
87380	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD HEPATITIS DELTA AGENT
87385	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD HISTOPLASMA CAPSULATUM

87389	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD HIV-1 ANTIGEN(S) WITH HIV-1 AND HIV-2 ANTIBODIES SINGLE RESULT
87390	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD HIV-1
87391	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD HIV-2
87400	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD INFLUENZA A OR B EACH
87420	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD RESPIRATORY SYNCYTIAL VIRUS
87425	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD ROTAVIRUS
87426	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS (EG SARS-COV SARS-COV-2 [COVID-19])
87427	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD SHIGA-LIKE TOXIN
87428	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] FLUORESCENCE IMMUNOASSAY [FIA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS (EG SARS-COV SARS-COV-2 [COVID-19]) AND INFLUENZA VIRUS TYPES A AND B
87430	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD STREPTOCOCCUS GROUP A

87449	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE-STEP METHOD NOT OTHERWISE SPECIFIED EACH ORGANISM
87451	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE (EG ENZYME IMMUNOASSAY [EIA] ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA] IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE MULTIPLE STEP METHOD POLYVALENT FOR MULTIPLE ORGANISMS EACH POLYVALENT ANTISERUM
87467	HEPATITIS B SURFACE ANTIGEN (HBSAG) QUANTITATIVE
87468	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PROBE TECHNIQUE
87469	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) BABESIA MICROTI AMPLIFIED PROBE TECHNIQUE
87471	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) BARTONELLA HENSELAE AND BARTONELLA QUINTANA AMPLIFIED PROBE TECHNIQUE
87472	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) BARTONELLA HENSELAE AND BARTONELLA QUINTANA QUANTIFICATION
87475	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) BORRELIA BURGDORFERI DIRECT PROBE TECHNIQUE
87476	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) BORRELIA BURGDORFERI AMPLIFIED PROBE TECHNIQUE
87478	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) BORRELIA MIYAMOTOI AMPLIFIED PROBE TECHNIQUE
87480	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) CANDIDA SPECIES DIRECT PROBE TECHNIQUE
87481	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) CANDIDA SPECIES AMPLIFIED PROBE TECHNIQUE
87482	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) CANDIDA SPECIES QUANTIFICATION
87483	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) CENTRAL NERVOUS SYSTEM PATHOGEN (EG NEISSERIA MENINGITIDIS STREPTOCOCCUS PNEUMONIAE LISTERIA HAEMOPHILUS INFLUENZAE E. COLI STREPTOCOCCUS AGALACTIAE ENTEROVIRUS HUMAN PARECHOVIRUS HERPES SIMPLEX VIRUS TYPE 1 AND 2 HUMAN HERPESVIRUS 6 CYTOMEGALOVIRUS VARICELLA ZOSTER VIRUS CRYPTOCOCCUS) INCLUDES MULTIPLEX REVERSE TRANSCRIPTION WHEN PERFORMED AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE MULTIPLE TYPES OR SUBTYPES 12-25 TARGETS

87484	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) EHRLICHIA CHAFFEENSIS AMPLIFIED PROBE TECHNIQUE
87485	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) CHLAMYDIA PNEUMONIAE DIRECT PROBE TECHNIQUE
87486	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TECHNIQUE
87487	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) CHLAMYDIA PNEUMONIAE QUANTIFICATION
87490	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) CHLAMYDIA TRACHOMATIS DIRECT PROBE TECHNIQUE
87491	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TECHNIQUE
87492	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) CHLAMYDIA TRACHOMATIS QUANTIFICATION
87493	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) CLOSTRIDIUM DIFFICILE TOXIN GENE(S) AMPLIFIED PROBE TECHNIQUE
87494	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) CHLAMYDIA TRACHOMATIS AND NEISSERIA GONORRHOEAE MULTIPLEX AMPLIFIED PROBE TECHNIQUE
87495	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) CYTOMEGALOVIRUS DIRECT PROBE TECHNIQUE
87496	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) CYTOMEGALOVIRUS AMPLIFIED PROBE TECHNIQUE
87497	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) CYTOMEGALOVIRUS QUANTIFICATION
87498	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) ENTEROVIRUS AMPLIFIED PROBE TECHNIQUE INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED
87500	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) VANCOMYCIN RESISTANCE (EG ENTEROCOCCUS SPECIES VAN A VAN B) AMPLIFIED PROBE TECHNIQUE
87501	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) INFLUENZA VIRUS INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED AND AMPLIFIED PROBE TECHNIQUE EACH TYPE OR SUBTYPE
87502	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) INFLUENZA VIRUS FOR MULTIPLE TYPES OR SUB-TYPES INCLUDES MULTIPLEX REVERSE TRANSCRIPTION WHEN PERFORMED AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE FIRST 2 TYPES OR SUB-TYPES

87503	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) INFLUENZA VIRUS FOR MULTIPLE TYPES OR SUB-TYPES INCLUDES MULTIPLEX REVERSE TRANSCRIPTION WHEN PERFORMED AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE EACH ADDITIONAL INFLUENZA VIRUS TYPE OR SUB-TYPE BEYOND 2 (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
87505	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) GASTROINTESTINAL PATHOGEN (EG CLOSTRIDIUM DIFFICILE E. COLI SALMONELLA SHIGELLA NOROVIRUS GIARDIA) INCLUDES MULTIPLEX REVERSE TRANSCRIPTION WHEN PERFORMED AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE MULTIPLE TYPES OR SUBTYPES 3-5 TARGETS
87506	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) GASTROINTESTINAL PATHOGEN (EG CLOSTRIDIUM DIFFICILE E. COLI SALMONELLA SHIGELLA NOROVIRUS GIARDIA) INCLUDES MULTIPLEX REVERSE TRANSCRIPTION WHEN PERFORMED AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE MULTIPLE TYPES OR SUBTYPES 6-11 TARGETS
87507	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) GASTROINTESTINAL PATHOGEN (EG CLOSTRIDIUM DIFFICILE E. COLI SALMONELLA SHIGELLA NOROVIRUS GIARDIA) INCLUDES MULTIPLEX REVERSE TRANSCRIPTION WHEN PERFORMED AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE MULTIPLE TYPES OR SUBTYPES 12-25 TARGETS
87510	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) GARDNERELLA VAGINALIS DIRECT PROBE TECHNIQUE
87511	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) GARDNERELLA VAGINALIS AMPLIFIED PROBE TECHNIQUE
87512	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) GARDNERELLA VAGINALIS QUANTIFICATION
87513	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HELICOBACTER PYLORI (H. PYLORI) CLARITHROMYCIN RESISTANCE AMPLIFIED PROBE TECHNIQUE
87516	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HEPATITIS B VIRUS AMPLIFIED PROBE TECHNIQUE
87517	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HEPATITIS B VIRUS QUANTIFICATION
87520	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HEPATITIS C DIRECT PROBE TECHNIQUE
87521	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HEPATITIS C AMPLIFIED PROBE TECHNIQUE INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED
87522	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HEPATITIS C QUANTIFICATION INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED
87523	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HEPATITIS D (DELTA) QUANTIFICATION INCLUDING REVERSE TRANSCRIPTION WHEN PERFORMED

87525	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HEPATITIS G DIRECT PROBE TECHNIQUE
87526	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HEPATITIS G AMPLIFIED PROBE TECHNIQUE
87527	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HEPATITIS G QUANTIFICATION
87528	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HERPES SIMPLEX VIRUS DIRECT PROBE TECHNIQUE
87529	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HERPES SIMPLEX VIRUS AMPLIFIED PROBE TECHNIQUE
87530	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HERPES SIMPLEX VIRUS QUANTIFICATION
87531	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HERPES VIRUS-6 DIRECT PROBE TECHNIQUE
87532	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HERPES VIRUS-6 AMPLIFIED PROBE TECHNIQUE
87533	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HERPES VIRUS-6 QUANTIFICATION
87534	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HIV-1 DIRECT PROBE TECHNIQUE
87535	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HIV-1 AMPLIFIED PROBE TECHNIQUE INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED
87536	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HIV-1 QUANTIFICATION INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED
87537	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HIV-2 DIRECT PROBE TECHNIQUE
87538	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HIV-2 AMPLIFIED PROBE TECHNIQUE INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED
87539	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HIV-2 QUANTIFICATION INCLUDES REVERSE TRANSCRIPTION WHEN PERFORMED
87540	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) LEGIONELLA PNEUMOPHILA DIRECT PROBE TECHNIQUE
87541	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TECHNIQUE
87542	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) LEGIONELLA PNEUMOPHILA QUANTIFICATION
87550	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MYCOBACTERIA SPECIES DIRECT PROBE TECHNIQUE
87551	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MYCOBACTERIA SPECIES AMPLIFIED PROBE TECHNIQUE
87552	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MYCOBACTERIA SPECIES QUANTIFICATION

87555	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MYCOBACTERIA TUBERCULOSIS DIRECT PROBE TECHNIQUE
87556	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MYCOBACTERIA TUBERCULOSIS AMPLIFIED PROBE TECHNIQUE
87557	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MYCOBACTERIA TUBERCULOSIS QUANTIFICATION
87560	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MYCOBACTERIA AVIUM-INTRACELLULARE DIRECT PROBE TECHNIQUE
87561	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MYCOBACTERIA AVIUM-INTRACELLULARE AMPLIFIED PROBE TECHNIQUE
87562	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MYCOBACTERIA AVIUM-INTRACELLULARE QUANTIFICATION
87563	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECHNIQUE
87564	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MYCOBACTERIUM TUBERCULOSIS RIFAMPIN RESISTANCE AMPLIFIED PROBE TECHNIQUE
87580	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MYCOPLASMA PNEUMONIAE DIRECT PROBE TECHNIQUE
87581	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MYCOPLASMA PNEUMONIAE AMPLIFIED PROBE TECHNIQUE
87582	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MYCOPLASMA PNEUMONIAE QUANTIFICATION
87590	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) NEISSERIA GONORRHOEAE DIRECT PROBE TECHNIQUE
87591	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) NEISSERIA GONORRHOEAE AMPLIFIED PROBE TECHNIQUE
87592	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) NEISSERIA GONORRHOEAE QUANTIFICATION
87593	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) ORTHOPOXVIRUS (EG MONKEYPOX VIRUS COWPOX VIRUS VACCINIA VIRUS) AMPLIFIED PROBE TECHNIQUE EACH
87594	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) PNEUMOCYSTIS JIROVECII AMPLIFIED PROBE TECHNIQUE
87623	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HUMAN PAPILLOMAVIRUS (HPV) LOW-RISK TYPES (EG 6 11 42 43 44)

87624	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HUMAN PAPILLOMAVIRUS (HPV) HIGH-RISK TYPES (EG 16 18 31 33 35 39 45 51 52 56 58 59 68) POOLED RESULT
87625	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HUMAN PAPILLOMAVIRUS (HPV) TYPES 16 AND 18 ONLY INCLUDES TYPE 45 IF PERFORMED
87626	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HUMAN PAPILLOMAVIRUS (HPV) SEPARATELY REPORTED HIGH-RISK TYPES (EG 16 18 31 45 51 52) AND HIGH-RISK POOLED RESULT(S)
87627	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) JOINT SPACE PATHOGENS AND DRUG RESISTANCE GENES MULTIPLEX AMPLIFIED PROBE TECHNIQUE 26 OR MORE TARGETS
87631	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) RESPIRATORY VIRUS (EG ADENOVIRUS INFLUENZA VIRUS CORONAVIRUS METAPNEUMOVIRUS PARAINFLUENZA VIRUS RESPIRATORY SYNCYTIAL VIRUS RHINOVIRUS) INCLUDES MULTIPLEX REVERSE TRANSCRIPTION WHEN PERFORMED AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE MULTIPLE TYPES OR SUBTYPES 3-5 TARGETS
87632	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) RESPIRATORY VIRUS (EG ADENOVIRUS INFLUENZA VIRUS CORONAVIRUS METAPNEUMOVIRUS PARAINFLUENZA VIRUS RESPIRATORY SYNCYTIAL VIRUS RHINOVIRUS) INCLUDES MULTIPLEX REVERSE TRANSCRIPTION WHEN PERFORMED AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE MULTIPLE TYPES OR SUBTYPES 6-11 TARGETS
87633	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) RESPIRATORY VIRUS (EG ADENOVIRUS INFLUENZA VIRUS CORONAVIRUS METAPNEUMOVIRUS PARAINFLUENZA VIRUS RESPIRATORY SYNCYTIAL VIRUS RHINOVIRUS) INCLUDES MULTIPLEX REVERSE TRANSCRIPTION WHEN PERFORMED AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE MULTIPLE TYPES OR SUBTYPES 12-25 TARGETS
87634	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) RESPIRATORY SYNCYTIAL VIRUS AMPLIFIED PROBE TECHNIQUE
87635	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19]) AMPLIFIED PROBE TECHNIQUE
87636	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19]) AND INFLUENZA VIRUS TYPES A AND B MULTIPLEX AMPLIFIED PROBE TECHNIQUE
87637	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19]) INFLUENZA VIRUS TYPES A AND B AND RESPIRATORY SYNCYTIAL VIRUS MULTIPLEX AMPLIFIED PROBE TECHNIQUE
87640	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) STAPHYLOCOCCUS AUREUS AMPLIFIED PROBE TECHNIQUE
87641	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) STAPHYLOCOCCUS AUREUS METHICILLIN RESISTANT AMPLIFIED PROBE TECHNIQUE

87650	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) STREPTOCOCCUS GROUP A DIRECT PROBE TECHNIQUE
87651	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) STREPTOCOCCUS GROUP A AMPLIFIED PROBE TECHNIQUE
87652	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) STREPTOCOCCUS GROUP A QUANTIFICATION
87653	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) STREPTOCOCCUS GROUP B AMPLIFIED PROBE TECHNIQUE
87660	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) TRICHOMONAS VAGINALIS DIRECT PROBE TECHNIQUE
87661	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECHNIQUE
87662	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) ZIKA VIRUS AMPLIFIED PROBE TECHNIQUE
87797	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) NOT OTHERWISE SPECIFIED DIRECT PROBE TECHNIQUE EACH ORGANISM
87798	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) NOT OTHERWISE SPECIFIED AMPLIFIED PROBE TECHNIQUE EACH ORGANISM
87799	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) NOT OTHERWISE SPECIFIED QUANTIFICATION EACH ORGANISM
87800	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MULTIPLE ORGANISMS DIRECT PROBE(S) TECHNIQUE
87801	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MULTIPLE ORGANISMS AMPLIFIED PROBE(S) TECHNIQUE
87802	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL (IE VISUAL) OBSERVATION STREPTOCOCCUS GROUP B
87803	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL (IE VISUAL) OBSERVATION CLOSTRIDIUM DIFFICILE TOXIN A
87804	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL (IE VISUAL) OBSERVATION INFLUENZA
87806	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL (IE VISUAL) OBSERVATION HIV-1 ANTIGEN(S) WITH HIV-1 AND HIV-2 ANTIBODIES
87807	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL (IE VISUAL) OBSERVATION RESPIRATORY SYNCYTIAL VIRUS

87808	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL (IE VISUAL) OBSERVATION TRICHOMONAS VAGINALIS
87809	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL (IE VISUAL) OBSERVATION ADENOVIRUS
87810	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL (IE VISUAL) OBSERVATION CHLAMYDIA TRACHOMATIS
87811	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19])
87812	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL (IE VISUAL) OBSERVATION SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) AND INFLUENZA VIRUS TYPES A AND B
87850	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL (IE VISUAL) OBSERVATION NEISSERIA GONORRHOEAE
87880	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL (IE VISUAL) OBSERVATION STREPTOCOCCUS GROUP A
87899	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL (IE VISUAL) OBSERVATION NOT OTHERWISE SPECIFIED
87900	INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHENOTYPE PREDICTION USING REGULARLY UPDATED GENOTYPIC BIOINFORMATICS
87901	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) HIV-1 REVERSE TRANSCRIPTASE AND PROTEASE REGIONS
87902	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) HEPATITIS C VIRUS
87903	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH DRUG RESISTANCE TISSUE CULTURE ANALYSIS HIV 1 FIRST THROUGH 10 DRUGS TESTED
87904	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH DRUG RESISTANCE TISSUE CULTURE ANALYSIS HIV 1 EACH ADDITIONAL DRUG TESTED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHER THAN VIRUS (EG SIALIDASE ACTIVITY IN VAGINAL FLUID)
87906	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) HIV-1 OTHER REGION (EG INTEGRASE FUSION)
87910	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) CYTOMEGALOVIRUS
87912	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) HEPATITIS B VIRUS

87913	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) MUTATION IDENTIFICATION IN TARGETED REGION(S)
87999	UNLISTED MICROBIOLOGY PROCEDURE
88000	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY WITHOUT CNS
88005	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY WITH BRAIN
88007	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY WITH BRAIN AND SPINAL CORD
88012	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY INFANT WITH BRAIN
88014	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY STILLBORN OR NEWBORN WITH BRAIN
88016	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY MACERATED STILLBORN
88020	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC WITHOUT CNS
88025	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC WITH BRAIN
88027	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC WITH BRAIN AND SPINAL CORD
88028	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC INFANT WITH BRAIN
88029	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC STILLBORN OR NEWBORN WITH BRAIN
88036	NECROPSY (AUTOPSY) LIMITED GROSS AND OR MICROSCOPIC REGIONAL
88037	NECROPSY (AUTOPSY) LIMITED GROSS AND OR MICROSCOPIC SINGLE ORGAN
88040	NECROPSY (AUTOPSY) FORENSIC EXAMINATION
88045	NECROPSY (AUTOPSY) CORONER S CALL
88099	UNLISTED NECROPSY (AUTOPSY) PROCEDURE
88104	CYTOPATHOLOGY FLUIDS WASHINGS OR BRUSHINGS EXCEPT CERVICAL OR VAGINAL SMEARS WITH INTERPRETATION
88106	CYTOPATHOLOGY FLUIDS WASHINGS OR BRUSHINGS EXCEPT CERVICAL OR VAGINAL SIMPLE FILTER METHOD WITH INTERPRETATION
88108	CYTOPATHOLOGY CONCENTRATION TECHNIQUE SMEARS AND INTERPRETATION (EG SACCOMANNO TECHNIQUE)
88112	CYTOPATHOLOGY SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE WITH INTERPRETATION (EG LIQUID BASED SLIDE PREPARATION METHOD) EXCEPT CERVICAL OR VAGINAL
88120	CYTOPATHOLOGY IN SITU HYBRIDIZATION (EG FISH) URINARY TRACT SPECIMEN WITH MORPHOMETRIC ANALYSIS 3-5 MOLECULAR PROBES EACH SPECIMEN MANUAL
88121	CYTOPATHOLOGY IN SITU HYBRIDIZATION (EG FISH) URINARY TRACT SPECIMEN WITH MORPHOMETRIC ANALYSIS 3-5 MOLECULAR PROBES EACH SPECIMEN USING COMPUTER-ASSISTED TECHNOLOGY
88125	CYTOPATHOLOGY FORENSIC (EG SPERM)
88130	SEX CHROMATIN IDENTIFICATION BARR BODIES

88140	SEX CHROMATIN IDENTIFICATION PERIPHERAL BLOOD SMEAR POLYMORPHONUCLEAR DRUMSTICKS
88141	CYTOPATHOLOGY CERVICAL OR VAGINAL (ANY REPORTING SYSTEM) REQUIRING INTERPRETATION BY PHYSICIAN
88142	CYTOPATHOLOGY CERVICAL OR VAGINAL (ANY REPORTING SYSTEM) COLLECTED IN PRESERVATIVE FLUID AUTOMATED THIN LAYER PREPARATION MANUAL SCREENING UNDER PHYSICIAN SUPERVISION
88143	CYTOPATHOLOGY CERVICAL OR VAGINAL (ANY REPORTING SYSTEM) COLLECTED IN PRESERVATIVE FLUID AUTOMATED THIN LAYER PREPARATION WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION
88147	CYTOPATHOLOGY SMEARS CERVICAL OR VAGINAL SCREENING BY AUTOMATED SYSTEM UNDER PHYSICIAN SUPERVISION
88148	CYTOPATHOLOGY SMEARS CERVICAL OR VAGINAL SCREENING BY AUTOMATED SYSTEM WITH MANUAL RESCREENING UNDER PHYSICIAN SUPERVISION
88150	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL MANUAL SCREENING UNDER PHYSICIAN SUPERVISION
88152	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING UNDER PHYSICIAN SUPERVISION
88153	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION
88155	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL DEFINITIVE HORMONAL EVALUATION (EG MATURATION INDEX KARYOPYKNOTIC INDEX ESTROGENIC INDEX) (LIST SEPARATELY IN ADDITION TO CODE[S] FOR OTHER TECHNICAL AND INTERPRETATION SERVICES)
88160	CYTOPATHOLOGY SMEARS ANY OTHER SOURCE SCREENING AND INTERPRETATION
88161	CYTOPATHOLOGY SMEARS ANY OTHER SOURCE PREPARATION SCREENING AND INTERPRETATION
88162	CYTOPATHOLOGY SMEARS ANY OTHER SOURCE EXTENDED STUDY INVOLVING OVER 5 SLIDES AND OR MULTIPLE STAINS
88164	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM) MANUAL SCREENING UNDER PHYSICIAN SUPERVISION
88165	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM) WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION
88166	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM) WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING UNDER PHYSICIAN SUPERVISION
88167	CYTOPATHOLOGY SLIDES CERVICAL OR VAGINAL (THE BETHESDA SYSTEM) WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING USING CELL SELECTION AND REVIEW UNDER PHYSICIAN SUPERVISION
88172	CYTOPATHOLOGY EVALUATION OF FINE NEEDLE ASPIRATE IMMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE ADEQUACY FOR DIAGNOSIS FIRST EVALUATION EPISODE EACH SITE

88173	CYTOPATHOLOGY EVALUATION OF FINE NEEDLE ASPIRATE INTERPRETATION AND REPORT
88174	CYTOPATHOLOGY CERVICAL OR VAGINAL (ANY REPORTING SYSTEM) COLLECTED IN PRESERVATIVE FLUID AUTOMATED THIN LAYER PREPARATION SCREENING BY AUTOMATED SYSTEM UNDER PHYSICIAN SUPERVISION
88175	CYTOPATHOLOGY CERVICAL OR VAGINAL (ANY REPORTING SYSTEM) COLLECTED IN PRESERVATIVE FLUID AUTOMATED THIN LAYER PREPARATION WITH SCREENING BY AUTOMATED SYSTEM AND MANUAL RESCREENING OR REVIEW UNDER PHYSICIAN SUPERVISION
88177	CYTOPATHOLOGY EVALUATION OF FINE NEEDLE ASPIRATE IMMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE ADEQUACY FOR DIAGNOSIS EACH SEPARATE ADDITIONAL EVALUATION EPISODE SAME SITE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
88182	FLOW CYTOMETRY CELL CYCLE OR DNA ANALYSIS
88184	FLOW CYTOMETRY CELL SURFACE CYTOPLASMIC OR NUCLEAR MARKER TECHNICAL COMPONENT ONLY FIRST MARKER
88185	FLOW CYTOMETRY CELL SURFACE CYTOPLASMIC OR NUCLEAR MARKER TECHNICAL COMPONENT ONLY EACH ADDITIONAL MARKER (LIST SEPARATELY IN ADDITION TO CODE FOR FIRST MARKER)
88187	FLOW CYTOMETRY INTERPRETATION 2 TO 8 MARKERS
88188	FLOW CYTOMETRY INTERPRETATION 9 TO 15 MARKERS
88189	FLOW CYTOMETRY INTERPRETATION 16 OR MORE MARKERS
88199	UNLISTED CYTOPATHOLOGY PROCEDURE
88230	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS LYMPHOCYTE
88233	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS SKIN OR OTHER SOLID TISSUE BIOPSY
88235	TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS AMNIOTIC FLUID OR CHORIONIC VILLUS CELLS
88237	TISSUE CULTURE FOR NEOPLASTIC DISORDERS BONE MARROW BLOOD CELLS
88239	TISSUE CULTURE FOR NEOPLASTIC DISORDERS SOLID TUMOR
88240	CRYOPRESERVATION FREEZING AND STORAGE OF CELLS EACH CELL LINE
88241	THAWING AND EXPANSION OF FROZEN CELLS EACH ALIQUOT
88245	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES BASELINE SISTER CHROMATID EXCHANGE (SCE) 20-25 CELLS
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)
88249	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES SCORE 100 CELLS CLASTOGEN STRESS (EG DIEPOXYBUTANE MITOMYCIN C IONIZING RADIATION UV RADIATION)
88261	CHROMOSOME ANALYSIS COUNT 5 CELLS 1 KARYOTYPE WITH BANDING
88262	CHROMOSOME ANALYSIS COUNT 15-20 CELLS 2 KARYOTYPES WITH BANDING

88263	CHROMOSOME ANALYSIS COUNT 45 CELLS FOR MOSAICISM 2 KARYOTYPES WITH BANDING
88264	CHROMOSOME ANALYSIS ANALYZE 20-25 CELLS
88267	CHROMOSOME ANALYSIS AMNIOTIC FLUID OR CHORIONIC VILLUS COUNT 15 CELLS 1 KARYOTYPE WITH BANDING
88269	CHROMOSOME ANALYSIS IN SITU FOR AMNIOTIC FLUID CELLS COUNT CELLS FROM 6-12 COLONIES 1 KARYOTYPE WITH BANDING
88271	MOLECULAR CYTOGENETICS DNA PROBE EACH (EG FISH)
88272	MOLECULAR CYTOGENETICS CHROMOSOMAL IN SITU HYBRIDIZATION ANALYZE 3-5 CELLS (EG FOR DERIVATIVES AND MARKERS)
88273	MOLECULAR CYTOGENETICS CHROMOSOMAL IN SITU HYBRIDIZATION ANALYZE 10-30 CELLS (EG FOR MICRODELETIONS)
88274	MOLECULAR CYTOGENETICS INTERPHASE IN SITU HYBRIDIZATION ANALYZE 25-99 CELLS
88275	MOLECULAR CYTOGENETICS INTERPHASE IN SITU HYBRIDIZATION ANALYZE 100-300 CELLS
88280	CHROMOSOME ANALYSIS ADDITIONAL KARYOTYPES EACH STUDY
88283	CHROMOSOME ANALYSIS ADDITIONAL SPECIALIZED BANDING TECHNIQUE (EG NOR C-BANDING)
88285	CHROMOSOME ANALYSIS ADDITIONAL CELLS COUNTED EACH STUDY
88289	CHROMOSOME ANALYSIS ADDITIONAL HIGH RESOLUTION STUDY
88291	CYTOGENETICS AND MOLECULAR CYTOGENETICS INTERPRETATION AND REPORT
88299	UNLISTED CYTOGENETIC STUDY
88300	LEVEL I - SURGICAL PATHOLOGY GROSS EXAMINATION ONLY
88302	LEVEL II - SURGICAL PATHOLOGY GROSS AND MICROSCOPIC EXAMINATION APPENDIX INCIDENTAL FALLOPIAN TUBE STERILIZATION FINGERS TOES AMPUTATION TRAUMATIC FORESKIN NEWBORN HERNIA SAC ANY LOCATION HYDROCELE SAC NERVE SKIN PLASTIC REPAIR SYMPATHETIC GANGLION TESTIS CASTRATION VAGINAL MUCOSA INCIDENTAL VAS DEFERENS STERILIZATION

88304	LEVEL III - SURGICAL PATHOLOGY GROSS AND MICROSCOPIC EXAMINATION ABORTION INDUCED ABSCESS ANEURYSM - ARTERIAL VENTRICULAR ANUS TAG APPENDIX OTHER THAN INCIDENTAL ARTERY ATHEROMATOUS PLAQUE BARTHOLIN S GLAND CYST BONE FRAGMENT(S) OTHER THAN PATHOLOGIC FRACTURE BURSA SYNOVIAL CYST CARPAL TUNNEL TISSUE CARTILAGE SHAVINGS CHOLESTEATOMA COLON COLOSTOMY STOMA CONJUNCTIVA - BIOPSY PTERYGIUM CORNEA DIVERTICULUM - ESOPHAGUS SMALL INTESTINE DUPUYTREN S CONTRACTURE TISSUE FEMORAL HEAD OTHER THAN FRACTURE FISSURE FISTULA FORESKIN OTHER THAN NEWBORN GALLBLADDER GANGLION CYST HEMATOMA HEMORRHOIDS HYDATID OF MORGAGNI INTERVERTEBRAL DISC JOINT LOOSE BODY MENISCUS MUCOCELE SALIVARY NEUROMA - MORTON S TRAUMATIC PILONIDAL CYST SINUS POLYPS INFLAMMATORY - NASAL SINUSOIDAL SKIN - CYST TAG DEBRIDEMENT SOFT TISSUE DEBRIDEMENT SOFT TISSUE LIPOMA SPERMATOCELE TENDON TENDON SHEATH TESTICULAR APPENDAGE THROMBUS OR EMBOLUS TONSIL AND OR ADENOIDS VARICOCELE VAS DEFERENS OTHER THAN STERILIZATION VEIN VARICOSITY
88305	LEVEL IV - SURGICAL PATHOLOGY GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS MISSED ARTERY BIOPSY BONE MARROW BIOPSY BONE EXOSTOSIS BRAIN MENINGES OTHER THAN FOR TUMOR RESECTION BREAST BIOPSY NOT REQUIRING MICROSCOPIC EVALUATION OF SURGICAL MARGINS BREAST REDUCTION MAMMOPLASTY BRONCHUS BIOPSY CELL BLOCK ANY SOURCE CERVIX BIOPSY COLON BIOPSY DUODENUM BIOPSY ENDOCERVIX CURETTINGS BIOPSY ENDOMETRIUM CURETTINGS BIOPSY ESOPHAGUS BIOPSY EXTREMITY AMPUTATION TRAUMATIC FALLOPIAN TUBE BIOPSY FALLOPIAN TUBE ECTOPIC PREGNANCY FEMORAL HEAD FRACTURE FINGERS TOES AMPUTATION NON-TRAUMATIC GINGIVA ORAL MUCOSA BIOPSY HEART VALVE JOINT RESECTION KIDNEY BIOPSY LARYNX BIOPSY LEIOMYOMA(S) UTERINE MYOMECTOMY - WITHOUT UTERUS LIP BIOPSY WEDGE RESECTION LUNG TRANSBRONCHIAL BIOPSY LYMPH NODE BIOPSY MUSCLE BIOPSY NASAL MUCOSA BIOPSY NASOPHARYNX OROPHARYNX BIOPSY NERVE BIOPSY ODONTOGENIC DENTAL CYST OMENTUM BIOPSY OVARY W WO TUBE NON-NEOPLASTIC OVARY BIOPSY WEDGE RESECTION PARATHYROID GLAND PERITONEUM BIOPSY PITUITARY TUMOR PLACENTA OTHER THAN THIRD TRIMESTER PLEURA PERICARDIUM - BIOPSY TISSUE POLYP CERVICAL ENDOMETRIAL POLYP COLORECTAL POLYP STOMACH SMALL INTESTINE PROSTATE NEEDLE BIOPSY PROSTATE TUR SALIVARY GLAND BIOPSY SINUS PARANASAL BIOPSY SKIN OTHER THAN CYST TAG DEBRIDEMENT PLASTIC REPAIR SMALL INTESTINE BIOPSY SOFT TISSUE OTHER THAN TUMOR MASS LIPOMA DEBRIDEMENT SPLEEN STOMACH BIOPSY SYNOVIUM TESTIS OTHER THAN TUMOR BIOPSY CASTRATION THYROGLOSSAL DUCT BRACHIAL CLEFT CYST TONGUE BIOPSY TONSIL BIOPSY TRACHEA BIOPSY URETER BIOPSY URETHRA BIOPSY URINARY BLADDER BIOPSY UTERUS W WO TUBES AND OVARIES FOR PROLAPSE VAGINA BIOPSY VULVA LABIA BIOPSY

88307	LEVEL V - SURGICAL PATHOLOGY GROSS AND MICROSCOPIC EXAMINATION ADRENAL RESECTION BONE - BIOPSY CURETTINGS BONE FRAGMENT(S) PATHOLOGIC FRACTURE BRAIN BIOPSY BRAIN MENINGES TUMOR RESECTION BREAST EXCISION OF LESION REQUIRING MICROSCOPIC EVALUATION OF SURGICAL MARGINS BREAST MASTECTOMY - PARTIAL SIMPLE CERVIX CONIZATION COLON SEGMENTAL RESECTION OTHER THAN FOR TUMOR EXTREMITY AMPUTATION NON-TRAUMATIC EYE ENUCLEATION KIDNEY PARTIAL TOTAL NEPHRECTOMY LARYNX PARTIAL TOTAL RESECTION LIVER BIOPSY - NEEDLE WEDGE LIVER PARTIAL RESECTION LUNG WEDGE BIOPSY LYMPH NODES REGIONAL RESECTION MEDIASTINUM MASS MYOCARDIUM BIOPSY ODONTOGENIC TUMOR OVARY W WO TUBE NEOPLASTIC PANCREAS BIOPSY PLACENTA THIRD TRIMESTER PROSTATE EXCEPT RADICAL RESECTION SALIVARY GLAND SENTINEL LYMPH NODE SMALL INTESTINE RESECTION OTHER THAN FOR TUMOR SOFT TISSUE MASS (EXCEPT LIPOMA) - BIOPSY SIMPLE EXCISION STOMACH - SUBTOTAL TOTAL RESECTION OTHER THAN FOR TUMOR TESTIS BIOPSY THYMUS TUMOR THYROID TOTAL LOBE URETER RESECTION URINARY BLADDER TUR UTERUS W WO TUBES AND OVARIES OTHER THAN NEOPLASTIC PROLAPSE
88309	LEVEL VI - SURGICAL PATHOLOGY GROSS AND MICROSCOPIC EXAMINATION BONE RESECTION BREAST MASTECTOMY - WITH REGIONAL LYMPH NODES COLON SEGMENTAL RESECTION FOR TUMOR COLON TOTAL RESECTION ESOPHAGUS PARTIAL TOTAL RESECTION EXTREMITY DISARTICULATION FETUS WITH DISSECTION LARYNX PARTIAL TOTAL RESECTION - WITH REGIONAL LYMPH NODES LUNG - TOTAL LOBE SEGMENT RESECTION PANCREAS TOTAL SUBTOTAL RESECTION PROSTATE RADICAL RESECTION SMALL INTESTINE RESECTION FOR TUMOR SOFT TISSUE TUMOR EXTENSIVE RESECTION STOMACH - SUBTOTAL TOTAL RESECTION FOR TUMOR TESTIS TUMOR TONGUE TONSIL -RESECTION FOR TUMOR URINARY BLADDER PARTIAL TOTAL RESECTION UTERUS W WO TUBES AND OVARIES NEOPLASTIC VULVA TOTAL SUBTOTAL RESECTION
88311	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION)
88312	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT GROUP I FOR MICROORGANISMS (EG ACID FAST METHENAMINE SILVER)
88313	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT GROUP II ALL OTHER (EG IRON TRICHROME) EXCEPT STAIN FOR MICROORGANISMS STAINS FOR ENZYME CONSTITUENTS OR IMMUNOCYTOCHEMISTRY AND IMMUNOHISTOCHEMISTRY
88314	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT HISTOCHEMICAL STAIN ON FROZEN TISSUE BLOCK (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
88319	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT GROUP III FOR ENZYME CONSTITUENTS
88321	CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE
88323	CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING PREPARATION OF SLIDES

88325	CONSULTATION COMPREHENSIVE WITH REVIEW OF RECORDS AND SPECIMENS WITH REPORT ON REFERRED MATERIAL
88329	PATHOLOGY CONSULTATION DURING SURGERY
88331	PATHOLOGY CONSULTATION DURING SURGERY FIRST TISSUE BLOCK WITH FROZEN SECTION(S) SINGLE SPECIMEN
88332	PATHOLOGY CONSULTATION DURING SURGERY EACH ADDITIONAL TISSUE BLOCK WITH FROZEN SECTION(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
88333	PATHOLOGY CONSULTATION DURING SURGERY CYTOLOGIC EXAMINATION (EG TOUCH PREP SQUASH PREP) INITIAL SITE
88334	PATHOLOGY CONSULTATION DURING SURGERY CYTOLOGIC EXAMINATION (EG TOUCH PREP SQUASH PREP) EACH ADDITIONAL SITE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY PER SPECIMEN EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
88342	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY PER SPECIMEN INITIAL SINGLE ANTIBODY STAIN PROCEDURE
88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY PER SPECIMEN EACH MULTIPLEX ANTIBODY STAIN PROCEDURE
88346	IMMUNOFLUORESCENCE PER SPECIMEN INITIAL SINGLE ANTIBODY STAIN PROCEDURE
88348	ELECTRON MICROSCOPY DIAGNOSTIC
88350	IMMUNOFLUORESCENCE PER SPECIMEN EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
88355	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE
88356	MORPHOMETRIC ANALYSIS NERVE
88358	MORPHOMETRIC ANALYSIS TUMOR (EG DNA PLOIDY)
88360	MORPHOMETRIC ANALYSIS TUMOR IMMUNOHISTOCHEMISTRY (EG HER-2 NEU ESTROGEN RECEPTOR PROGESTERONE RECEPTOR) QUANTITATIVE OR SEMIQUANTITATIVE PER SPECIMEN EACH SINGLE ANTIBODY STAIN PROCEDURE MANUAL
88361	MORPHOMETRIC ANALYSIS TUMOR IMMUNOHISTOCHEMISTRY (EG HER-2 NEU ESTROGEN RECEPTOR PROGESTERONE RECEPTOR) QUANTITATIVE OR SEMIQUANTITATIVE PER SPECIMEN EACH SINGLE ANTIBODY STAIN PROCEDURE USING COMPUTER-ASSISTED TECHNOLOGY
88362	NERVE TEASING PREPARATIONS
88363	EXAMINATION AND SELECTION OF RETRIEVED ARCHIVAL (IE PREVIOUSLY DIAGNOSED) TISSUE(S) FOR MOLECULAR ANALYSIS (EG KRAS MUTATIONAL ANALYSIS)

88364	IN SITU HYBRIDIZATION (EG FISH) PER SPECIMEN EACH ADDITIONAL SINGLE PROBE STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
88365	IN SITU HYBRIDIZATION (EG FISH) PER SPECIMEN INITIAL SINGLE PROBE STAIN PROCEDURE
88366	IN SITU HYBRIDIZATION (EG FISH) PER SPECIMEN EACH MULTIPLEX PROBE STAIN PROCEDURE
88367	MORPHOMETRIC ANALYSIS IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE) USING COMPUTER-ASSISTED TECHNOLOGY PER SPECIMEN INITIAL SINGLE PROBE STAIN PROCEDURE
88368	MORPHOMETRIC ANALYSIS IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE) MANUAL PER SPECIMEN INITIAL SINGLE PROBE STAIN PROCEDURE
88369	MORPHOMETRIC ANALYSIS IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE) MANUAL PER SPECIMEN EACH ADDITIONAL SINGLE PROBE STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
88371	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT WITH INTERPRETATION AND REPORT
88372	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT WITH INTERPRETATION AND REPORT IMMUNOLOGICAL PROBE FOR BAND IDENTIFICATION EACH
88373	MORPHOMETRIC ANALYSIS IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE) USING COMPUTER-ASSISTED TECHNOLOGY PER SPECIMEN EACH ADDITIONAL SINGLE PROBE STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
88374	MORPHOMETRIC ANALYSIS IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE) USING COMPUTER-ASSISTED TECHNOLOGY PER SPECIMEN EACH MULTIPLEX PROBE STAIN PROCEDURE
88375	OPTICAL ENDOMICROSCOPIC IMAGE(S) INTERPRETATION AND REPORT REAL-TIME OR REFERRED EACH ENDOSCOPIC SESSION
88377	MORPHOMETRIC ANALYSIS IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE) MANUAL PER SPECIMEN EACH MULTIPLEX PROBE STAIN PROCEDURE
88380	MICRODISSECTION (IE SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET) LASER CAPTURE
88381	MICRODISSECTION (IE SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET) MANUAL
88387	MACROSCOPIC EXAMINATION DISSECTION AND PREPARATION OF TISSUE FOR NON-MICROSCOPIC ANALYTICAL STUDIES (EG NUCLEIC ACID-BASED MOLECULAR STUDIES) EACH TISSUE PREPARATION (EG A SINGLE LYMPH NODE)
88388	MACROSCOPIC EXAMINATION DISSECTION AND PREPARATION OF TISSUE FOR NON-MICROSCOPIC ANALYTICAL STUDIES (EG NUCLEIC ACID-BASED MOLECULAR STUDIES) IN CONJUNCTION WITH A TOUCH IMPRINT INTRAOPERATIVE CONSULTATION OR FROZEN SECTION EACH TISSUE PREPARATION (EG A SINGLE LYMPH NODE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE
88720	BILIRUBIN TOTAL TRANSCUTANEOUS

88738	HEMOGLOBIN (HGB) QUANTITATIVE TRANSCUTANEOUS
88740	HEMOGLOBIN QUANTITATIVE TRANSCUTANEOUS PER DAY CARBOXYHEMOGLOBIN
88741	HEMOGLOBIN QUANTITATIVE TRANSCUTANEOUS PER DAY METHEMOGLOBIN
88749	UNLISTED IN VIVO (EG TRANSCUTANEOUS) LABORATORY SERVICE
89049	CAFFEINE HALOTHANE CONTRACTURE TEST (CHCT) FOR MALIGNANT HYPERTHERMIA SUSCEPTIBILITY INCLUDING INTERPRETATION AND REPORT
89050	CELL COUNT MISCELLANEOUS BODY FLUIDS (EG CEREBROSPINAL FLUID JOINT FLUID) EXCEPT BLOOD
89051	CELL COUNT MISCELLANEOUS BODY FLUIDS (EG CEREBROSPINAL FLUID JOINT FLUID) EXCEPT BLOOD WITH DIFFERENTIAL COUNT
89055	LEUKOCYTE ASSESSMENT FECAL QUALITATIVE OR SEMIQUANTITATIVE
89060	CRYSTAL IDENTIFICATION BY LIGHT MICROSCOPY W WO POLARIZING LENS ANALYSIS TISSUE OR ANY BODY FLUID (EXCEPT URINE)
89125	FAT STAIN FECES URINE OR RESPIRATORY SECRETIONS
89160	MEAT FIBERS FECES
89190	NASAL SMEAR FOR EOSINOPHILS
89220	SPUTUM OBTAINING SPECIMEN AEROSOL INDUCED TECHNIQUE (SEPARATE PROCEDURE)
89230	SWEAT COLLECTION BY IONTOPHORESIS
89240	UNLISTED MISCELLANEOUS PATHOLOGY TEST
89250	CULTURE OF OOCYTE(S) EMBRYO(S) LESS THAN 4 DAYS
89251	CULTURE OF OOCYTE(S) EMBRYO(S) LESS THAN 4 DAYS WITH CO-CULTURE OF OOCYTE(S) EMBRYOS
89253	ASSISTED EMBRYO HATCHING MICROTECHNIQUES (ANY METHOD)
89254	OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID
89255	PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)
89257	SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL FLUID)
89258	CRYOPRESERVATION EMBRYO(S)
89259	CRYOPRESERVATION SPERM
89260	SPERM ISOLATION SIMPLE PREP (EG SPERM WASH AND SWIM-UP) FOR INSEMINATION OR DIAGNOSIS WITH SEMEN ANALYSIS
89261	SPERM ISOLATION COMPLEX PREP (EG PERCOLL GRADIENT ALBUMIN GRADIENT) FOR INSEMINATION OR DIAGNOSIS WITH SEMEN ANALYSIS
89264	SPERM IDENTIFICATION FROM TESTIS TISSUE FRESH OR CRYOPRESERVED
89268	INSEMINATION OF OOCYTES
89272	EXTENDED CULTURE OF OOCYTE(S) EMBRYO(S) 4-7 DAYS
89280	ASSISTED OOCYTE FERTILIZATION MICROTECHNIQUE LESS THAN OR EQUAL TO 10 OOCYTES

89281	ASSISTED OOCYTE FERTILIZATION MICROTECHNIQUE GREATER THAN 10 OOCYTES
89290	BIOPSY OOCYTE POLAR BODY OR EMBRYO BLASTOMERE MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS) LESS THAN OR EQUAL TO 5 EMBRYOS
89291	BIOPSY OOCYTE POLAR BODY OR EMBRYO BLASTOMERE MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS) GREATER THAN 5 EMBRYOS
89300	SEMEN ANALYSIS PRESENCE AND OR MOTILITY OF SPERM INCLUDING HUHNER TEST (POST COITAL)
89310	SEMEN ANALYSIS MOTILITY AND COUNT (NOT INCLUDING HUHNER TEST)
89320	SEMEN ANALYSIS VOLUME COUNT MOTILITY AND DIFFERENTIAL
89321	SEMEN ANALYSIS SPERM PRESENCE AND MOTILITY OF SPERM IF PERFORMED
89322	SEMEN ANALYSIS VOLUME COUNT MOTILITY AND DIFFERENTIAL USING STRICT MORPHOLOGIC CRITERIA (EG KRUGER)
89325	SPERM ANTIBODIES
89329	SPERM EVALUATION HAMSTER PENETRATION TEST
89330	SPERM EVALUATION CERVICAL MUCUS PENETRATION TEST W WO SPINNBARKEIT TEST
89331	SPERM EVALUATION FOR RETROGRADE EJACULATION URINE (SPERM CONCENTRATION MOTILITY AND MORPHOLOGY AS INDICATED)
89332	VOLUME COUNT MOTILITY AND DIFFERENTIAL USING STRICT MORPHOLOGIC CRITERIA (EG KRUGER)
89335	CRYOPRESERVATION REPRODUCTIVE TISSUE TESTICULAR
89337	CRYOPRESERVATION MATURE OOCYTE(S)
89342	STORAGE (PER YEAR) EMBRYO(S)
89343	STORAGE (PER YEAR) SPERM SEMEN
89344	STORAGE (PER YEAR) REPRODUCTIVE TISSUE TESTICULAR OVARIAN
89346	STORAGE (PER YEAR) OOCYTE(S)
89352	THAWING OF CRYOPRESERVED EMBRYO(S)
89353	THAWING OF CRYOPRESERVED SPERM SEMEN EACH ALIQUOT
89354	THAWING OF CRYOPRESERVED REPRODUCTIVE TISSUE TESTICULAR OVARIAN
89356	THAWING OF CRYOPRESERVED OOCYTES EACH ALIQUOT
89398	UNLISTED REPRODUCTIVE MEDICINE LABORATORY PROCEDURE
90281	IMMUNE GLOBULIN (IG) HUMAN FOR INTRAMUSCULAR USE
90283	IMMUNE GLOBULIN (IGIV) HUMAN FOR INTRAVENOUS USE
90284	IMMUNE GLOBULIN (SCIG) HUMAN FOR USE IN SUBCUTANEOUS INFUSIONS 100 MG EACH
90287	BOTULINUM ANTITOXIN EQUINE ANY ROUTE
90288	BOTULISM IMMUNE GLOBULIN HUMAN FOR INTRAVENOUS USE
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN (CMV-IGIV) HUMAN FOR INTRAVENOUS USE

90296	DIPHTHERIA ANTITOXIN EQUINE ANY ROUTE
90371	HEPATITIS B IMMUNE GLOBULIN (HBIG) HUMAN FOR INTRAMUSCULAR USE
90375	RABIES IMMUNE GLOBULIN (RIG) HUMAN FOR INTRAMUSCULAR AND OR SUBCUTANEOUS USE
90376	RABIES IMMUNE GLOBULIN HEAT-TREATED (RIG-HT) HUMAN FOR INTRAMUSCULAR AND OR SUBCUTANEOUS USE
90377	RABIES IMMUNE GLOBULIN HEAT- AND SOLVENT DETERGENT-TREATED (RIG-HT S D) HUMAN FOR INTRAMUSCULAR AND OR SUBCUTANEOUS USE
90378	RESPIRATORY SYNCYTIAL VIRUS MONOCLONAL ANTIBODY RECOMBINANT FOR INTRAMUSCULAR USE 50 MG EACH
90379	RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (RSV-IGIV) HUMAN FOR INTRAVENOUS USE
90380	RESPIRATORY SYNCYTIAL VIRUS MONOCLONAL ANTIBODY SEASONAL DOSE 0.5 ML DOSAGE FOR INTRAMUSCULAR USE
90381	RESPIRATORY SYNCYTIAL VIRUS MONOCLONAL ANTIBODY SEASONAL DOSE 1 ML DOSAGE FOR INTRAMUSCULAR USE
90382	RESPIRATORY SYNCYTIAL VIRUS MONOCLONAL ANTIBODY SEASONAL DOSE 0.7 ML FOR INTRAMUSCULAR USE
90384	RHO(D) IMMUNE GLOBULIN (RHIG) HUMAN FULL-DOSE FOR INTRAMUSCULAR USE
90385	RHO(D) IMMUNE GLOBULIN (RHIG) HUMAN MINI-DOSE FOR INTRAMUSCULAR USE
90386	RHO(D) IMMUNE GLOBULIN (RHIGIV) HUMAN FOR INTRAVENOUS USE
90389	TETANUS IMMUNE GLOBULIN (TIG) HUMAN FOR INTRAMUSCULAR USE
90393	VACCINIA IMMUNE GLOBULIN HUMAN FOR INTRAMUSCULAR USE
90396	VARICELLA-ZOSTER IMMUNE GLOBULIN HUMAN FOR INTRAMUSCULAR USE
90399	UNLISTED IMMUNE GLOBULIN
90460	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION WITH COUNSELING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL FIRST OR ONLY COMPONENT OF EACH VACCINE OR TOXOID ADMINISTERED
90461	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION WITH COUNSELING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL EACH ADDITIONAL VACCINE OR TOXOID COMPONENT ADMINISTERED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS INTRADERMAL SUBCUTANEOUS OR INTRAMUSCULAR INJECTIONS) 1 VACCINE (SINGLE OR COMBINATION VACCINE TOXOID)

90472	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS INTRADERMAL SUBCUTANEOUS OR INTRAMUSCULAR INJECTIONS) EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE TOXOID) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
90473	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE 1 VACCINE (SINGLE OR COMBINATION VACCINE TOXOID)
90474	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE TOXOID) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
90476	ADENOVIRUS VACCINE TYPE 4 LIVE FOR ORAL USE
90477	ADENOVIRUS VACCINE TYPE 7 LIVE FOR ORAL USE
90480	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE FIRST OR ONLY COMPONENT OF EACH VACCINE ADMINISTERED
90481	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE EACH ADDITIONAL COMPONENT ADMINISTERED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
90482	IMMUNIZATION COUNSELING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHEN IMMUNIZATION(S) IS NOT ADMINISTERED BY PROVIDER ON THE SAME DATE OF SERVICE 3 MINUTES UP TO 10 MINUTES
90483	IMMUNIZATION COUNSELING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHEN IMMUNIZATION(S) IS NOT ADMINISTERED BY PROVIDER ON THE SAME DATE OF SERVICE GREATER THAN 10 MINUTES UP TO 20 MINUTES
90484	IMMUNIZATION COUNSELING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHEN IMMUNIZATION(S) IS NOT ADMINISTERED BY PROVIDER ON THE SAME DATE OF SERVICE GREATER THAN 20 MINUTES
90581	ANTHRAX VACCINE FOR SUBCUTANEOUS OR INTRAMUSCULAR USE
90584	DENGUE VACCINE QUADRIVALENT LIVE 2 DOSE SCHEDULE FOR SUBCUTANEOUS USE
90585	BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS LIVE FOR PERCUTANEOUS USE
90586	BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR BLADDER CANCER LIVE FOR INTRAVESICAL USE
90587	DENGUE VACCINE QUADRIVALENT LIVE 3 DOSE SCHEDULE FOR SUBCUTANEOUS USE
90589	CHIKUNGUNYA VIRUS VACCINE LIVE ATTENUATED FOR INTRAMUSCULAR USE
90593	CHIKUNGUNYA VIRUS VACCINE RECOMBINANT FOR INTRAMUSCULAR USE
90611	SMALLPOX AND MONKEYPOX VACCINE ATTENUATED VACCINIA VIRUS LIVE NON-REPLICATING PRESERVATIVE FREE 0.5 ML DOSAGE SUSPENSION FOR SUBCUTANEOUS USE

90612	INFLUENZA VIRUS VACCINE TRIVALENT AND SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE MRNA-LNP 31.7 MCG 0.32 ML DOSAGE FOR INTRAMUSCULAR USE
90613	INFLUENZA VIRUS VACCINE QUADRIVALENT AND SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE MRNA-LNP 40 MCG 0.4 ML DOSAGE FOR INTRAMUSCULAR USE
90619	MENINGOCOCCAL CONJUGATE VACCINE SEROGROUPS A C W Y QUADRIVALENT TETANUS TOXOID CARRIER (MENACWY-TT) FOR INTRAMUSCULAR USE MENINGOCOCCAL CONJUGATE VACCINE SEROGROUPS A C W Y QUADRIVALENT TETANUS TOXOID CARRIER (MENACWYTT) FOR INTRAMUSCULAR USE
90620	MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE VACCINE SEROGROUP B (MENB-4C) FOR INTRAMUSCULAR USE
90621	MENINGOCOCCAL RECOMBINANT LIPOPROTEIN VACCINE SEROGROUP B (MENB-FHBP) 2 OR 3 DOSE SCHEDULE FOR INTRAMUSCULAR USE
90622	VACCINIA (SMALLPOX) VIRUS VACCINE LIVE LYOPHILIZED 0.3 ML DOSAGE FOR PERCUTANEOUS USE
90623	MENINGOCOCCAL PENTAVALENT VACCINE CONJUGATED MEN A C W Y- TETANUS TOXOID CARRIER AND MEN B-FHBP FOR INTRAMUSCULAR USE
90624	MENINGOCOCCAL PENTAVALENT VACCINE MEN B-4C RECOMBINANT PROTEINS AND OUTER MEMBRANE VESICLE AND CONJUGATED MEN A C W Y-DIPHTHERIA TOXOID CARRIER FOR INTRAMUSCULAR USE
90625	CHOLERA VACCINE LIVE ADULT DOSAGE 1 DOSE SCHEDULE FOR ORAL USE
90626	TICK-BORNE ENCEPHALITIS VIRUS VACCINE INACTIVATED 0.25 ML DOSAGE FOR INTRAMUSCULAR USE
90627	TICK-BORNE ENCEPHALITIS VIRUS VACCINE INACTIVATED 0.5 ML DOSAGE FOR INTRAMUSCULAR USE
90630	INFLUENZA VIRUS VACCINE QUADRIVALENT (IIV4) SPLIT VIRUS PRESERVATIVE FREE FOR INTRADERMAL USE
90632	HEPATITIS A VACCINE (HEPA) ADULT DOSAGE FOR INTRAMUSCULAR USE
90633	HEPATITIS A VACCINE (HEPA) PEDIATRIC ADOLESCENT DOSAGE-2 DOSE SCHEDULE FOR INTRAMUSCULAR USE
90634	HEPATITIS A VACCINE (HEPA) PEDIATRIC ADOLESCENT DOSAGE-3 DOSE SCHEDULE FOR INTRAMUSCULAR USE
90635	INFLUENZA VIRUS VACCINE H5N1 DERIVED FROM CELL CULTURES ADJUVANTED FOR INTRAMUSCULAR USE
90636	HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEPB) ADULT DOSAGE FOR INTRAMUSCULAR USE
90637	INFLUENZA VIRUS VACCINE QUADRIVALENT (QIRV) MRNA 30 MCG 0.5 ML DOSAGE FOR INTRAMUSCULAR USE
90638	INFLUENZA VIRUS VACCINE QUADRIVALENT (QIRV) MRNA 60 MCG 0.5 ML DOSAGE FOR INTRAMUSCULAR USE

90644	MENINGOCOCCAL CONJUGATE VACCINE SEROGROUPS C AND Y AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB-MENCY) 4 DOSE SCHEDULE WHEN ADMINISTERED TO CHILDREN 6 WEEKS-18 MONTHS OF AGE FOR INTRAMUSCULAR USE
90647	HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB) PRP-OMP CONJUGATE 3 DOSE SCHEDULE FOR INTRAMUSCULAR USE
90648	HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB) PRP-T CONJUGATE 4 DOSE SCHEDULE FOR INTRAMUSCULAR USE
90649	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6 11 16 18 QUADRIVALENT (4VHPV) 3 DOSE SCHEDULE FOR INTRAMUSCULAR USE
90650	HUMAN PAPILLOMAVIRUS VACCINE TYPES 16 18 BIVALENT (2VHPV) 3 DOSE SCHEDULE FOR INTRAMUSCULAR USE
90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6 11 16 18 31 33 45 52 58 NONAVALENT (9VHPV) 2 OR 3 DOSE SCHEDULE FOR INTRAMUSCULAR USE
90653	INFLUENZA VACCINE INACTIVATED (IIV) SUBUNIT ADJUVANTED FOR INTRAMUSCULAR USE
90654	INFLUENZA VIRUS VACCINE TRIVALENT (IIV3) SPLIT VIRUS PRESERVATIVE-FREE FOR INTRADERMAL USE
90655	INFLUENZA VIRUS VACCINE TRIVALENT (IIV3) SPLIT VIRUS PRESERVATIVE FREE 0.25 ML DOSAGE FOR INTRAMUSCULAR USE
90656	INFLUENZA VIRUS VACCINE TRIVALENT (IIV3) SPLIT VIRUS PRESERVATIVE FREE 0.5 ML DOSAGE FOR INTRAMUSCULAR USE
90657	INFLUENZA VIRUS VACCINE TRIVALENT (IIV3) SPLIT VIRUS 0.25 ML DOSAGE FOR INTRAMUSCULAR USE
90658	INFLUENZA VIRUS VACCINE TRIVALENT (IIV3) SPLIT VIRUS 0.5 ML DOSAGE FOR INTRAMUSCULAR USE
90660	INFLUENZA VIRUS VACCINE TRIVALENT LIVE (LAIV3) FOR INTRANASAL USE
90661	INFLUENZA VIRUS VACCINE TRIVALENT (CCIIV3) DERIVED FROM CELL CULTURES SUBUNIT ANTIBIOTIC FREE 0.5 ML DOSAGE FOR INTRAMUSCULAR USE
90662	INFLUENZA VIRUS VACCINE (IIV) SPLIT VIRUS PRESERVATIVE FREE ENHANCED IMMUNOGENICITY VIA INCREASED ANTIGEN CONTENT FOR INTRAMUSCULAR USE
90664	INFLUENZA VIRUS VACCINE LIVE (LAIV) PANDEMIC FORMULATION FOR INTRANASAL USE
90666	INFLUENZA VIRUS VACCINE (IIV) PANDEMIC FORMULATION SPLIT VIRUS PRESERVATIVE FREE FOR INTRAMUSCULAR USE
90667	INFLUENZA VIRUS VACCINE (IIV) PANDEMIC FORMULATION SPLIT VIRUS ADJUVANTED FOR INTRAMUSCULAR USE
90668	INFLUENZA VIRUS VACCINE (IIV) PANDEMIC FORMULATION SPLIT VIRUS FOR INTRAMUSCULAR USE
90670	PNEUMOCOCCAL CONJUGATE VACCINE 13 VALENT (PCV13) FOR INTRAMUSCULAR USE
90671	PNEUMOCOCCAL CONJUGATE VACCINE 15 VALENT (PCV15) FOR INTRAMUSCULAR USE

90672	INFLUENZA VIRUS VACCINE QUADRIVALENT LIVE (LAIV4) FOR INTRANASAL USE
90673	INFLUENZA VIRUS VACCINE TRIVALENT (RIV3) DERIVED FROM RECOMBINANT DNA HEMAGGLUTININ (HA) PROTEIN ONLY PRESERVATIVE AND ANTIBIOTIC FREE FOR INTRAMUSCULAR USE
90674	INFLUENZA VIRUS VACCINE QUADRIVALENT (CCIIV4) DERIVED FROM CELL CULTURES SUBUNIT PRESERVATIVE AND ANTIBIOTIC FREE 0.5 ML DOSAGE FOR INTRAMUSCULAR USE
90675	RABIES VACCINE FOR INTRAMUSCULAR USE
90676	RABIES VACCINE FOR INTRADERMAL USE
90677	PNEUMOCOCCAL CONJUGATE VACCINE 20 VALENT (PCV20) FOR INTRAMUSCULAR USE
90678	RESPIRATORY SYNCYTIAL VIRUS VACCINE PREF SUBUNIT BIVALENT FOR INTRAMUSCULAR USE
90679	RESPIRATORY SYNCYTIAL VIRUS VACCINE PREF RECOMBINANT SUBUNIT ADJUVANTED FOR INTRAMUSCULAR USE
90680	ROTAVIRUS VACCINE PENTAVALENT (RV5) 3 DOSE SCHEDULE LIVE FOR ORAL USE
90681	ROTAVIRUS VACCINE HUMAN ATTENUATED (RV1) 2 DOSE SCHEDULE LIVE FOR ORAL USE
90682	INFLUENZA VIRUS VACCINE QUADRIVALENT (RIV4) DERIVED FROM RECOMBINANT DNA HEMAGGLUTININ (HA) PROTEIN ONLY PRESERVATIVE AND ANTIBIOTIC FREE FOR INTRAMUSCULAR USE
90683	RESPIRATORY SYNCYTIAL VIRUS VACCINE MRNA LIPID NANOPARTICLES FOR INTRAMUSCULAR USE
90684	PNEUMOCOCCAL CONJUGATE VACCINE 21 VALENT (PCV21) FOR INTRAMUSCULAR USE
90685	INFLUENZA VIRUS VACCINE QUADRIVALENT (IIV4) SPLIT VIRUS PRESERVATIVE FREE 0.25 ML DOSAGE FOR INTRAMUSCULAR USE
90686	INFLUENZA VIRUS VACCINE QUADRIVALENT (IIV4) SPLIT VIRUS PRESERVATIVE FREE 0.5 ML DOSAGE FOR INTRAMUSCULAR USE
90687	INFLUENZA VIRUS VACCINE QUADRIVALENT (IIV4) SPLIT VIRUS 0.25 ML DOSAGE FOR INTRAMUSCULAR USE
90688	INFLUENZA VIRUS VACCINE QUADRIVALENT (IIV4) SPLIT VIRUS 0.5 ML DOSAGE FOR INTRAMUSCULAR USE
90689	INFLUENZA VIRUS VACCINE QUADRIVALENT (IIV4) INACTIVATED ADJUVANTED PRESERVATIVE FREE 0.25 ML DOSAGE FOR INTRAMUSCULAR USE
90690	TYPHOID VACCINE LIVE ORAL
90691	TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE (VICPS) FOR INTRAMUSCULAR USE
90694	INFLUENZA VIRUS VACCINE QUADRIVALENT (AIIV4) INACTIVATED ADJUVANTED PRESERVATIVE FREE 0.5 ML DOSAGE FOR INTRAMUSCULAR USE
90695	INFLUENZA VIRUS VACCINE H5N8 DERIVED FROM CELL CULTURES ADJUVANTED FOR INTRAMUSCULAR USE
90696	DIPHTHERIA TETANUS TOXOIDS ACELLULAR PERTUSSIS VACCINE AND INACTIVATED POLIOVIRUS VACCINE (DTAP-IPV) WHEN ADMINISTERED TO CHILDREN 4 THROUGH 6 YEARS OF AGE FOR INTRAMUSCULAR USE

90697	DIPHTHERIA TETANUS TOXOIDS ACELLULAR PERTUSSIS VACCINE INACTIVATED POLIOVIRUS VACCINE HAEMOPHILUS INFLUENZAE TYPE B PRP-OMP CONJUGATE VACCINE AND HEPATITIS B VACCINE (DTAP-IPV-HIB-HEPB) FOR INTRAMUSCULAR USE
90698	DIPHTHERIA TETANUS TOXOIDS ACELLULAR PERTUSSIS VACCINE HAEMOPHILUS INFLUENZAE TYPE B AND INACTIVATED POLIOVIRUS VACCINE (DTAP-IPV HIB) FOR INTRAMUSCULAR USE
90700	DIPHTHERIA TETANUS TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (DTAP) WHEN ADMINISTERED TO INDIVIDUALS YOUNGER THAN 7 YEARS FOR INTRAMUSCULAR USE
90702	DIPHTHERIA AND TETANUS TOXOIDS ADSORBED (DT) WHEN ADMINISTERED TO INDIVIDUALS YOUNGER THAN 7 YEARS FOR INTRAMUSCULAR USE
90707	MEASLES MUMPS AND RUBELLA VIRUS VACCINE (MMR) LIVE FOR SUBCUTANEOUS USE
90710	MEASLES MUMPS RUBELLA AND VARICELLA VACCINE (MMRV) LIVE FOR SUBCUTANEOUS USE
90713	POLIOVIRUS VACCINE INACTIVATED (IPV) FOR SUBCUTANEOUS OR INTRAMUSCULAR USE
90714	TETANUS AND DIPHTHERIA TOXOIDS ADSORBED (TD) PRESERVATIVE FREE WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER FOR INTRAMUSCULAR USE
90715	TETANUS DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP) WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER FOR INTRAMUSCULAR USE
90716	VARICELLA VIRUS VACCINE (VAR) LIVE FOR SUBCUTANEOUS USE
90717	YELLOW FEVER VACCINE LIVE FOR SUBCUTANEOUS USE
90723	DIPHTHERIA TETANUS TOXOIDS ACELLULAR PERTUSSIS VACCINE HEPATITIS B AND INACTIVATED POLIOVIRUS VACCINE (DTAP-HEPB-IPV) FOR INTRAMUSCULAR USE
90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE 23-VALENT (PPSV23) ADULT OR IMMUNOSUPPRESSED PATIENT DOSAGE WHEN ADMINISTERED TO INDIVIDUALS 2 YEARS OR OLDER FOR SUBCUTANEOUS OR INTRAMUSCULAR USE
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE SEROGROUPS A C Y W-135 QUADRIVALENT (MPSV4) FOR SUBCUTANEOUS USE
90734	MENINGOCOCCAL CONJUGATE VACCINE SEROGROUPS A C W Y QUADRIVALENT DIPHTHERIA TOXOID CARRIER (MENACWY-D) OR CRM197 CARRIER (MENACWY-CRM) FOR INTRAMUSCULAR USE
90736	ZOSTER (SHINGLES) VACCINE (HZV) LIVE FOR SUBCUTANEOUS INJECTION
90738	JAPANESE ENCEPHALITIS VIRUS VACCINE INACTIVATED FOR INTRAMUSCULAR USE
90739	HEPATITIS B VACCINE (HEPB) CPG-ADJUVANTED ADULT DOSAGE 2 DOSE OR 4 DOSE SCHEDULE FOR INTRAMUSCULAR USE
90740	HEPATITIS B VACCINE (HEPB) DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE 3 DOSE SCHEDULE FOR INTRAMUSCULAR USE
90743	HEPATITIS B VACCINE (HEPB) ADOLESCENT 2 DOSE SCHEDULE FOR INTRAMUSCULAR USE

90744	HEPATITIS B VACCINE (HEPB) PEDIATRIC ADOLESCENT DOSAGE 3 DOSE SCHEDULE FOR INTRAMUSCULAR USE
90746	HEPATITIS B VACCINE (HEPB) ADULT DOSAGE 3 DOSE SCHEDULE FOR INTRAMUSCULAR USE
90747	HEPATITIS B VACCINE (HEPB) DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE 4 DOSE SCHEDULE FOR INTRAMUSCULAR USE
90748	HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE (HIB-HEPB) FOR INTRAMUSCULAR USE
90749	UNLISTED VACCINE TOXOID
90756	INFLUENZA VIRUS VACCINE QUADRIVALENT (CCIIV4) DERIVED FROM CELL CULTURES SUBUNIT ANTIBIOTIC FREE 0.5 ML DOSAGE FOR INTRAMUSCULAR USE
90758	ZAIRE EBOLAVIRUS VACCINE LIVE FOR INTRAMUSCULAR USE
90759	HEPATITIS B VACCINE (HEPB) 3-ANTIGEN (S PRE-S1 PRE-S2) 10 MCG DOSAGE 3 DOSE SCHEDULE FOR INTRAMUSCULAR USE
90785	INTERACTIVE COMPLEXITY (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES
90832	PSYCHOTHERAPY 30 MINUTES WITH PATIENT
90833	PSYCHOTHERAPY 30 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)
90834	PSYCHOTHERAPY 45 MINUTES WITH PATIENT
90836	PSYCHOTHERAPY 45 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)
90837	PSYCHOTHERAPY 60 MINUTES WITH PATIENT
90838	PSYCHOTHERAPY 60 MINUTES WITH PATIENT WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)
90839	PSYCHOTHERAPY FOR CRISIS FIRST 60 MINUTES
90840	PSYCHOTHERAPY FOR CRISIS EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)
90845	PSYCHOANALYSIS
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT) 50 MINUTES
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT) 50 MINUTES
90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)
90863	PHARMACOLOGIC MANAGEMENT INCLUDING PRESCRIPTION AND REVIEW OF MEDICATION WHEN PERFORMED WITH PSYCHOTHERAPY SERVICES (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)

90865	NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES (EG SODIUM AMOBARBITAL (AMYTAL) INTERVIEW)
90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT INITIAL INCLUDING CORTICAL MAPPING MOTOR THRESHOLD DETERMINATION DELIVERY AND MANAGEMENT
90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT SUBSEQUENT DELIVERY AND MANAGEMENT PER SESSION
90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT
90870	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)
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
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
90880	HYPNOTHERAPY
90882	ENVIRONMENTAL INTERVENTION FOR MEDICAL MANAGEMENT PURPOSES ON A PSYCHIATRIC PATIENT S BEHALF WITH AGENCIES EMPLOYERS OR INSTITUTIONS
90885	PSYCHIATRIC EVALUATION OF HOSPITAL RECORDS OTHER PSYCHIATRIC REPORTS PSYCHOMETRIC AND OR PROJECTIVE TESTS AND OTHER ACCUMULATED DATA FOR MEDICAL DIAGNOSTIC PURPOSES
90887	INTERPRETATION OR EXPLANATION OF RESULTS OF PSYCHIATRIC OTHER MEDICAL EXAMINATIONS AND PROCEDURES OR OTHER ACCUMULATED DATA TO FAMILY OR OTHER RESPONSIBLE PERSONS OR ADVISING THEM HOW TO ASSIST PATIENT
90889	PREPARATION OF REPORT OF PATIENT S PSYCHIATRIC STATUS HISTORY TREATMENT OR PROGRESS (OTHER THAN FOR LEGAL OR CONSULTATIVE PURPOSES) FOR OTHER INDIVIDUALS AGENCIES OR INSURANCE CARRIERS
90899	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE
90901	BIOFEEDBACK TRAINING BY ANY MODALITY
90912	BIOFEEDBACK TRAINING PERINEAL MUSCLES ANORECTAL OR URETHRAL SPHINCTER INCLUDING EMG AND OR MANOMETRY WHEN PERFORMED INITIAL 15 MINUTES OF ONE-ON-ONE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL CONTACT WITH THE PATIENT

90913	BIOFEEDBACK TRAINING PERINEAL MUSCLES ANORECTAL OR URETHRAL SPHINCTER INCLUDING EMG AND OR MANOMETRY WHEN PERFORMED EACH ADDITIONAL 15 MINUTES OF ONE-ON-ONE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL CONTACT WITH THE PATIENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
90935	HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) W WO SUBSTANTIAL REVISION OF DIALYSIS PRESCRIPTION
90940	HEMODIALYSIS ACCESS FLOW STUDY TO DETERMINE BLOOD FLOW IN GRAFTS AND ARTERIOVENOUS FISTULAE BY AN INDICATOR METHOD
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
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 W WO SUBSTANTIAL REVISION OF DIALYSIS PRESCRIPTION
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
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
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
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

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
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
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
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
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
90960	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY FOR PATIENTS 20 YEARS OF AGE AND OLDER WITH 4 OR MORE FACE-TO-FACE VISITS BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH
90961	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY FOR PATIENTS 20 YEARS OF AGE AND OLDER WITH 2-3 FACE-TO-FACE VISITS BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH
90962	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY FOR PATIENTS 20 YEARS OF AGE AND OLDER WITH 1 FACE-TO-FACE VISIT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER MONTH
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

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
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
90966	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH FOR PATIENTS 20 YEARS OF AGE AND OLDER
90967	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH OF SERVICE PER DAY FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE
90968	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH OF SERVICE PER DAY FOR PATIENTS 2-11 YEARS OF AGE
90969	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH OF SERVICE PER DAY FOR PATIENTS 12-19 YEARS OF AGE
90970	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONTH OF SERVICE PER DAY FOR PATIENTS 20 YEARS OF AGE AND OLDER
90989	DIALYSIS TRAINING PATIENT INCLUDING HELPER WHERE APPLICABLE ANY MODE COMPLETED COURSE
90993	DIALYSIS TRAINING PATIENT INCLUDING HELPER WHERE APPLICABLE ANY MODE COURSE NOT COMPLETED PER TRAINING SESSION
90997	HEMOPERFUSION (EG WITH ACTIVATED CHARCOAL OR RESIN)
90999	UNLISTED DIALYSIS PROCEDURE INPATIENT OR OUTPATIENT
91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND OR GASTROESOPHAGEAL JUNCTION) STUDY WITH INTERPRETATION AND REPORT
91013	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND OR GASTROESOPHAGEAL JUNCTION) STUDY WITH INTERPRETATION AND REPORT WITH STIMULATION OR PERFUSION (EG STIMULANT ACID OR ALKALI PERFUSION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
91020	GASTRIC MOTILITY (MANOMETRIC) STUDIES
91022	DUODENAL MOTILITY (MANOMETRIC) STUDY
91030	ESOPHAGUS ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS
91034	ESOPHAGUS GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER PH ELECTRODE(S) PLACEMENT RECORDING ANALYSIS AND INTERPRETATION
91035	ESOPHAGUS GASTROESOPHAGEAL REFLUX TEST WITH MUCOSAL ATTACHED TELEMETRY PH ELECTRODE PLACEMENT RECORDING ANALYSIS AND INTERPRETATION

91037	ESOPHAGEAL FUNCTION TEST GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER INTRALUMINAL IMPEDANCE ELECTRODE(S) PLACEMENT RECORDING ANALYSIS AND INTERPRETATION
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)
91040	ESOPHAGEAL BALLOON DISTENSION STUDY DIAGNOSTIC WITH PROVOCATION WHEN PERFORMED
91065	BREATH HYDROGEN OR METHANE TEST (EG FOR DETECTION OF LACTASE DEFICIENCY FRUCTOSE INTOLERANCE BACTERIAL OVERGROWTH OR ORO-CECAL GASTROINTESTINAL TRANSIT)
91110	GASTROINTESTINAL TRACT IMAGING INTRALUMINAL (EG CAPSULE ENDOSCOPY) ESOPHAGUS THROUGH ILEUM WITH INTERPRETATION AND REPORT
91111	GASTROINTESTINAL TRACT IMAGING INTRALUMINAL (EG CAPSULE ENDOSCOPY) ESOPHAGUS WITH INTERPRETATION AND REPORT
91112	GASTROINTESTINAL TRANSIT AND PRESSURE MEASUREMENT STOMACH THROUGH COLON WIRELESS CAPSULE WITH INTERPRETATION AND REPORT
91113	GASTROINTESTINAL TRACT IMAGING INTRALUMINAL (EG CAPSULE ENDOSCOPY) COLON WITH INTERPRETATION AND REPORT
91117	COLON MOTILITY (MANOMETRIC) STUDY MINIMUM 6 HOURS CONTINUOUS RECORDING (INCLUDING PROVOCATION TESTS EG MEAL INTRACOLONIC BALLOON DISTENSION PHARMACOLOGIC AGENTS IF PERFORMED) WITH INTERPRETATION AND REPORT
91120	RECTAL SENSATION TONE AND COMPLIANCE TEST (IE RESPONSE TO GRADED BALLOON DISTENTION)
91122	ANORECTAL MANOMETRY
91124	RECTAL SENSATION TONE AND COMPLIANCE STUDY (EG BAROSTAT)
91125	ANORECTAL MANOMETRY WITH RECTAL SENSATION AND RECTAL BALLOON EXPULSION TEST WHEN PERFORMED
91132	ELECTROGASTROGRAPHY DIAGNOSTIC TRANSCUTANEOUS
91133	ELECTROGASTROGRAPHY DIAGNOSTIC TRANSCUTANEOUS WITH PROVOCATIVE TESTING
91200	LIVER ELASTOGRAPHY MECHANICALLY INDUCED SHEAR WAVE (EG VIBRATION) WITHOUT IMAGING WITH INTERPRETATION AND REPORT
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE
91300	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE MRNA-LNP SPIKE PROTEIN PRESERVATIVE FREE 30 MCG 0.3ML DOSAGE DILUENT RECONSTITUTED FOR INTRAMUSCULAR USE

91301	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE MRNA-LNP SPIKE PROTEIN PRESERVATIVE FREE 100 MCG 0.5ML DOSAGE FOR INTRAMUSCULAR USE
91303	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE DNA SPIKE PROTEIN ADENOVIRUS TYPE 26 (AD26) VECTOR PRESERVATIVE FREE 5X1010 VIRAL PARTICLES 0.5ML DOSAGE FOR INTRAMUSCULAR USE
91304	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE RECOMBINANT SPIKE PROTEIN NANOPARTICLE SAPONIN-BASED ADJUVANT 5 MCG 0.5 ML DOSAGE FOR INTRAMUSCULAR USE
91305	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE MRNA-LNP SPIKE PROTEIN PRESERVATIVE FREE 30 MCG 0.3 ML DOSAGE TRISSUCROSE FORMULATION FOR INTRAMUSCULAR USE
91306	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE MRNALNP SPIKE PROTEIN PRESERVATIVE FREE 50 MCG 0.25 ML DOSAGE FOR INTRAMUSCULAR USE
91307	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE MRNA LNP SPIKE PROTEIN PRESERVATIVE FREE 10 MCG 0.2 ML DOSAGE DILUENT RECONSTITUTED TRIS-SUCROSE FORMULATION FOR INTRAMUSCULAR USE
91308	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE MRNALNP SPIKE PROTEIN PRESERVATIVE FREE 3 MCG 0.2 ML DOSAGE DILUENT RECONSTITUTED TRIS-SUCROSE FORMULATION FOR INTRAMUSCULAR USE
91309	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE MRNA-LNP SPIKE PROTEIN PRESERVATIVE FREE 50 MCG 0.5 ML DOSAGE FOR INTRAMUSCULAR USE
91311	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE MRNA-LNP SPIKE PROTEIN PRESERVATIVE FREE 25 MCG 0.25 ML DOSAGE FOR INTRAMUSCULAR USE
91312	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE MRNA-LNP BIVALENT SPIKE PROTEIN PRESERVATIVE FREE 30 MCG 0.3 ML DOSAGE TRIS-SUCROSE FORMULATION FOR INTRAMUSCULAR USE
91313	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE MRNA-LNP SPIKE PROTEIN BIVALENT PRESERVATIVE FREE 50 MCG 0.5 ML DOSAGE FOR INTRAMUSCULAR USE

91314	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE MRNA-LNP SPIKE PROTEIN BIVALENT PRESERVATIVE FREE 25 MCG 0.25 ML DOSAGE FOR INTRAMUSCULAR USE
91315	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE MRNA-LNP BIVALENT SPIKE PROTEIN PRESERVATIVE FREE 10 MCG 0.2 ML DOSAGE DILUENT RECONSTITUTED TRIS-SUCROSE FORMULATION FOR INTRAMUSCULAR USE
91316	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE MRNA-LNP SPIKE PROTEIN BIVALENT PRESERVATIVE FREE 10 MCG 0.2 ML DOSAGE FOR INTRAMUSCULAR USE
91317	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARSCOV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE MRNALNP BIVALENT SPIKE PROTEIN PRESERVATIVE FREE 3 MCG 0.2 ML DOSAGE DILUENT RECONSTITUTED TRIS-SUCROSE FORMULATION FOR INTRAMUSCULAR USE
91318	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE MRNA-LNP SPIKE PROTEIN 3 MCG 0.3 ML DOSAGE TRIS-SUCROSE FORMULATION FOR INTRAMUSCULAR USE
91319	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE MRNA-LNP SPIKE PROTEIN 10 MCG 0.3 ML DOSAGE TRIS-SUCROSE FORMULATION FOR INTRAMUSCULAR USE
91320	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE MRNA-LNP SPIKE PROTEIN 30 MCG 0.3 ML DOSAGE TRIS-SUCROSE FORMULATION FOR INTRAMUSCULAR USE
91321	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE MRNA-LNP 25 MCG 0.25 ML DOSAGE FOR INTRAMUSCULAR USE
91322	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE MRNA-LNP 50 MCG 0.5 ML DOSAGE FOR INTRAMUSCULAR USE
91323	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE MRNA-LNP 10 MCG 0.2 ML DOSAGE FOR INTRAMUSCULAR USE
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND TREATMENT PROGRAM INTERMEDIATE NEW PATIENT
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND TREATMENT PROGRAM COMPREHENSIVE NEW PATIENT 1 OR MORE VISITS
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OR CONTINUATION OF DIAGNOSTIC AND TREATMENT PROGRAM INTERMEDIATE ESTABLISHED PATIENT

92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OR CONTINUATION OF DIAGNOSTIC AND TREATMENT PROGRAM COMPREHENSIVE ESTABLISHED PATIENT 1 OR MORE VISITS
92015	DETERMINATION OF REFRACTIVE STATE
92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION UNDER GENERAL ANESTHESIA W WO MANIPULATION OF GLOBE FOR PASSIVE RANGE OF MOTION OR OTHER MANIPULATION TO FACILITATE DIAGNOSTIC EXAMINATION COMPLETE
92019	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION UNDER GENERAL ANESTHESIA W WO MANIPULATION OF GLOBE FOR PASSIVE RANGE OF MOTION OR OTHER MANIPULATION TO FACILITATE DIAGNOSTIC EXAMINATION LIMITED
92020	GONIOSCOPY (SEPARATE PROCEDURE)
92025	COMPUTERIZED CORNEAL TOPOGRAPHY UNILATERAL OR BILATERAL WITH INTERPRETATION AND REPORT
92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG RESTRICTIVE OR PARETIC MUSCLE WITH DIPLOPIA) WITH INTERPRETATION AND REPORT (SEPARATE PROCEDURE)
92065	ORTHOPTIC TRAINING PERFORMED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
92066	ORTHOPTIC TRAINING UNDER SUPERVISION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
92071	FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE
92072	FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS INITIAL FITTING
92081	VISUAL FIELD EXAMINATION UNILATERAL OR BILATERAL WITH INTERPRETATION AND REPORT LIMITED EXAMINATION (EG TANGENT SCREEN AUTOPLOT ARC PERIMETER OR SINGLE STIMULUS LEVEL AUTOMATED TEST SUCH AS OCTOPUS 3 OR 7 EQUIVALENT)
92082	VISUAL FIELD EXAMINATION UNILATERAL OR BILATERAL WITH INTERPRETATION AND REPORT INTERMEDIATE EXAMINATION (EG AT LEAST 2 ISOPTERS ON GOLDMANN PERIMETER OR SEMIQUANTITATIVE AUTOMATED SUPRATHRESHOLD SCREENING PROGRAM HUMPHREY SUPRATHRESHOLD AUTOMATIC DIAGNOSTIC TEST OCTOPUS PROGRAM 33)
92083	VISUAL FIELD EXAMINATION UNILATERAL OR BILATERAL WITH INTERPRETATION AND REPORT EXTENDED EXAMINATION (EG GOLDMANN VISUAL FIELDS WITH AT LEAST 3 ISOPTERS PLOTTED AND STATIC DETERMINATION WITHIN THE CENTRAL 30 DEG OR QUANTITATIVE AUTOMATED THRESHOLD PERIMETRY OCTOPUS PROGRAM G-1 32 OR 42 HUMPHREY VISUAL FIELD ANALYZER FULL THRESHOLD PROGRAMS 30-2 24-2 OR 30 60-2)
92100	SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF INTRAOCULAR PRESSURE OVER AN EXTENDED TIME PERIOD WITH INTERPRETATION AND REPORT SAME DAY (EG DIURNAL CURVE OR MEDICAL TREATMENT OF ACUTE ELEVATION OF INTRAOCULAR PRESSURE)

92132	COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG OPTICAL COHERENCE TOMOGRAPHY [OCT]) ANTERIOR SEGMENT WITH INTERPRETATION AND REPORT UNILATERAL OR BILATERAL
92133	COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG OPTICAL COHERENCE TOMOGRAPHY [OCT]) POSTERIOR SEGMENT WITH INTERPRETATION AND REPORT UNILATERAL OR BILATERAL OPTIC NERVE
92134	COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG OPTICAL COHERENCE TOMOGRAPHY [OCT]) POSTERIOR SEGMENT WITH INTERPRETATION AND REPORT UNILATERAL OR BILATERAL RETINA
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS POWER CALCULATION
92137	COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG OPTICAL COHERENCE TOMOGRAPHY [OCT]) POSTERIOR SEGMENT WITH INTERPRETATION AND REPORT UNILATERAL OR BILATERAL RETINA INCLUDING OCT ANGIOGRAPHY
92145	CORNEAL HYSTERESIS DETERMINATION BY AIR IMPULSE STIMULATION UNILATERAL OR BILATERAL WITH INTERPRETATION AND REPORT
92201	OPHTHALMOSCOPY EXTENDED WITH RETINAL DRAWING AND SCLERAL DEPRESSION OF PERIPHERAL RETINAL DISEASE (EG FOR RETINAL TEAR RETINAL DETACHMENT RETINAL TUMOR) WITH INTERPRETATION AND REPORT UNILATERAL OR BILATERAL
92202	OPHTHALMOSCOPY EXTENDED WITH DRAWING OF OPTIC NERVE OR MACULA (EG FOR GLAUCOMA MACULAR PATHOLOGY TUMOR) WITH INTERPRETATION AND REPORT UNILATERAL OR BILATERAL
92227	IMAGING OF RETINA FOR DETECTION OR MONITORING OF DISEASE WITH REMOTE CLINICAL STAFF REVIEW AND REPORT UNILATERAL OR BILATERAL
92228	IMAGING OF RETINA FOR DETECTION OR MONITORING OF DISEASE WITH REMOTE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT UNILATERAL OR BILATERAL
92229	IMAGING OF RETINA FOR DETECTION OR MONITORING OF DISEASE POINT-OF-CARE AUTONOMOUS ANALYSIS AND REPORT UNILATERAL OR BILATERAL
92230	FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT
92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT UNILATERAL OR BILATERAL
92240	INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT UNILATERAL OR BILATERAL
92242	FLUORESCEIN ANGIOGRAPHY AND INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) PERFORMED AT THE SAME PATIENT ENCOUNTER WITH INTERPRETATION AND REPORT UNILATERAL OR BILATERAL
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT
92260	OPHTHALMODYNAMOMETRY

92265	NEEDLE OCULOELECTROMYOGRAPHY 1 OR MORE EXTRAOCULAR MUSCLES 1 OR BOTH EYES WITH INTERPRETATION AND REPORT
92270	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT
92273	ELECTRORETINOGRAPHY (ERG) WITH INTERPRETATION AND REPORT FULL FIELD (IE FFERG FLASH ERG GANZFELD ERG)
92274	ELECTRORETINOGRAPHY (ERG) WITH INTERPRETATION AND REPORT MULTIFOCAL (MFERG)
92283	COLOR VISION EXAMINATION EXTENDED EG ANOMALOSCOPE OR EQUIVALENT
92284	DIAGNOSTIC DARK ADAPTATION EXAMINATION (EG ROD AND CONE SENSITIVITIES ROD-CONE BREAKPOINT) WITH INTERPRETATION AND REPORT
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF MEDICAL PROGRESS (EG CLOSE-UP PHOTOGRAPHY SLIT LAMP PHOTOGRAPHY GONIOPHOTOGRAPHY STEREO-PHOTOGRAPHY)
92286	ANTERIOR SEGMENT IMAGING WITH INTERPRETATION AND REPORT WITH SPECULAR MICROSCOPY AND ENDOTHELIAL CELL ANALYSIS
92287	ANTERIOR SEGMENT IMAGING WITH INTERPRETATION AND REPORT WITH FLUORESCEIN ANGIOGRAPHY
92288	SCREENING DARK ADAPTATION MEASUREMENT (EG ROD RECOVERY INTERCEPT TIME) WITH INTERPRETATION AND REPORT
92310	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS WITH MEDICAL SUPERVISION OF ADAPTATION CORNEAL LENS BOTH EYES EXCEPT FOR APHAKIA
92311	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS WITH MEDICAL SUPERVISION OF ADAPTATION CORNEAL LENS FOR APHAKIA 1 EYE
92312	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS WITH MEDICAL SUPERVISION OF ADAPTATION CORNEAL LENS FOR APHAKIA BOTH EYES
92313	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS WITH MEDICAL SUPERVISION OF ADAPTATION CORNEOSCLERAL LENS
92314	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN CORNEAL LENS BOTH EYES EXCEPT FOR APHAKIA
92315	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN CORNEAL LENS FOR APHAKIA 1 EYE
92316	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN CORNEAL LENS FOR APHAKIA BOTH EYES

92317	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN CORNEOSCLERAL LENS
92325	MODIFICATION OF CONTACT LENS (SEPARATE PROCEDURE) WITH MEDICAL SUPERVISION OF ADAPTATION
92326	REPLACEMENT OF CONTACT LENS
92340	FITTING OF SPECTACLES EXCEPT FOR APHAKIA MONOFOCAL
92341	FITTING OF SPECTACLES EXCEPT FOR APHAKIA BIFOCAL
92342	FITTING OF SPECTACLES EXCEPT FOR APHAKIA MULTIFOCAL OTHER THAN BIFOCAL
92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA MONOFOCAL
92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA MULTIFOCAL
92354	FITTING OF SPECTACLE MOUNTED LOW VISION AID SINGLE ELEMENT SYSTEM
92355	FITTING OF SPECTACLE MOUNTED LOW VISION AID TELESCOPIC OR OTHER COMPOUND LENS SYSTEM
92358	PROSTHESIS SERVICE FOR APHAKIA TEMPORARY (DISPOSABLE OR LOAN INCLUDING MATERIALS)
92370	REPAIR AND REFITTING SPECTACLES EXCEPT FOR APHAKIA
92371	REPAIR AND REFITTING SPECTACLES SPECTACLE PROSTHESIS FOR APHAKIA
92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE
92502	OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA
92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)
92507	TREATMENT OF SPEECH LANGUAGE VOICE COMMUNICATION AND OR AUDITORY PROCESSING DISORDER INDIVIDUAL
92508	TREATMENT OF SPEECH LANGUAGE VOICE COMMUNICATION AND OR AUDITORY PROCESSING DISORDER GROUP 2 OR MORE INDIVIDUALS
92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)
92512	NASAL FUNCTION STUDIES (EG RHINOMANOMETRY)
92516	FACIAL NERVE FUNCTION STUDIES (EG ELECTRONEURONOGRAPHY)
92517	VESTIBULAR EVOKED MYOGENIC POTENTIAL (VEMP) TESTING WITH INTERPRETATION AND REPORT CERVICAL (CVEMP)
92518	VESTIBULAR EVOKED MYOGENIC POTENTIAL (VEMP) TESTING WITH INTERPRETATION AND REPORT OCULAR (OVEMP)
92519	VESTIBULAR EVOKED MYOGENIC POTENTIAL (VEMP) TESTING WITH INTERPRETATION AND REPORT CERVICAL (CVEMP) AND OCULAR (OVEMP)
92520	LARYNGEAL FUNCTION STUDIES (IE AERODYNAMIC TESTING AND ACOUSTIC TESTING)
92521	EVALUATION OF SPEECH FLUENCY (EG STUTTERING CLUTTERING)

92522	EVALUATION OF SPEECH SOUND PRODUCTION (EG ARTICULATION PHONOLOGICAL PROCESS APRAXIA DYSARTHRIA)
92523	EVALUATION OF SPEECH SOUND PRODUCTION (EG ARTICULATION PHONOLOGICAL PROCESS APRAXIA DYSARTHRIA) WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION (EG RECEPTIVE AND EXPRESSIVE LANGUAGE)
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND OR ORAL FUNCTION FOR FEEDING
92531	SPONTANEOUS NYSTAGMUS INCLUDING GAZE
92532	POSITIONAL NYSTAGMUS TEST
92533	CALORIC VESTIBULAR TEST EACH IRRIGATION (BINAURAL BITHERMAL STIMULATION CONSTITUTES 4 TESTS)
92534	OPTOKINETIC NYSTAGMUS TEST
92537	CALORIC VESTIBULAR TEST WITH RECORDING BILATERAL BITHERMAL (IE ONE WARM AND ONE COOL IRRIGATION IN EACH EAR FOR A TOTAL OF FOUR IRRIGATIONS)
92538	CALORIC VESTIBULAR TEST WITH RECORDING BILATERAL MONOTHERMAL (IE ONE IRRIGATION IN EACH EAR FOR A TOTAL OF TWO IRRIGATIONS)
92540	BASIC VESTIBULAR EVALUATION INCLUDES SPONTANEOUS NYSTAGMUS TEST WITH ECCENTRIC GAZE FIXATION NYSTAGMUS WITH RECORDING POSITIONAL NYSTAGMUS TEST MINIMUM OF 4 POSITIONS WITH RECORDING OPTOKINETIC NYSTAGMUS TEST BIDIRECTIONAL FOVEAL AND PERIPHERAL STIMULATION WITH RECORDING AND OSCILLATING TRACKING TEST WITH RECORDING
92541	SPONTANEOUS NYSTAGMUS TEST INCLUDING GAZE AND FIXATION NYSTAGMUS WITH RECORDING
92542	POSITIONAL NYSTAGMUS TEST MINIMUM OF 4 POSITIONS WITH RECORDING
92544	OPTOKINETIC NYSTAGMUS TEST BIDIRECTIONAL FOVEAL OR PERIPHERAL STIMULATION WITH RECORDING
92545	OSCILLATING TRACKING TEST WITH RECORDING
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING
92547	USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY SENSORY ORGANIZATION TEST (CDP-SOT) 6 CONDITIONS (IE EYES OPEN EYES CLOSED VISUAL SWAY PLATFORM SWAY EYES CLOSED PLATFORM SWAY PLATFORM AND VISUAL SWAY) INCLUDING INTERPRETATION AND REPORT
92549	COMPUTERIZED DYNAMIC POSTUROGRAPHY SENSORY ORGANIZATION TEST (CDP-SOT) 6 CONDITIONS (IE EYES OPEN EYES CLOSED VISUAL SWAY PLATFORM SWAY EYES CLOSED PLATFORM SWAY PLATFORM AND VISUAL SWAY) INCLUDING INTERPRETATION AND REPORT WITH MOTOR CONTROL TEST (MCT) AND ADAPTATION TEST (ADT)
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS
92551	SCREENING TEST PURE TONE AIR ONLY

92552	PURE TONE AUDIOMETRY (THRESHOLD) AIR ONLY
92553	PURE TONE AUDIOMETRY (THRESHOLD) AIR AND BONE
92555	SPEECH AUDIOMETRY THRESHOLD
92556	SPEECH AUDIOMETRY THRESHOLD WITH SPEECH RECOGNITION
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND 92556 COMBINED)
92558	EVOKED OTOACOUSTIC EMISSIONS SCREENING (QUALITATIVE MEASUREMENT OF DISTORTION PRODUCT OR TRANSIENT EVOKED OTOACOUSTIC EMISSIONS) AUTOMATED ANALYSIS
92562	LOUDNESS BALANCE TEST ALTERNATE BINAURAL OR MONAURAL
92563	TONE DECAY TEST
92565	STENGER TEST PURE TONE
92567	TYMPANOMETRY (IMPEDANCE TESTING)
92568	ACOUSTIC REFLEX TESTING THRESHOLD
92569	ACOUSTIC REFLEX TESTING DECAY
92570	ACOUSTIC IMMITTANCE TESTING INCLUDES TYMPANOMETRY (IMPEDANCE TESTING) ACOUSTIC REFLEX THRESHOLD TESTING AND ACOUSTIC REFLEX DECAY TESTING
92571	FILTERED SPEECH TEST
92572	STAGGERED SPONDAIC WORD TEST
92575	SENSORINEURAL ACUITY LEVEL TEST
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST
92577	STENGER TEST SPEECH
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)
92582	CONDITIONING PLAY AUDIOMETRY
92583	SELECT PICTURE AUDIOMETRY
92584	ELECTROCOCHLEOGRAPHY
92587	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS LIMITED EVALUATION (TO CONFIRM THE PRESENCE OR ABSENCE OF HEARING DISORDER 3-6 FREQUENCIES) OR TRANSIENT EVOKED OTOACOUSTIC EMISSIONS WITH INTERPRETATION AND REPORT
92588	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS COMPREHENSIVE DIAGNOSTIC EVALUATION (QUANTITATIVE ANALYSIS OF OUTER HAIR CELL FUNCTION BY COCHLEAR MAPPING MINIMUM OF 12 FREQUENCIES) WITH INTERPRETATION AND REPORT
92590	HEARING AID EXAMINATION AND SELECTION MONAURAL
92591	HEARING AID EXAMINATION AND SELECTION BINAURAL
92592	HEARING AID CHECK MONAURAL

92593	HEARING AID CHECK BINAURAL
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID MONAURAL
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID BINAURAL
92596	EAR PROTECTOR ATTENUATION MEASUREMENTS
92597	EVALUATION FOR USE AND OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT ORAL SPEECH
92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT PATIENT YOUNGER THAN 7 YEARS OF AGE WITH PROGRAMMING
92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT PATIENT YOUNGER THAN 7 YEARS OF AGE SUBSEQUENT REPROGRAMMING
92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT AGE 7 YEARS OR OLDER WITH PROGRAMMING
92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT AGE 7 YEARS OR OLDER SUBSEQUENT REPROGRAMMING
92605	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE FACE-TO-FACE WITH THE PATIENT FIRST HOUR
92606	THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH-GENERATING DEVICE INCLUDING PROGRAMMING AND MODIFICATION
92607	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE FACE-TO-FACE WITH THE PATIENT FIRST HOUR
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)
92609	THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE INCLUDING PROGRAMMING AND MODIFICATION
92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION
92611	MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING
92612	FLEXIBLE ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDING
92613	FLEXIBLE ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDING INTERPRETATION AND REPORT ONLY
92614	FLEXIBLE ENDOSCOPIC EVALUATION LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING
92615	FLEXIBLE ENDOSCOPIC EVALUATION LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING INTERPRETATION AND REPORT ONLY
92616	FLEXIBLE ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING
92617	FLEXIBLE ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING INTERPRETATION AND REPORT ONLY

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)
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION WITH REPORT INITIAL 60 MINUTES
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION WITH REPORT EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
92622	DIAGNOSTIC ANALYSIS PROGRAMMING AND VERIFICATION OF AN AUDITORY OSSEOINTEGRATED SOUND PROCESSOR ANY TYPE FIRST 60 MINUTES
92623	DIAGNOSTIC ANALYSIS PROGRAMMING AND VERIFICATION OF AN AUDITORY OSSEOINTEGRATED SOUND PROCESSOR ANY TYPE EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
92625	ASSESSMENT OF TINNITUS (INCLUDES PITCH LOUDNESS MATCHING AND MASKING)
92626	EVALUATION OF AUDITORY FUNCTION FOR SURGICALLY IMPLANTED DEVICE(S) CANDIDACY OR POSTOPERATIVE STATUS OF A SURGICALLY IMPLANTED DEVICE(S) FIRST HOUR
92627	EVALUATION OF AUDITORY FUNCTION FOR SURGICALLY IMPLANTED DEVICE(S) CANDIDACY OR POSTOPERATIVE STATUS OF A SURGICALLY IMPLANTED DEVICE(S) EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
92628	EVALUATION FOR HEARING AID CANDIDACY UNILATERAL OR BILATERAL INCLUDING REVIEW AND INTEGRATION OF AUDIOLOGIC FUNCTION TESTS ASSESSMENT AND INTERPRETATION OF HEARING NEEDS (EG SPEECH-IN-NOISE SUPRATHRESHOLD HEARING MEASURES) DISCUSSION OF CANDIDACY RESULTS COUNSELING ON TREATMENT OPTIONS WITH REPORT AND WHEN PERFORMED ASSESSMENT OF COGNITIVE AND COMMUNICATION STATUS FIRST 30 MINUTES
92629	EVALUATION FOR HEARING AID CANDIDACY UNILATERAL OR BILATERAL INCLUDING REVIEW AND INTEGRATION OF AUDIOLOGIC FUNCTION TESTS ASSESSMENT AND INTERPRETATION OF HEARING NEEDS (EG SPEECH-IN-NOISE SUPRATHRESHOLD HEARING MEASURES) DISCUSSION OF CANDIDACY RESULTS COUNSELING ON TREATMENT OPTIONS WITH REPORT AND WHEN PERFORMED ASSESSMENT OF COGNITIVE AND COMMUNICATION STATUS EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
92630	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS
92631	HEARING AID SELECTION SERVICES UNILATERAL OR BILATERAL INCLUDING REVIEW OF AUDIOLOGIC FUNCTION TESTS AND HEARING AID CANDIDACY EVALUATION ASSESSMENT OF VISUAL AND DEXTERITY LIMITATIONS AND PSYCHOSOCIAL FACTORS ESTABLISHMENT OF DEVICE TYPE OUTPUT REQUIREMENTS SIGNAL PROCESSING STRATEGIES AND ADDITIONAL FEATURES DISCUSSION OF DEVICE RECOMMENDATIONS WITH REPORT FIRST 30 MINUTES

92632	HEARING AID SELECTION SERVICES UNILATERAL OR BILATERAL INCLUDING REVIEW OF AUDIOLOGIC FUNCTION TESTS AND HEARING AID CANDIDACY EVALUATION ASSESSMENT OF VISUAL AND DEXTERITY LIMITATIONS AND PSYCHOSOCIAL FACTORS ESTABLISHMENT OF DEVICE TYPE OUTPUT REQUIREMENTS SIGNAL PROCESSING STRATEGIES AND ADDITIONAL FEATURES DISCUSSION OF DEVICE RECOMMENDATIONS WITH REPORT EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
92633	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS
92634	HEARING AID FITTING SERVICES UNILATERAL OR BILATERAL INCLUDING DEVICE ANALYSIS PROGRAMMING VERIFICATION COUNSELING ORIENTATION AND TRAINING AND WHEN PERFORMED HEARING ASSISTIVE DEVICE SUPPLEMENTAL TECHNOLOGY FITTING SERVICES FIRST 60 MINUTES
92635	HEARING AID FITTING SERVICES UNILATERAL OR BILATERAL INCLUDING DEVICE ANALYSIS PROGRAMMING VERIFICATION COUNSELING ORIENTATION AND TRAINING AND WHEN PERFORMED HEARING ASSISTIVE DEVICE SUPPLEMENTAL TECHNOLOGY FITTING SERVICES EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
92636	HEARING AID POST-FITTING FOLLOW-UP SERVICES UNILATERAL OR BILATERAL INCLUDING CONFIRMATION OF PHYSICAL FIT VALIDATION OF PATIENT BENEFIT AND PERFORMANCE SOUND QUALITY OF DEVICE ADJUSTMENT(S) (EG VERIFICATION PROGRAMMING ADJUSTMENT[S] DEVICE CONNECTION[S] AND DEVICE TRAINING) AS INDICATED AND WHEN PERFORMED HEARING ASSISTIVE DEVICE SUPPLEMENTAL TECHNOLOGY FITTING SERVICES FIRST 30 MINUTES
92637	HEARING AID POST-FITTING FOLLOW-UP SERVICES UNILATERAL OR BILATERAL INCLUDING CONFIRMATION OF PHYSICAL FIT VALIDATION OF PATIENT BENEFIT AND PERFORMANCE SOUND QUALITY OF DEVICE ADJUSTMENT(S) (EG VERIFICATION PROGRAMMING ADJUSTMENT[S] DEVICE CONNECTION[S] AND DEVICE TRAINING) AS INDICATED AND WHEN PERFORMED HEARING ASSISTIVE DEVICE SUPPLEMENTAL TECHNOLOGY FITTING SERVICES EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
92638	BEHAVIORAL VERIFICATION OF AMPLIFICATION INCLUDING AIDED THRESHOLDS FUNCTIONAL GAIN SPEECH-IN-NOISE WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
92639	HEARING-AID MEASUREMENT VERIFICATION WITH PROBE-MICROPHONE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT PER HOUR
92641	HEARING DEVICE VERIFICATION ELECTROACOUSTIC ANALYSIS
92642	HEARING ASSISTIVE DEVICE SUPPLEMENTAL TECHNOLOGY FITTING SERVICES (EG PERSONAL FREQUENCY MODULATION [FM] DIGITAL MODULATION [DM] SYSTEM REMOTE MICROPHONE ALERTING DEVICES)

92650	AUDITORY EVOKED POTENTIALS SCREENING OF AUDITORY POTENTIAL WITH BROADBAND STIMULI AUTOMATED ANALYSIS
92651	AUDITORY EVOKED POTENTIALS FOR HEARING STATUS DETERMINATION BROADBAND STIMULI WITH INTERPRETATION AND REPORT
92652	AUDITORY EVOKED POTENTIALS FOR THRESHOLD ESTIMATION AT MULTIPLE FREQUENCIES WITH INTERPRETATION AND REPORT
92653	AUDITORY EVOKED POTENTIALS NEURODIAGNOSTIC WITH INTERPRETATION AND REPORT
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE
92920	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY SINGLE MAJOR CORONARY ARTERY AND OR ITS BRANCH(ES)
92921	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY EACH ADDITIONAL BRANCH OF A MAJOR CORONARY ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
92924	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY WITH CORONARY ANGIOPLASTY WHEN PERFORMED SINGLE MAJOR CORONARY ARTERY AND OR ITS BRANCH(ES)
92925	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY WITH CORONARY ANGIOPLASTY WHEN PERFORMED EACH ADDITIONAL BRANCH OF A MAJOR CORONARY ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
92928	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY STENT(S) WITH CORONARY ANGIOPLASTY WHEN PERFORMED SINGLE MAJOR CORONARY ARTERY AND OR ITS BRANCH(ES) 1 LESION INVOLVING 1 OR MORE CORONARY SEGMENTS
92929	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY STENT(S) WITH CORONARY ANGIOPLASTY WHEN PERFORMED EACH ADDITIONAL BRANCH OF A MAJOR CORONARY ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
92930	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY STENT(S) WITH CORONARY ANGIOPLASTY WHEN PERFORMED SINGLE MAJOR CORONARY ARTERY AND OR ITS BRANCH(ES) 2 OR MORE DISTINCT CORONARY LESIONS WITH 2 OR MORE CORONARY STENTS DEPLOYED IN 2 OR MORE CORONARY SEGMENTS OR A BIFURCATION LESION REQUIRING ANGIOPLASTY AND OR STENTING IN BOTH THE MAIN ARTERY AND THE SIDE BRANCH
92933	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY WITH INTRACORONARY STENT WITH CORONARY ANGIOPLASTY WHEN PERFORMED SINGLE MAJOR CORONARY ARTERY AND OR ITS BRANCH(ES)
92934	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY WITH INTRACORONARY STENT WITH CORONARY ANGIOPLASTY WHEN PERFORMED EACH ADDITIONAL BRANCH OF A MAJOR CORONARY ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

92937	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT (INTERNAL MAMMARY FREE ARTERIAL VENOUS) ANY COMBINATION OF INTRACORONARY STENT ATHERECTOMY AND ANGIOPLASTY INCLUDING DISTAL PROTECTION WHEN PERFORMED SINGLE MAJOR CORONARY ARTERY AND OR ITS BRANCHES
92938	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT (INTERNAL MAMMARY FREE ARTERIAL VENOUS) ANY COMBINATION OF INTRACORONARY STENT ATHERECTOMY AND ANGIOPLASTY INCLUDING DISTAL PROTECTION WHEN PERFORMED EACH ADDITIONAL BRANCH SUBTENDED BY THE BYPASS GRAFT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
92941	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF ACUTE TOTAL SUBTOTAL OCCLUSION DURING ACUTE MYOCARDIAL INFARCTION ANY COMBINATION OF INTRACORONARY STENT ATHERECTOMY AND ANGIOPLASTY INCLUDING ASPIRATION THROMBECTOMY WHEN PERFORMED SINGLE MAJOR CORONARY ARTERY AND OR ITS BRANCHES OR SINGLE BYPASS GRAFT AND OR ITS SUBTENDED BRANCHES
92943	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION SINGLE CORONARY ARTERY CORONARY ARTERY BRANCH OR CORONARY ARTERY BYPASS GRAFT AND OR SUBTENDED MAJOR CORONARY ARTERY BRANCHES OF THE BYPASS GRAFT ANY COMBINATION OF INTRACORONARY STENT ATHERECTOMY AND ANGIOPLASTY ANTEGRADE APPROACH
92944	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION CORONARY ARTERY CORONARY ARTERY BRANCH OR CORONARY ARTERY BYPASS GRAFT ANY COMBINATION OF INTRACORONARY STENT ATHERECTOMY AND ANGIOPLASTY EACH ADDITIONAL CORONARY ARTERY CORONARY ARTERY BRANCH OR BYPASS GRAFT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
92945	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION SINGLE CORONARY ARTERY CORONARY ARTERY BRANCH OR CORONARY ARTERY BYPASS GRAFT AND OR SUBTENDED MAJOR CORONARY ARTERY BRANCHES OF THE BYPASS GRAFT ANY COMBINATION OF INTRACORONARY STENT ATHERECTOMY AND ANGIOPLASTY COMBINED ANTEGRADE AND RETROGRADE APPROACHES
92950	CARDIOPULMONARY RESUSCITATION (EG IN CARDIAC ARREST)
92953	TEMPORARY TRANSCUTANEOUS PACING
92960	CARDIOVERSION ELECTIVE ELECTRICAL CONVERSION OF ARRHYTHMIA EXTERNAL
92961	CARDIOVERSION ELECTIVE ELECTRICAL CONVERSION OF ARRHYTHMIA INTERNAL (SEPARATE PROCEDURE)
92970	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST INTERNAL
92971	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST EXTERNAL
92972	PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

92973	PERCUTANEOUS TRANSLUMINAL CORONARY MECHANICAL ASPIRATION THROMBECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
92974	TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUBSEQUENT CORONARY INTRAVASCULAR BRACHYTHERAPY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
92975	THROMBOLYSIS CORONARY BY INTRACORONARY INFUSION INCLUDING SELECTIVE CORONARY ANGIOGRAPHY
92977	THROMBOLYSIS CORONARY BY INTRAVENOUS INFUSION
92978	ENDOLUMINAL IMAGING OF CORONARY VESSEL OR GRAFT USING INTRAVASCULAR ULTRASOUND (IVUS) OR OPTICAL COHERENCE TOMOGRAPHY (OCT) DURING DIAGNOSTIC EVALUATION AND OR THERAPEUTIC INTERVENTION INCLUDING IMAGING SUPERVISION INTERPRETATION AND REPORT INITIAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
92979	ENDOLUMINAL IMAGING OF CORONARY VESSEL OR GRAFT USING INTRAVASCULAR ULTRASOUND (IVUS) OR OPTICAL COHERENCE TOMOGRAPHY (OCT) DURING DIAGNOSTIC EVALUATION AND OR THERAPEUTIC INTERVENTION INCLUDING IMAGING SUPERVISION INTERPRETATION AND REPORT EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
92986	PERCUTANEOUS BALLOON VALVULOPLASTY AORTIC VALVE
92987	PERCUTANEOUS BALLOON VALVULOPLASTY MITRAL VALVE
92990	PERCUTANEOUS BALLOON VALVULOPLASTY PULMONARY VALVE
92997	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY SINGLE VESSEL
92998	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93000	ELECTROCARDIOGRAM ROUTINE ECG WITH AT LEAST 12 LEADS WITH INTERPRETATION AND REPORT
93005	ELECTROCARDIOGRAM ROUTINE ECG WITH AT LEAST 12 LEADS TRACING ONLY WITHOUT INTERPRETATION AND REPORT
93010	ELECTROCARDIOGRAM ROUTINE ECG WITH AT LEAST 12 LEADS INTERPRETATION AND REPORT ONLY
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING AND OR PHARMACOLOGICAL STRESS WITH SUPERVISION INTERPRETATION AND REPORT
93016	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING AND OR PHARMACOLOGICAL STRESS SUPERVISION ONLY WITHOUT INTERPRETATION AND REPORT
93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING AND OR PHARMACOLOGICAL STRESS TRACING ONLY WITHOUT INTERPRETATION AND REPORT

93018	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING AND OR PHARMACOLOGICAL STRESS INTERPRETATION AND REPORT ONLY
93024	ERGONOVINE PROVOCATION TEST
93025	MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARRHYTHMIAS
93040	RHYTHM ECG 1-3 LEADS WITH INTERPRETATION AND REPORT
93041	RHYTHM ECG 1-3 LEADS TRACING ONLY WITHOUT INTERPRETATION AND REPORT
93042	RHYTHM ECG 1-3 LEADS INTERPRETATION AND REPORT ONLY
93050	ARTERIAL PRESSURE WAVEFORM ANALYSIS FOR ASSESSMENT OF CENTRAL ARTERIAL PRESSURES INCLUDES OBTAINING WAVEFORM(S) DIGITIZATION AND APPLICATION OF NONLINEAR MATHEMATICAL TRANSFORMATIONS TO DETERMINE CENTRAL ARTERIAL PRESSURES AND AUGMENTATION INDEX WITH INTERPRETATION AND REPORT UPPER EXTREMITY ARTERY NON-INVASIVE
93145	INTERROGATION DEVICE EVALUATION (IN PERSON) CAROTID SINUS BAROREFLEX ACTIVATION THERAPY (BAT) MODULATION 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) WITHOUT PROGRAMMING
93146	INTERROGATION DEVICE EVALUATION (IN PERSON) CAROTID SINUS BAROREFLEX ACTIVATION THERAPY (BAT) MODULATION 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 INCLUDING OPTIMIZATION OF TOLERATED THERAPEUTIC LEVEL SETTING
93150	THERAPY ACTIVATION OF IMPLANTED PHRENIC NERVE STIMULATOR SYSTEM INCLUDING ALL INTERROGATION AND PROGRAMMING
93151	INTERROGATION AND PROGRAMMING (MINIMUM ONE PARAMETER) OF IMPLANTED PHRENIC NERVE STIMULATOR SYSTEM
93152	INTERROGATION AND PROGRAMMING OF IMPLANTED PHRENIC NERVE STIMULATOR SYSTEM DURING POLYSOMNOGRAPHY
93153	INTERROGATION WITHOUT PROGRAMMING OF IMPLANTED PHRENIC NERVE STIMULATOR SYSTEM
93224	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING UP TO 48 HOURS BY CONTINUOUS RHYTHM RECORDING AND STORAGE INCLUDES RECORDING SCANNING ANALYSIS WITH REPORT REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL

93225	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING UP TO 48 HOURS BY CONTINUOUS RHYTHM RECORDING AND STORAGE RECORDING (INCLUDES CONNECTION RECORDING AND DISCONNECTION)
93226	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING UP TO 48 HOURS BY CONTINUOUS RHYTHM RECORDING AND STORAGE SCANNING ANALYSIS WITH REPORT
93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING UP TO 48 HOURS BY CONTINUOUS RHYTHM RECORDING AND STORAGE REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
93228	EXTERNAL MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING CONCURRENT COMPUTERIZED REAL TIME DATA ANALYSIS AND GREATER THAN 24 HOURS OF ACCESSIBLE ECG DATA STORAGE (RETRIEVABLE WITH QUERY) WITH ECG TRIGGERED AND PATIENT SELECTED EVENTS TRANSMITTED TO A REMOTE ATTENDED SURVEILLANCE CENTER FOR UP TO 30 DAYS REVIEW AND INTERPRETATION WITH REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
93229	EXTERNAL MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING CONCURRENT COMPUTERIZED REAL TIME DATA ANALYSIS AND GREATER THAN 24 HOURS OF ACCESSIBLE ECG DATA STORAGE (RETRIEVABLE WITH QUERY) WITH ECG TRIGGERED AND PATIENT SELECTED EVENTS TRANSMITTED TO A REMOTE ATTENDED SURVEILLANCE CENTER FOR UP TO 30 DAYS TECHNICAL SUPPORT FOR CONNECTION AND PATIENT INSTRUCTIONS FOR USE ATTENDED SURVEILLANCE ANALYSIS AND TRANSMISSION OF DAILY AND EMERGENT DATA REPORTS AS PRESCRIBED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
93241	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 7 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE INCLUDES RECORDING SCANNING ANALYSIS WITH REPORT REVIEW AND INTERPRETATION
93242	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 7 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE RECORDING (INCLUDES CONNECTION AND INITIAL RECORDING)
93243	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 7 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE SCANNING ANALYSIS WITH REPORT
93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 7 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE REVIEW AND INTERPRETATION
93245	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE INCLUDES RECORDING SCANNING ANALYSIS WITH REPORT REVIEW AND INTERPRETATION
93246	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE RECORDING (INCLUDES CONNECTION AND INITIAL RECORDING)

93247	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE SCANNING ANALYSIS WITH REPORT
93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE REVIEW AND INTERPRETATION
93260	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL IMPLANTABLE SUBCUTANEOUS LEAD DEFIBRILLATOR SYSTEM
93261	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDES CONNECTION RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER IMPLANTABLE SUBCUTANEOUS LEAD DEFIBRILLATOR SYSTEM
93264	REMOTE MONITORING OF A WIRELESS PULMONARY ARTERY PRESSURE SENSOR FOR UP TO 30 DAYS INCLUDING AT LEAST WEEKLY DOWNLOADS OF PULMONARY ARTERY PRESSURE RECORDINGS INTERPRETATION(S) TREND ANALYSIS AND REPORT(S) BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
93268	EXTERNAL PATIENT AND WHEN PERFORMED AUTO ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDING WITH SYMPTOM-RELATED MEMORY LOOP WITH REMOTE DOWNLOAD CAPABILITY UP TO 30 DAYS 24-HOUR ATTENDED MONITORING INCLUDES TRANSMISSION REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
93270	EXTERNAL PATIENT AND WHEN PERFORMED AUTO ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDING WITH SYMPTOM-RELATED MEMORY LOOP WITH REMOTE DOWNLOAD CAPABILITY UP TO 30 DAYS 24-HOUR ATTENDED MONITORING RECORDING (INCLUDES CONNECTION RECORDING AND DISCONNECTION)
93271	EXTERNAL PATIENT AND WHEN PERFORMED AUTO ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDING WITH SYMPTOM-RELATED MEMORY LOOP WITH REMOTE DOWNLOAD CAPABILITY UP TO 30 DAYS 24-HOUR ATTENDED MONITORING TRANSMISSION AND ANALYSIS
93272	EXTERNAL PATIENT AND WHEN PERFORMED AUTO ACTIVATED ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDING WITH SYMPTOM-RELATED MEMORY LOOP WITH REMOTE DOWNLOAD CAPABILITY UP TO 30 DAYS 24-HOUR ATTENDED MONITORING REVIEW AND INTERPRETATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG) W WO ECG

93279	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SINGLE LEAD PACEMAKER SYSTEM OR LEADLESS PACEMAKER SYSTEM IN ONE CARDIAC CHAMBER
93280	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL DUAL LEAD PACEMAKER SYSTEM
93281	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL MULTIPLE LEAD PACEMAKER SYSTEM
93282	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SINGLE LEAD TRANSVENOUS IMPLANTABLE DEFIBRILLATOR SYSTEM
93283	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL DUAL LEAD TRANSVENOUS IMPLANTABLE DEFIBRILLATOR SYSTEM
93284	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL MULTIPLE LEAD TRANSVENOUS IMPLANTABLE DEFIBRILLATOR SYSTEM
93285	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR SYSTEM
93286	PERI-PROCEDURAL DEVICE EVALUATION (IN PERSON) AND PROGRAMMING OF DEVICE SYSTEM PARAMETERS BEFORE OR AFTER A SURGERY PROCEDURE OR TEST WITH ANALYSIS REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SINGLE DUAL OR MULTIPLE LEAD PACEMAKER SYSTEM OR LEADLESS PACEMAKER SYSTEM

93287	PERI-PROCEDURAL DEVICE EVALUATION (IN PERSON) AND PROGRAMMING OF DEVICE SYSTEM PARAMETERS BEFORE OR AFTER A SURGERY PROCEDURE OR TEST WITH ANALYSIS REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SINGLE DUAL OR MULTIPLE LEAD IMPLANTABLE DEFIBRILLATOR SYSTEM
93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDES CONNECTION RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER SINGLE DUAL OR MULTIPLE LEAD PACEMAKER SYSTEM OR LEADLESS PACEMAKER SYSTEM
93289	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDES CONNECTION RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER SINGLE DUAL OR MULTIPLE LEAD TRANSVENOUS IMPLANTABLE DEFIBRILLATOR SYSTEM INCLUDING ANALYSIS OF HEART RHYTHM DERIVED DATA ELEMENTS
93290	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDES CONNECTION RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITOR SYSTEM INCLUDING ANALYSIS OF 1 OR MORE RECORDED PHYSIOLOGIC CARDIOVASCULAR DATA ELEMENTS FROM ALL INTERNAL AND EXTERNAL SENSORS
93291	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDES CONNECTION RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER SUBCUTANEOUS CARDIAC RHYTHM MONITOR SYSTEM INCLUDING HEART RHYTHM DERIVED DATA ANALYSIS
93292	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDES CONNECTION RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER WEARABLE DEFIBRILLATOR SYSTEM
93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVALUATION(S) SINGLE DUAL OR MULTIPLE LEAD PACEMAKER SYSTEM INCLUDES RECORDING WITH AND WITHOUT MAGNET APPLICATION WITH ANALYSIS REVIEW AND REPORT(S) BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL UP TO 90 DAYS
93294	INTERROGATION DEVICE EVALUATION(S) (REMOTE) UP TO 90 DAYS SINGLE DUAL OR MULTIPLE LEAD PACEMAKER SYSTEM OR LEADLESS PACEMAKER SYSTEM WITH INTERIM ANALYSIS REVIEW(S) AND REPORT(S) BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
93295	INTERROGATION DEVICE EVALUATION(S) (REMOTE) UP TO 90 DAYS SINGLE DUAL OR MULTIPLE LEAD IMPLANTABLE DEFIBRILLATOR SYSTEM WITH INTERIM ANALYSIS REVIEW(S) AND REPORT(S) BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL

93296	INTERROGATION DEVICE EVALUATION(S) (REMOTE) UP TO 90 DAYS SINGLE DUAL OR MULTIPLE LEAD PACEMAKER SYSTEM LEADLESS PACEMAKER SYSTEM OR IMPLANTABLE DEFIBRILLATOR SYSTEM REMOTE DATA ACQUISITION(S) RECEIPT OF TRANSMISSIONS AND TECHNICIAN REVIEW TECHNICAL SUPPORT AND DISTRIBUTION OF RESULTS
93297	INTERROGATION DEVICE EVALUATION(S) (REMOTE) UP TO 30 DAYS IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITOR SYSTEM INCLUDING ANALYSIS OF 1 OR MORE RECORDED PHYSIOLOGIC CARDIOVASCULAR DATA ELEMENTS FROM ALL INTERNAL AND EXTERNAL SENSORS ANALYSIS REVIEW(S) AND REPORT(S) BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
93298	INTERROGATION DEVICE EVALUATION(S) (REMOTE) UP TO 30 DAYS SUBCUTANEOUS CARDIAC RHYTHM MONITOR SYSTEM INCLUDING ANALYSIS OF RECORDED HEART RHYTHM DATA ANALYSIS REVIEW(S) AND REPORT(S) BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES COMPLETE
93304	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES FOLLOW-UP OR LIMITED STUDY
93306	ECHOCARDIOGRAPHY TRANSTHORACIC REAL-TIME WITH IMAGE DOCUMENTATION (2D) INCLUDES M-MODE RECORDING WHEN PERFORMED COMPLETE WITH SPECTRAL DOPPLER ECHOCARDIOGRAPHY AND WITH COLOR FLOW DOPPLER ECHOCARDIOGRAPHY
93307	ECHOCARDIOGRAPHY TRANSTHORACIC REAL-TIME WITH IMAGE DOCUMENTATION (2D) INCLUDES M-MODE RECORDING WHEN PERFORMED COMPLETE WITHOUT SPECTRAL OR COLOR DOPPLER ECHOCARDIOGRAPHY
93308	ECHOCARDIOGRAPHY TRANSTHORACIC REAL-TIME WITH IMAGE DOCUMENTATION (2D) INCLUDES M-MODE RECORDING WHEN PERFORMED FOLLOW-UP OR LIMITED STUDY
93312	ECHOCARDIOGRAPHY TRANSESOPHAGEAL REAL-TIME WITH IMAGE DOCUMENTATION (2D) (W WO M-MODE RECORDING) INCLUDING PROBE PLACEMENT IMAGE ACQUISITION INTERPRETATION AND REPORT
93313	ECHOCARDIOGRAPHY TRANSESOPHAGEAL REAL-TIME WITH IMAGE DOCUMENTATION (2D) (W WO M-MODE RECORDING) PLACEMENT OF TRANSESOPHAGEAL PROBE ONLY
93314	ECHOCARDIOGRAPHY TRANSESOPHAGEAL REAL-TIME WITH IMAGE DOCUMENTATION (2D) (W WO M-MODE RECORDING) IMAGE ACQUISITION INTERPRETATION AND REPORT ONLY
93315	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES INCLUDING PROBE PLACEMENT IMAGE ACQUISITION INTERPRETATION AND REPORT
93316	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES PLACEMENT OF TRANSESOPHAGEAL PROBE ONLY
93317	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES IMAGE ACQUISITION INTERPRETATION AND REPORT ONLY

93318	ECHOCARDIOGRAPHY TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES INCLUDING PROBE PLACEMENT REAL TIME 2-DIMENSIONAL IMAGE ACQUISITION AND INTERPRETATION LEADING TO ONGOING (CONTINUOUS) ASSESSMENT OF (DYNAMICALLY CHANGING) CARDIAC PUMPING FUNCTION AND TO THERAPEUTIC MEASURES ON AN IMMEDIATE TIME BASIS
93319	3D ECHOCARDIOGRAPHIC IMAGING AND POSTPROCESSING DURING TRANSESOPHAGEAL ECHOCARDIOGRAPHY OR DURING TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES FOR THE ASSESSMENT OF CARDIAC STRUCTURE(S) (EG CARDIAC CHAMBERS AND VALVES LEFT ATRIAL APPENDAGE INTERATRIAL SEPTUM INTERVENTRICULAR SEPTUM) AND FUNCTION WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR ECHOCARDIOGRAPHIC IMAGING)
93320	DOPPLER ECHOCARDIOGRAPHY PULSED WAVE AND OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHIC IMAGING) COMPLETE
93321	DOPPLER ECHOCARDIOGRAPHY PULSED WAVE AND OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHIC IMAGING) FOLLOW-UP OR LIMITED STUDY (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHIC IMAGING)
93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHY)
93350	ECHOCARDIOGRAPHY TRANSTHORACIC REAL-TIME WITH IMAGE DOCUMENTATION (2D) INCLUDES M-MODE RECORDING WHEN PERFORMED DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL BICYCLE EXERCISE AND OR PHARMACOLOGICALLY INDUCED STRESS WITH INTERPRETATION AND REPORT
93351	ECHOCARDIOGRAPHY TRANSTHORACIC REAL-TIME WITH IMAGE DOCUMENTATION (2D) INCLUDES M-MODE RECORDING WHEN PERFORMED DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL BICYCLE EXERCISE AND OR PHARMACOLOGICALLY INDUCED STRESS WITH INTERPRETATION AND REPORT INCLUDING PERFORMANCE OF CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING WITH SUPERVISION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
93352	USE OF ECHOCARDIOGRAPHIC CONTRAST AGENT DURING STRESS ECHOCARDIOGRAPHY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93355	ECHOCARDIOGRAPHY TRANSESOPHAGEAL (TEE) FOR GUIDANCE OF A TRANSCATHETER INTRACARDIAC OR GREAT VESSEL(S) STRUCTURAL INTERVENTION(S) (EG TAVR TRANSCATHETER PULMONARY VALVE REPLACEMENT MITRAL VALVE REPAIR PARAVALVULAR REGURGITATION REPAIR LEFT ATRIAL APPENDAGE OCCLUSION CLOSURE VENTRICULAR SEPTAL DEFECT CLOSURE) (PERI-AND INTRA-PROCEDURAL) REAL-TIME IMAGE ACQUISITION AND DOCUMENTATION GUIDANCE WITH QUANTITATIVE MEASUREMENTS PROBE MANIPULATION INTERPRETATION AND REPORT INCLUDING DIAGNOSTIC TRANSESOPHAGEAL ECHOCARDIOGRAPHY AND WHEN PERFORMED ADMINISTRATION OF ULTRASOUND CONTRAST DOPPLER COLOR FLOW AND 3D

93356	MYOCARDIAL STRAIN IMAGING USING SPECKLE TRACKING-DERIVED ASSESSMENT OF MYOCARDIAL MECHANICS (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHY IMAGING)
93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT WHEN PERFORMED
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY IMAGING SUPERVISION AND INTERPRETATION WHEN PERFORMED
93453	COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY IMAGING SUPERVISION AND INTERPRETATION WHEN PERFORMED
93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY IMAGING SUPERVISION AND INTERPRETATION
93455	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY IMAGING SUPERVISION AND INTERPRETATION WITH CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) (INTERNAL MAMMARY FREE ARTERIAL VENOUS GRAFTS) INCLUDING INTRAPROCEDURAL INJECTION(S) FOR BYPASS GRAFT ANGIOGRAPHY
93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY IMAGING SUPERVISION AND INTERPRETATION WITH RIGHT HEART CATHETERIZATION
93457	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY IMAGING SUPERVISION AND INTERPRETATION WITH CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) (INTERNAL MAMMARY FREE ARTERIAL VENOUS GRAFTS) INCLUDING INTRAPROCEDURAL INJECTION(S) FOR BYPASS GRAFT ANGIOGRAPHY AND RIGHT HEART CATHETERIZATION
93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY IMAGING SUPERVISION AND INTERPRETATION WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY WHEN PERFORMED
93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY IMAGING SUPERVISION AND INTERPRETATION WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY WHEN PERFORMED CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) (INTERNAL MAMMARY FREE ARTERIAL VENOUS GRAFTS) WITH BYPASS GRAFT ANGIOGRAPHY

93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY IMAGING SUPERVISION AND INTERPRETATION WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY WHEN PERFORMED
93461	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY IMAGING SUPERVISION AND INTERPRETATION WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY WHEN PERFORMED CATHETER PLACEMENT(S) IN BYPASS GRAFT(S) (INTERNAL MAMMARY FREE ARTERIAL VENOUS GRAFTS) WITH BYPASS GRAFT ANGIOGRAPHY
93462	LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY TRANSAPICAL PUNCTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93463	PHARMACOLOGIC AGENT ADMINISTRATION (EG INHALED NITRIC OXIDE INTRAVENOUS INFUSION OF NITROPRUSSIDE DOBUTAMINE MILRINONE OR OTHER AGENT) INCLUDING ASSESSING HEMODYNAMIC MEASUREMENTS BEFORE DURING AFTER AND REPEAT PHARMACOLOGIC AGENT ADMINISTRATION WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93464	PHYSIOLOGIC EXERCISE STUDY (EG BICYCLE OR ARM ERGOMETRY) INCLUDING ASSESSING HEMODYNAMIC MEASUREMENTS BEFORE AND AFTER (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG SWAN-GANZ) FOR MONITORING PURPOSES
93505	ENDOMYOCARDIAL BIOPSY
93563	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION INTERPRETATION AND REPORT FOR SELECTIVE CORONARY ANGIOGRAPHY DURING CONGENITAL HEART CATHETERIZATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93564	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION INTERPRETATION AND REPORT FOR SELECTIVE OPACIFICATION OF AORTOCORONARY VENOUS OR ARTERIAL BYPASS GRAFT(S) (EG AORTOCORONARY SAPHENOUS VEIN FREE RADIAL ARTERY OR FREE MAMMARY ARTERY GRAFT) TO ONE OR MORE CORONARY ARTERIES AND IN SITU ARTERIAL CONDUITS (EG INTERNAL MAMMARY) WHETHER NATIVE OR USED FOR BYPASS TO ONE OR MORE CORONARY ARTERIES DURING CONGENITAL HEART CATHETERIZATION WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93565	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION INTERPRETATION AND REPORT FOR SELECTIVE LEFT VENTRICULAR OR LEFT ATRIAL ANGIOGRAPHY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

93566	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION INTERPRETATION AND REPORT FOR SELECTIVE RIGHT VENTRICULAR OR RIGHT ATRIAL ANGIOGRAPHY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93567	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION INTERPRETATION AND REPORT FOR SUPRAVALVULAR AORTOGRAPHY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93568	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION INTERPRETATION AND REPORT FOR NONSELECTIVE PULMONARY ARTERIAL ANGIOGRAPHY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93569	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION INTERPRETATION AND REPORT FOR SELECTIVE PULMONARY ARTERIAL ANGIOGRAPHY UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93571	INTRAVASCULAR DOPPLER VELOCITY AND OR PRESSURE DERIVED CORONARY FLOW RESERVE MEASUREMENT (CORONARY VESSEL OR GRAFT) DURING CORONARY ANGIOGRAPHY INCLUDING PHARMACOLOGICALLY INDUCED STRESS WHEN PERFORMED INITIAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93572	INTRAVASCULAR DOPPLER VELOCITY AND OR PRESSURE DERIVED CORONARY FLOW RESERVE MEASUREMENT (CORONARY VESSEL OR GRAFT) DURING CORONARY ANGIOGRAPHY INCLUDING PHARMACOLOGICALLY INDUCED STRESS WHEN PERFORMED EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93573	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION INTERPRETATION AND REPORT FOR SELECTIVE PULMONARY ARTERIAL ANGIOGRAPHY BILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93574	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION INTERPRETATION AND REPORT FOR SELECTIVE PULMONARY VENOUS ANGIOGRAPHY OF EACH DISTINCT PULMONARY VEIN DURING CARDIAC CATHETERIZATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93575	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION INTERPRETATION AND REPORT FOR SELECTIVE PULMONARY ANGIOGRAPHY OF MAJOR AORTOPULMONARY COLLATERAL ARTERIES (MAPCAS) ARISING OFF THE AORTA OR ITS SYSTEMIC BRANCHES DURING CARDIAC CATHETERIZATION FOR CONGENITAL HEART DEFECTS EACH DISTINCT VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICATION (IE FONTAN FENESTRATION ATRIAL SEPTAL DEFECT) WITH IMPLANT

93581	PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL VENTRICULAR SEPTAL DEFECT WITH IMPLANT
93582	PERCUTANEOUS TRANSCATHETER CLOSURE OF PATENT DUCTUS ARTERIOSUS
93583	PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THERAPY (EG ALCOHOL SEPTAL ABLATION) INCLUDING TEMPORARY PACEMAKER INSERTION WHEN PERFORMED
93584	VENOGRAPHY FOR CONGENITAL HEART DEFECT(S) INCLUDING CATHETER PLACEMENT AND RADIOLOGICAL SUPERVISION AND INTERPRETATION ANOMALOUS OR PERSISTENT SUPERIOR VENA CAVA WHEN IT EXISTS AS A SECOND CONTRALATERAL SUPERIOR VENA CAVA WITH NATIVE DRAINAGE TO HEART (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93585	VENOGRAPHY FOR CONGENITAL HEART DEFECT(S) INCLUDING CATHETER PLACEMENT AND RADIOLOGICAL SUPERVISION AND INTERPRETATION AZYGOS HEMIAZYGOS VENOUS SYSTEM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93586	VENOGRAPHY FOR CONGENITAL HEART DEFECT(S) INCLUDING CATHETER PLACEMENT AND RADIOLOGICAL SUPERVISION AND INTERPRETATION CORONARY SINUS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93587	VENOGRAPHY FOR CONGENITAL HEART DEFECT(S) INCLUDING CATHETER PLACEMENT AND RADIOLOGICAL SUPERVISION AND INTERPRETATION VENOVENOUS COLLATERALS ORIGINATING AT OR ABOVE THE HEART (EG FROM INNOMINATE VEIN) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93588	VENOGRAPHY FOR CONGENITAL HEART DEFECT(S) INCLUDING CATHETER PLACEMENT AND RADIOLOGICAL SUPERVISION AND INTERPRETATION VENOVENOUS COLLATERALS ORIGINATING BELOW THE HEART (EG FROM THE INFERIOR VENA CAVA) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93590	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK INITIAL OCCLUSION DEVICE MITRAL VALVE
93591	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK INITIAL OCCLUSION DEVICE AORTIC VALVE
93592	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK EACH ADDITIONAL OCCLUSION DEVICE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93593	RIGHT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE NORMAL NATIVE CONNECTIONS
93594	RIGHT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE ABNORMAL NATIVE CONNECTIONS
93595	LEFT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE NORMAL OR ABNORMAL NATIVE CONNECTIONS

93596	RIGHT AND LEFT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE(S) NORMAL NATIVE CONNECTIONS
93597	RIGHT AND LEFT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE(S) ABNORMAL NATIVE CONNECTIONS
93598	CARDIAC OUTPUT MEASUREMENT(S) THERMODILUTION OR OTHER INDICATOR DILUTION METHOD PERFORMED DURING CARDIAC CATHETERIZATION FOR THE EVALUATION OF CONGENITAL HEART DEFECTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93600	BUNDLE OF HIS RECORDING
93602	INTRA-ATRIAL RECORDING
93603	RIGHT VENTRICULAR RECORDING
93609	INTRAVENTRICULAR AND OR INTRA-ATRIAL MAPPING OF TACHYCARDIA SITE(S) WITH CATHETER MANIPULATION TO RECORD FROM MULTIPLE SITES TO IDENTIFY ORIGIN OF TACHYCARDIA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93610	INTRA-ATRIAL PACING
93612	INTRAVENTRICULAR PACING
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93615	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM W WO VENTRICULAR ELECTROGRAM(S)
93616	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM W WO VENTRICULAR ELECTROGRAM(S) WITH PACING
93618	INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING
93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING RIGHT VENTRICULAR PACING AND RECORDING HIS BUNDLE RECORDING INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITHOUT INDUCTION OR ATTEMPTED INDUCTION OF ARRHYTHMIA
93620	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTED INDUCTION OF ARRHYTHMIA WITH RIGHT ATRIAL PACING AND RECORDING RIGHT VENTRICULAR PACING AND RECORDING HIS BUNDLE RECORDING
93621	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTED INDUCTION OF ARRHYTHMIA WITH LEFT ATRIAL PACING AND RECORDING FROM CORONARY SINUS OR LEFT ATRIUM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

93622	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTED INDUCTION OF ARRHYTHMIA WITH LEFT VENTRICULAR PACING AND RECORDING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93623	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93624	ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING TO TEST EFFECTIVENESS OF THERAPY INCLUDING INDUCTION OR ATTEMPTED INDUCTION OF ARRHYTHMIA
93631	INTRA-OPERATIVE EPICARDIAL AND ENDOCARDIAL PACING AND MAPPING TO LOCALIZE THE SITE OF TACHYCARDIA OR ZONE OF SLOW CONDUCTION FOR SURGICAL CORRECTION
93640	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR LEADS INCLUDING DEFIBRILLATION THRESHOLD EVALUATION (INDUCTION OF ARRHYTHMIA EVALUATION OF SENSING AND PACING FOR ARRHYTHMIA TERMINATION) AT TIME OF INITIAL IMPLANTATION OR REPLACEMENT
93641	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR LEADS INCLUDING DEFIBRILLATION THRESHOLD EVALUATION (INDUCTION OF ARRHYTHMIA EVALUATION OF SENSING AND PACING FOR ARRHYTHMIA TERMINATION) AT TIME OF INITIAL IMPLANTATION OR REPLACEMENT WITH TESTING OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR
93642	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER TRANSVENOUS PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES DEFIBRILLATION THRESHOLD EVALUATION INDUCTION OF ARRHYTHMIA EVALUATION OF SENSING AND PACING FOR ARRHYTHMIA TERMINATION AND PROGRAMMING OR REPROGRAMMING OF SENSING OR THERAPEUTIC PARAMETERS)
93644	ELECTROPHYSIOLOGIC EVALUATION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR (INCLUDES DEFIBRILLATION THRESHOLD EVALUATION INDUCTION OF ARRHYTHMIA EVALUATION OF SENSING FOR ARRHYTHMIA TERMINATION AND PROGRAMMING OR REPROGRAMMING OF SENSING OR THERAPEUTIC PARAMETERS)
93650	INTRACARDIAC CATHETER ABLATION OF ATRIOVENTRICULAR NODE FUNCTION ATRIOVENTRICULAR CONDUCTION FOR CREATION OF COMPLETE HEART BLOCK W WO TEMPORARY PACEMAKER PLACEMENT

93653	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTED INDUCTION OF AN ARRHYTHMIA WITH RIGHT ATRIAL PACING AND RECORDING RIGHT VENTRICULAR PACING AND RECORDING (WHEN NECESSARY) AND HIS BUNDLE RECORDING (WHEN NECESSARY) WITH INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS WITH TREATMENT OF SUPRAVENTRICULAR TACHYCARDIA BY ABLATION OF FAST OR SLOW ATRIOVENTRICULAR PATHWAY ACCESSORY ATRIOVENTRICULAR CONNECTION CAVO-TRICUSPID ISTHMUS OR OTHER SINGLE ATRIAL FOCUS OR SOURCE OF ATRIAL RE-ENTRY
93654	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTED INDUCTION OF AN ARRHYTHMIA WITH RIGHT ATRIAL PACING AND RECORDING RIGHT VENTRICULAR PACING AND RECORDING (WHEN NECESSARY) AND HIS BUNDLE RECORDING (WHEN NECESSARY) WITH INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS WITH TREATMENT OF VENTRICULAR TACHYCARDIA OR FOCUS OF VENTRICULAR ECTOPY INCLUDING INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING WHEN PERFORMED AND LEFT VENTRICULAR PACING AND RECORDING WHEN PERFORMED
93655	INTRACARDIAC CATHETER ABLATION OF A DISCRETE MECHANISM OF ARRHYTHMIA WHICH IS DISTINCT FROM THE PRIMARY ABLATED MECHANISM INCLUDING REPEAT DIAGNOSTIC MANEUVERS TO TREAT A SPONTANEOUS OR INDUCED ARRHYTHMIA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93656	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH TRANSSEPTAL CATHETERIZATIONS INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS INDUCTION OR ATTEMPTED INDUCTION OF AN ARRHYTHMIA INCLUDING LEFT OR RIGHT ATRIAL PACING RECORDING AND INTRACARDIAC CATHETER ABLATION OF ATRIAL FIBRILLATION BY PULMONARY VEIN ISOLATION INCLUDING INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING INTRACARDIAC ECHOCARDIOGRAPHY WITH IMAGING SUPERVISION AND INTERPRETATION RIGHT VENTRICULAR PACING RECORDING AND HIS BUNDLE RECORDING WHEN PERFORMED
93657	ADDITIONAL LINEAR OR FOCAL INTRACARDIAC CATHETER ABLATION OF THE LEFT OR RIGHT ATRIUM FOR TREATMENT OF ATRIAL FIBRILLATION REMAINING AFTER COMPLETION OF PULMONARY VEIN ISOLATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93660	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION WITH CONTINUOUS ECG MONITORING AND INTERMITTENT BLOOD PRESSURE MONITORING W WO PHARMACOLOGICAL INTERVENTION
93662	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC DIAGNOSTIC INTERVENTION INCLUDING IMAGING SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

93668	PERIPHERAL ARTERIAL DISEASE (PAD) REHABILITATION PER SESSION
93701	BIOIMPEDANCE-DERIVED PHYSIOLOGIC CARDIOVASCULAR ANALYSIS
93702	BIOIMPEDANCE SPECTROSCOPY (BIS) EXTRACELLULAR FLUID ANALYSIS FOR LYMPHEDEMA ASSESSMENT(S)
93724	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCLUDES ELECTROCARDIOGRAPHIC RECORDING PROGRAMMING OF DEVICE INDUCTION AND TERMINATION OF TACHYCARDIA VIA IMPLANTED PACEMAKER AND INTERPRETATION OF RECORDINGS)
93740	TEMPERATURE GRADIENT STUDIES
93745	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL OF WEARABLE CARDIOVERTER-DEFIBRILLATOR INCLUDES INITIAL PROGRAMMING OF SYSTEM ESTABLISHING BASELINE ELECTRONIC ECG TRANSMISSION OF DATA TO DATA REPOSITORY PATIENT INSTRUCTION IN WEARING SYSTEM AND PATIENT REPORTING OF PROBLEMS OR EVENTS
93750	INTERROGATION OF VENTRICULAR ASSIST DEVICE (VAD) IN PERSON WITH PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ANALYSIS OF DEVICE PARAMETERS (EG DRIVELINES ALARMS POWER SURGES) REVIEW OF DEVICE FUNCTION (EG FLOW AND VOLUME STATUS SEPTUM STATUS RECOVERY) WITH PROGRAMMING IF PERFORMED AND REPORT
93770	DETERMINATION OF VENOUS PRESSURE
93784	AMBULATORY BLOOD PRESSURE MONITORING UTILIZING REPORT-GENERATING SOFTWARE AUTOMATED WORN CONTINUOUSLY FOR 24 HOURS OR LONGER INCLUDING RECORDING SCANNING ANALYSIS INTERPRETATION AND REPORT
93786	AMBULATORY BLOOD PRESSURE MONITORING UTILIZING REPORT-GENERATING SOFTWARE AUTOMATED WORN CONTINUOUSLY FOR 24 HOURS OR LONGER RECORDING ONLY
93788	AMBULATORY BLOOD PRESSURE MONITORING UTILIZING REPORT-GENERATING SOFTWARE AUTOMATED WORN CONTINUOUSLY FOR 24 HOURS OR LONGER SCANNING ANALYSIS WITH REPORT
93790	AMBULATORY BLOOD PRESSURE MONITORING UTILIZING REPORT-GENERATING SOFTWARE AUTOMATED WORN CONTINUOUSLY FOR 24 HOURS OR LONGER REVIEW WITH INTERPRETATION AND REPORT
93792	PATIENT CAREGIVER TRAINING FOR INITIATION OF HOME INTERNATIONAL NORMALIZED RATIO (INR) MONITORING UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL FACE-TO-FACE INCLUDING USE AND CARE OF THE INR MONITOR OBTAINING BLOOD SAMPLE INSTRUCTIONS FOR REPORTING HOME INR TEST RESULTS AND DOCUMENTATION OF PATIENT S CAREGIVER S ABILITY TO PERFORM TESTING AND REPORT RESULTS
93793	ANTICOAGULANT MANAGEMENT FOR A PATIENT TAKING WARFARIN MUST INCLUDE REVIEW AND INTERPRETATION OF A NEW HOME OFFICE OR LAB INTERNATIONAL NORMALIZED RATIO (INR) TEST RESULT PATIENT INSTRUCTIONS DOSAGE ADJUSTMENT (AS NEEDED) AND SCHEDULING OF ADDITIONAL TEST(S) WHEN PERFORMED

93797	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENT CARDIAC REHABILITATION WITHOUT CONTINUOUS ECG MONITORING (PER SESSION)
93798	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENT CARDIAC REHABILITATION WITH CONTINUOUS ECG MONITORING (PER SESSION)
93799	UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE
93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES COMPLETE BILATERAL STUDY
93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES UNILATERAL OR LIMITED STUDY
93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES COMPLETE STUDY
93888	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES LIMITED STUDY
93890	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES VASOREACTIVITY STUDY
93892	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES EMBOLI DETECTION WITHOUT INTRAVENOUS MICROBUBBLE INJECTION
93893	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES VENOUS-ARTERIAL SHUNT DETECTION WITH INTRAVENOUS MICROBUBBLE INJECTION
93895	QUANTITATIVE CAROTID INTIMA MEDIA THICKNESS AND CAROTID ATHEROMA EVALUATION BILATERAL
93896	VASOREACTIVITY STUDY PERFORMED WITH TRANSCRANIAL DOPPLER STUDY OF INTRACRANIAL ARTERIES COMPLETE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93897	EMBOLI DETECTION WITHOUT INTRAVENOUS MICROBUBBLE INJECTION PERFORMED WITH TRANSCRANIAL DOPPLER STUDY OF INTRACRANIAL ARTERIES COMPLETE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93898	VENOUS-ARTERIAL SHUNT DETECTION WITH INTRAVENOUS MICROBUBBLE INJECTION PERFORMED WITH TRANSCRANIAL DOPPLER STUDY OF INTRACRANIAL ARTERIES COMPLETE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
93922	LIMITED BILATERAL NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES (EG FOR LOWER EXTREMITY: ANKLE BRACHIAL INDICES AT DISTAL POSTERIOR TIBIAL AND ANTERIOR TIBIAL DORSALIS PEDIS ARTERIES PLUS BIDIRECTIONAL DOPPLER WAVEFORM RECORDING AND ANALYSIS AT 1-2 LEVELS OR ANKLE BRACHIAL INDICES AT DISTAL POSTERIOR TIBIAL AND ANTERIOR TIBIAL DORSALIS PEDIS ARTERIES PLUS VOLUME PLETHYSMOGRAPHY AT 1-2 LEVELS OR ANKLE BRACHIAL INDICES AT DISTAL POSTERIOR TIBIAL AND ANTERIOR TIBIAL DORSALIS PEDIS ARTERIES WITH TRANSCUTANEOUS OXYGEN TENSION MEASUREMENT AT 1-2 LEVELS)

93923	COMPLETE BILATERAL NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES 3 OR MORE LEVELS (EG FOR LOWER EXTREMITY: ANKLE BRACHIAL INDICES AT DISTAL POSTERIOR TIBIAL AND ANTERIOR TIBIAL DORSALIS PEDIS ARTERIES PLUS SEGMENTAL BLOOD PRESSURE MEASUREMENTS WITH BIDIRECTIONAL DOPPLER WAVEFORM RECORDING AND ANALYSIS AT 3 OR MORE LEVELS OR ANKLE BRACHIAL INDICES AT DISTAL POSTERIOR TIBIAL AND ANTERIOR TIBIAL DORSALIS PEDIS ARTERIES PLUS SEGMENTAL VOLUME PLETHYSMOGRAPHY AT 3 OR MORE LEVELS OR ANKLE BRACHIAL INDICES AT DISTAL POSTERIOR TIBIAL AND ANTERIOR TIBIAL DORSALIS PEDIS ARTERIES PLUS SEGMENTAL TRANSCUTANEOUS OXYGEN TENSION MEASUREMENTS AT 3 OR MORE LEVELS) OR SINGLE LEVEL STUDY WITH PROVOCATIVE FUNCTIONAL MANEUVERS (EG MEASUREMENTS WITH POSTURAL PROVOCATIVE TESTS OR MEASUREMENTS WITH REACTIVE HYPEREMIA)
93924	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES AT REST AND FOLLOWING TREADMILL STRESS TESTING (IE BIDIRECTIONAL DOPPLER WAVEFORM OR VOLUME PLETHYSMOGRAPHY RECORDING AND ANALYSIS AT REST WITH ANKLE BRACHIAL INDICES IMMEDIATELY AFTER AND AT TIMED INTERVALS FOLLOWING PERFORMANCE OF A STANDARDIZED PROTOCOL ON A MOTORIZED TREADMILL PLUS RECORDING OF TIME OF ONSET OF CLAUDICATION OR OTHER SYMPTOMS MAXIMAL WALKING TIME AND TIME TO RECOVERY) COMPLETE BILATERAL STUDY
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS COMPLETE BILATERAL STUDY
93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS UNILATERAL OR LIMITED STUDY
93930	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS COMPLETE BILATERAL STUDY
93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS UNILATERAL OR LIMITED STUDY
93934	NONINVASICE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES AT REST AND FOLLOWING TREADMILL STRESS TESTING (IE BIDIRECTIONAL DOPPLER WAVEFORM OR VOLUME PLETHYSMOGRAPHY RECORDING AND ANALYSIS AT REST WITH ANKLE BRACHIAL INDICES IMMEDIATELY AFTER AND AT TIMED INTERVALS FOLLOWING PERFORMANCE OF A STANDARDIZED PROTOCOL ON A MOTORIZED TREADMILL PLUS RECORDING OF TIME OF ONSET OF CLAUDICATION OR OTHER SYMPTOMS MAXIMAL WALKING TIME AND TIME TO RECOVERY) COMPLETE BILATERAL STUDY
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS COMPLETE BILATERAL STUDY
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS UNILATERAL OR LIMITED STUDY
93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL PELVIC SCROTAL CONTENTS AND OR RETROPERITONEAL ORGANS COMPLETE STUDY

93976	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL PELVIC SCROTAL CONTENTS AND OR RETROPERITONEAL ORGANS LIMITED STUDY
93978	DUPLEX SCAN OF AORTA INFERIOR VENA CAVA ILIAC VASCULATURE OR BYPASS GRAFTS COMPLETE STUDY
93979	DUPLEX SCAN OF AORTA INFERIOR VENA CAVA ILIAC VASCULATURE OR BYPASS GRAFTS UNILATERAL OR LIMITED STUDY
93980	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS COMPLETE STUDY
93981	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS FOLLOW-UP OR LIMITED STUDY
93985	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW FOR PREOPERATIVE VESSEL ASSESSMENT PRIOR TO CREATION OF HEMODIALYSIS ACCESS COMPLETE BILATERAL STUDY
93986	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW FOR PREOPERATIVE VESSEL ASSESSMENT PRIOR TO CREATION OF HEMODIALYSIS ACCESS COMPLETE UNILATERAL STUDY
93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW BODY OF ACCESS AND VENOUS OUTFLOW)
93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY
94002	VENTILATION ASSIST AND MANAGEMENT INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROLLED BREATHING HOSPITAL INPATIENT OBSERVATION INITIAL DAY
94003	VENTILATION ASSIST AND MANAGEMENT INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROLLED BREATHING HOSPITAL INPATIENT OBSERVATION EACH SUBSEQUENT DAY
94004	VENTILATION ASSIST AND MANAGEMENT INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROLLED BREATHING NURSING FACILITY PER DAY
94005	HOME VENTILATOR MANAGEMENT CARE PLAN OVERSIGHT OF A PATIENT (PATIENT NOT PRESENT) IN HOME DOMICILIARY OR REST HOME (EG ASSISTED LIVING) REQUIRING REVIEW OF STATUS REVIEW OF LABORATORIES AND OTHER STUDIES AND REVISION OF ORDERS AND RESPIRATORY CARE PLAN (AS APPROPRIATE) WITHIN A CALENDAR MONTH 30 MINUTES OR MORE
94010	SPIROMETRY INCLUDING GRAPHIC RECORD TOTAL AND TIMED VITAL CAPACITY EXPIRATORY FLOW RATE MEASUREMENT(S) W WO MAXIMAL VOLUNTARY VENTILATION
94011	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN AN INFANT OR CHILD THROUGH 2 YEARS OF AGE
94012	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS BEFORE AND AFTER BRONCHODILATOR IN AN INFANT OR CHILD THROUGH 2 YEARS OF AGE
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

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
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)
94016	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME REVIEW AND INTERPRETATION ONLY BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
94060	BRONCHODILATION RESPONSIVENESS SPIROMETRY AS IN 94010 PRE- AND POST-BRONCHODILATOR ADMINISTRATION
94070	BRONCHOSPASM PROVOCATION EVALUATION MULTIPLE SPIROMETRIC DETERMINATIONS AS IN 94010 WITH ADMINISTERED AGENTS (EG ANTIGEN[S] COLD AIR METHACHOLINE)
94150	VITAL CAPACITY TOTAL (SEPARATE PROCEDURE)
94200	MAXIMUM BREATHING CAPACITY MAXIMAL VOLUNTARY VENTILATION
94375	RESPIRATORY FLOW VOLUME LOOP
94450	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)
94452	HIGH ALTITUDE SIMULATION TEST (HAST) WITH INTERPRETATION AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
94453	HIGH ALTITUDE SIMULATION TEST (HAST) WITH INTERPRETATION AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WITH SUPPLEMENTAL OXYGEN TITRATION
94610	INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL THROUGH ENDOTRACHEAL TUBE
94617	EXERCISE TEST FOR BRONCHOSPASM INCLUDING PRE- AND POST-SPIROMETRY AND PULSE OXIMETRY WITH ELECTROCARDIOGRAPHIC RECORDING(S)
94618	PULMONARY STRESS TESTING (EG 6-MINUTE WALK TEST) INCLUDING MEASUREMENT OF HEART RATE OXIMETRY AND OXYGEN TITRATION WHEN PERFORMED
94619	EXERCISE TEST FOR BRONCHOSPASM INCLUDING PRE- AND POST-SPIROMETRY AND PULSE OXIMETRY WITHOUT ELECTROCARDIOGRAPHIC RECORDING(S)
94621	CARDIOPULMONARY EXERCISE TESTING INCLUDING MEASUREMENTS OF MINUTE VENTILATION CO2 PRODUCTION O2 UPTAKE AND ELECTROCARDIOGRAPHIC RECORDINGS
94625	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENT PULMONARY REHABILITATION WITHOUT CONTINUOUS OXIMETRY MONITORING (PER SESSION)

94626	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENT PULMONARY REHABILITATION WITH CONTINUOUS OXIMETRY MONITORING (PER SESSION)
94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION FOR THERAPEUTIC PURPOSES AND OR FOR DIAGNOSTIC PURPOSES SUCH AS SPUTUM INDUCTION WITH AN AEROSOL GENERATOR NEBULIZER METERED DOSE INHALER OR INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) DEVICE
94642	AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT OR PROPHYLAXIS
94644	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUCTION FIRST HOUR
94645	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUCTION EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
94660	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP) INITIATION AND MANAGEMENT
94662	CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP) INITIATION AND MANAGEMENT
94664	DEMONSTRATION AND OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERATOR NEBULIZER METERED DOSE INHALER OR IPPB DEVICE
94667	MANIPULATION CHEST WALL SUCH AS CUPPING PERCUSSING AND VIBRATION TO FACILITATE LUNG FUNCTION INITIAL DEMONSTRATION AND OR EVALUATION
94668	MANIPULATION CHEST WALL SUCH AS CUPPING PERCUSSING AND VIBRATION TO FACILITATE LUNG FUNCTION SUBSEQUENT
94669	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCTION PER SESSION
94680	OXYGEN UPTAKE EXPIRED GAS ANALYSIS REST AND EXERCISE DIRECT SIMPLE
94681	OXYGEN UPTAKE EXPIRED GAS ANALYSIS INCLUDING CO2 OUTPUT PERCENTAGE OXYGEN EXTRACTED
94690	OXYGEN UPTAKE EXPIRED GAS ANALYSIS REST INDIRECT (SEPARATE PROCEDURE)
94726	PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND WHEN PERFORMED AIRWAY RESISTANCE
94727	GAS DILUTION OR WASHOUT FOR DETERMINATION OF LUNG VOLUMES AND WHEN PERFORMED DISTRIBUTION OF VENTILATION AND CLOSING VOLUMES
94728	AIRWAY RESISTANCE BY OSCILLOMETRY
94729	DIFFUSING CAPACITY (EG CARBON MONOXIDE MEMBRANE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION SINGLE DETERMINATION
94761	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION MULTIPLE DETERMINATIONS (EG DURING EXERCISE)

94762	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION BY CONTINUOUS OVERNIGHT MONITORING (SEPARATE PROCEDURE)
94772	CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM) 12-24 HOUR CONTINUOUS RECORDING INFANT
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
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)
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
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
94780	CAR SEAT BED TESTING FOR AIRWAY INTEGRITY FOR INFANTS THROUGH 12 MONTHS OF AGE WITH CONTINUAL CLINICAL STAFF OBSERVATION AND CONTINUOUS RECORDING OF PULSE OXIMETRY HEART RATE AND RESPIRATORY RATE WITH INTERPRETATION AND REPORT 60 MINUTES
94781	CAR SEAT BED TESTING FOR AIRWAY INTEGRITY FOR INFANTS THROUGH 12 MONTHS OF AGE WITH CONTINUAL CLINICAL STAFF 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)
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE
95004	PERCUTANEOUS TESTS (SCRATCH PUNCTURE PRICK) WITH ALLERGENIC EXTRACTS IMMEDIATE TYPE REACTION INCLUDING TEST INTERPRETATION AND REPORT SPECIFY NUMBER OF TESTS
95012	NITRIC OXIDE EXPIRED GAS DETERMINATION
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
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

95024	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS IMMEDIATE TYPE REACTION INCLUDING TEST INTERPRETATION AND REPORT SPECIFY NUMBER OF TESTS
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
95028	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS DELAYED TYPE REACTION INCLUDING READING SPECIFY NUMBER OF TESTS
95044	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)
95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)
95056	PHOTO TESTS
95060	OPHTHALMIC MUCOUS MEMBRANE TESTS
95065	DIRECT NASAL MUCOUS MEMBRANE TEST
95070	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY FUNCTION TESTS) WITH HISTAMINE METHACHOLINE OR SIMILAR COMPOUNDS
95076	INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST ITEMS EG FOOD DRUG OR OTHER SUBSTANCE) INITIAL 120 MINUTES OF 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)
95115	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS SINGLE INJECTION
95117	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS 2 OR MORE INJECTIONS
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
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
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

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
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
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
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
95144	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY SINGLE DOSE VIAL(S) (SPECIFY NUMBER OF VIALS)
95145	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES) SINGLE STINGING INSECT VENOM
95146	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES) 2 SINGLE STINGING INSECT VENOMS
95147	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES) 3 SINGLE STINGING INSECT VENOMS
95148	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES) 4 SINGLE STINGING INSECT VENOMS
95149	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES) 5 SINGLE STINGING INSECT VENOMS
95165	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY SINGLE OR MULTIPLE ANTIGENS (SPECIFY NUMBER OF DOSES)
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)
95180	RAPID DESENSITIZATION PROCEDURE EACH HOUR (EG INSULIN PENICILLIN EQUINE SERUM)
95199	UNLISTED ALLERGY CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE
95249	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBCUTANEOUS SENSOR FOR A MINIMUM OF 72 HOURS PATIENT-PROVIDED EQUIPMENT SENSOR PLACEMENT HOOK-UP CALIBRATION OF MONITOR PATIENT TRAINING AND PRINTOUT OF RECORDING

95250	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBCUTANEOUS SENSOR FOR A MINIMUM OF 72 HOURS PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (OFFICE) PROVIDED EQUIPMENT SENSOR PLACEMENT HOOK-UP CALIBRATION OF MONITOR PATIENT TRAINING REMOVAL OF SENSOR AND PRINTOUT OF RECORDING
95251	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBCUTANEOUS SENSOR FOR A MINIMUM OF 72 HOURS ANALYSIS INTERPRETATION AND REPORT
95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING WITH VIDEO WHEN PERFORMED SETUP PATIENT EDUCATION AND TAKEDOWN WHEN PERFORMED ADMINISTERED IN PERSON BY EEG TECHNOLOGIST MINIMUM OF 8 CHANNELS
95705	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO REVIEW OF DATA TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST 2-12 HOURS UNMONITORED
95706	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO REVIEW OF DATA TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE
95707	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO REVIEW OF DATA TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST 2-12 HOURS WITH CONTINUOUS REAL-TIME MONITORING AND MAINTENANCE
95708	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO REVIEW OF DATA TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST EACH INCREMENT OF 12-26 HOURS UNMONITORED
95709	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO REVIEW OF DATA TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE
95710	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO REVIEW OF DATA TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS REAL-TIME MONITORING AND MAINTENANCE
95711	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG) REVIEW OF DATA TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST 2-12 HOURS UNMONITORED
95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG) REVIEW OF DATA TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE
95713	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG) REVIEW OF DATA TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST 2-12 HOURS WITH CONTINUOUS REAL-TIME MONITORING AND MAINTENANCE
95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG) REVIEW OF DATA TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST EACH INCREMENT OF 12-26 HOURS UNMONITORED
95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG) REVIEW OF DATA TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE

95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG) REVIEW OF DATA TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS REAL-TIME MONITORING AND MAINTENANCE
95717	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS ANALYSIS OF SPIKE AND SEIZURE DETECTION INTERPRETATION AND REPORT 2-12 HOURS OF EEG RECORDING WITHOUT VIDEO
95718	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS ANALYSIS OF SPIKE AND SEIZURE DETECTION INTERPRETATION AND REPORT 2-12 HOURS OF EEG RECORDING WITH VIDEO (VEEG)
95719	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS ANALYSIS OF SPIKE AND SEIZURE DETECTION EACH INCREMENT OF GREATER THAN 12 HOURS UP TO 26 HOURS OF EEG RECORDING INTERPRETATION AND REPORT AFTER EACH 24-HOUR PERIOD WITHOUT VIDEO
95720	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS ANALYSIS OF SPIKE AND SEIZURE DETECTION EACH INCREMENT OF GREATER THAN 12 HOURS UP TO 26 HOURS OF EEG RECORDING INTERPRETATION AND REPORT AFTER EACH 24-HOUR PERIOD WITH VIDEO (VEEG)
95721	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS ANALYSIS OF SPIKE AND SEIZURE DETECTION INTERPRETATION AND SUMMARY REPORT COMPLETE STUDY GREATER THAN 36 HOURS UP TO 60 HOURS OF EEG RECORDING WITHOUT VIDEO
95722	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS ANALYSIS OF SPIKE AND SEIZURE DETECTION INTERPRETATION AND SUMMARY REPORT COMPLETE STUDY GREATER THAN 36 HOURS UP TO 60 HOURS OF EEG RECORDING WITH VIDEO (VEEG)
95723	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS ANALYSIS OF SPIKE AND SEIZURE DETECTION INTERPRETATION AND SUMMARY REPORT COMPLETE STUDY GREATER THAN 60 HOURS UP TO 84 HOURS OF EEG RECORDING WITHOUT VIDEO
95724	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS ANALYSIS OF SPIKE AND SEIZURE DETECTION INTERPRETATION AND SUMMARY REPORT COMPLETE STUDY GREATER THAN 60 HOURS UP TO 84 HOURS OF EEG RECORDING WITH VIDEO (VEEG)

95725	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS ANALYSIS OF SPIKE AND SEIZURE DETECTION INTERPRETATION AND SUMMARY REPORT COMPLETE STUDY GREATER THAN 84 HOURS OF EEG RECORDING WITHOUT VIDEO
95726	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS ANALYSIS OF SPIKE AND SEIZURE DETECTION INTERPRETATION AND SUMMARY REPORT COMPLETE STUDY GREATER THAN 84 HOURS OF EEG RECORDING WITH VIDEO (VEEG)
95782	POLYSOMNOGRAPHY YOUNGER THAN 6 YEARS SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP ATTENDED BY A TECHNOLOGIST
95783	POLYSOMNOGRAPHY YOUNGER THAN 6 YEARS SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BI-LEVEL VENTILATION ATTENDED BY A TECHNOLOGIST
95800	SLEEP STUDY UNATTENDED SIMULTANEOUS RECORDING HEART RATE OXYGEN SATURATION RESPIRATORY ANALYSIS (EG BY AIRFLOW OR PERIPHERAL ARTERIAL TONE) AND SLEEP TIME
95801	SLEEP STUDY UNATTENDED SIMULTANEOUS RECORDING MINIMUM OF HEART RATE OXYGEN SATURATION AND RESPIRATORY ANALYSIS (EG BY AIRFLOW OR PERIPHERAL ARTERIAL TONE)
95803	ACTIGRAPHY TESTING RECORDING ANALYSIS INTERPRETATION AND REPORT (MINIMUM OF 72 HOURS TO 14 CONSECUTIVE DAYS OF RECORDING)
95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING RECORDING ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS
95806	SLEEP STUDY UNATTENDED SIMULTANEOUS RECORDING OF HEART RATE OXYGEN SATURATION RESPIRATORY AIRFLOW AND RESPIRATORY EFFORT (EG THORACOABDOMINAL MOVEMENT)
95807	SLEEP STUDY SIMULTANEOUS RECORDING OF VENTILATION RESPIRATORY EFFORT ECG OR HEART RATE AND OXYGEN SATURATION ATTENDED BY A TECHNOLOGIST
95808	POLYSOMNOGRAPHY ANY AGE SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP ATTENDED BY A TECHNOLOGIST
95810	POLYSOMNOGRAPHY AGE 6 YEARS OR OLDER SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP ATTENDED BY A TECHNOLOGIST
95811	POLYSOMNOGRAPHY AGE 6 YEARS OR OLDER SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION ATTENDED BY A TECHNOLOGIST
95812	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING 41-60 MINUTES

95813	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING 61-119 MINUTES
95816	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND DROWSY
95819	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND ASLEEP
95822	ELECTROENCEPHALOGRAM (EEG) RECORDING IN COMA OR SLEEP ONLY
95824	ELECTROENCEPHALOGRAM (EEG) CEREBRAL DEATH EVALUATION ONLY
95829	ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE)
95830	INSERTION BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL OF SPHENOIDAL ELECTRODES FOR ELECTROENCEPHALOGRAPHIC (EEG) RECORDING
95836	ELECTROCORTICOGRAM FROM AN IMPLANTED BRAIN NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER INCLUDING RECORDING WITH INTERPRETATION AND WRITTEN REPORT UP TO 30 DAYS
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE) EACH EXTREMITY (EXCLUDING HAND) OR EACH TRUNK SECTION (SPINE)
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE) HAND W WO COMPARISON WITH NORMAL SIDE
95857	CHOLINESTERASE INHIBITOR CHALLENGE TEST FOR MYASTHENIA GRAVIS
95860	NEEDLE ELECTROMYOGRAPHY 1 EXTREMITY W WO RELATED PARASPINAL AREAS
95861	NEEDLE ELECTROMYOGRAPHY 2 EXTREMITIES W WO RELATED PARASPINAL AREAS
95863	NEEDLE ELECTROMYOGRAPHY 3 EXTREMITIES W WO RELATED PARASPINAL AREAS
95864	NEEDLE ELECTROMYOGRAPHY 4 EXTREMITIES W WO RELATED PARASPINAL AREAS
95865	NEEDLE ELECTROMYOGRAPHY LARYNX
95866	NEEDLE ELECTROMYOGRAPHY HEMIDIAPHRAGM
95867	NEEDLE ELECTROMYOGRAPHY CRANIAL NERVE SUPPLIED MUSCLE(S) UNILATERAL
95868	NEEDLE ELECTROMYOGRAPHY CRANIAL NERVE SUPPLIED MUSCLES BILATERAL
95869	NEEDLE ELECTROMYOGRAPHY THORACIC PARASPINAL MUSCLES (EXCLUDING T1 OR T12)
95870	NEEDLE ELECTROMYOGRAPHY LIMITED STUDY OF MUSCLES IN 1 EXTREMITY OR NON-LIMB (AXIAL) MUSCLES (UNILATERAL OR BILATERAL) OTHER THAN THORACIC PARASPINAL CRANIAL NERVE SUPPLIED MUSCLES OR SPHINCTERS
95872	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE WITH QUANTITATIVE MEASUREMENT OF JITTER BLOCKING AND OR FIBER DENSITY ANY ALL SITES OF EACH MUSCLE STUDIED
95873	ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
95875	ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION FOR MUSCLE(S) METABOLITE(S)

95885	NEEDLE ELECTROMYOGRAPHY EACH EXTREMITY WITH RELATED PARASPINAL AREAS WHEN PERFORMED DONE WITH NERVE CONDUCTION AMPLITUDE AND LATENCY VELOCITY STUDY LIMITED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
95886	NEEDLE ELECTROMYOGRAPHY EACH EXTREMITY WITH RELATED PARASPINAL AREAS WHEN PERFORMED DONE WITH NERVE CONDUCTION AMPLITUDE AND LATENCY VELOCITY STUDY COMPLETE FIVE OR MORE MUSCLES STUDIED INNERVATED BY THREE OR MORE NERVES OR FOUR OR MORE SPINAL LEVELS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
95887	NEEDLE ELECTROMYOGRAPHY NON-EXTREMITY (CRANIAL NERVE SUPPLIED OR AXIAL) MUSCLE(S) DONE WITH NERVE CONDUCTION AMPLITUDE AND LATENCY VELOCITY STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
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
95907	NERVE CONDUCTION STUDIES 1-2 STUDIES
95908	NERVE CONDUCTION STUDIES 3-4 STUDIES
95909	NERVE CONDUCTION STUDIES 5-6 STUDIES
95910	NERVE CONDUCTION STUDIES 7-8 STUDIES
95911	NERVE CONDUCTION STUDIES 9-10 STUDIES
95912	NERVE CONDUCTION STUDIES 11-12 STUDIES
95913	NERVE CONDUCTION STUDIES 13 OR MORE STUDIES
95919	QUANTITATIVE PUPILLOMETRY WITH PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT UNILATERAL OR BILATERAL
95921	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION CARDIOVAGAL INNERVATION (PARASYMPATHETIC FUNCTION) INCLUDING 2 OR MORE OF THE FOLLOWING: HEART RATE RESPONSE TO DEEP BREATHING WITH RECORDED R-R INTERVAL VALSALVA RATIO AND 30:15 RATIO
95922	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION VASOMOTOR ADRENERGIC INNERVATION (SYMPATHETIC ADRENERGIC FUNCTION) INCLUDING BEAT-TO-BEAT BLOOD PRESSURE AND R-R INTERVAL CHANGES DURING VALSALVA MANEUVER AND AT LEAST 5 MINUTES OF PASSIVE TILT
95923	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION SUDOMOTOR INCLUDING 1 OR MORE OF THE FOLLOWING: QUANTITATIVE SUDOMOTOR AXON REFLEX TEST (QSART) SILASTIC SWEAT IMPRINT THERMOREGULATORY SWEAT TEST AND CHANGES IN SYMPATHETIC SKIN POTENTIAL
95924	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION COMBINED PARASYMPATHETIC AND SYMPATHETIC ADRENERGIC FUNCTION TESTING WITH AT LEAST 5 MINUTES OF PASSIVE TILT

95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY STIMULATION OF ANY ALL PERIPHERAL NERVES OR SKIN SITES RECORDING FROM THE CENTRAL NERVOUS SYSTEM IN UPPER LIMBS
95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY STIMULATION OF ANY ALL PERIPHERAL NERVES OR SKIN SITES RECORDING FROM THE CENTRAL NERVOUS SYSTEM IN LOWER LIMBS
95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY STIMULATION OF ANY ALL PERIPHERAL NERVES OR SKIN SITES RECORDING FROM THE CENTRAL NERVOUS SYSTEM IN THE TRUNK OR HEAD
95928	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION) UPPER LIMBS
95929	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION) LOWER LIMBS
95930	VISUAL EVOKED POTENTIAL (VEP) CHECKERBOARD OR FLASH TESTING CENTRAL NERVOUS SYSTEM EXCEPT GLAUCOMA WITH INTERPRETATION AND REPORT
95933	ORBICULARIS OCULI (BLINK) REFLEX BY ELECTRODIAGNOSTIC TESTING
95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION PAIRED STIMULI) EACH NERVE ANY 1 METHOD
95938	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY STIMULATION OF ANY ALL PERIPHERAL NERVES OR SKIN SITES RECORDING FROM THE CENTRAL NERVOUS SYSTEM IN UPPER AND LOWER LIMBS
95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION) IN UPPER AND LOWER LIMBS
95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM ONE ON ONE MONITORING REQUIRING PERSONAL ATTENDANCE EACH 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEARBY) OR FOR MONITORING OF MORE THAN ONE CASE WHILE IN THE OPERATING ROOM PER HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
95954	PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE DURING EEG RECORDING OF ACTIVATION PHASE (EG THIOPENTAL ACTIVATION TEST)
95955	ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG CAROTID SURGERY)
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG FOR EPILEPTIC SPIKE ANALYSIS)
95958	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION INCLUDING ELECTROENCEPHALOGRAPHIC (EEG) MONITORING
95961	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND OR RECORDING OF ELECTRODES ON BRAIN SURFACE OR OF DEPTH ELECTRODES TO PROVOKE SEIZURES OR IDENTIFY VITAL BRAIN STRUCTURES INITIAL HOUR OF ATTENDANCE BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL

95962	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND OR RECORDING OF ELECTRODES ON BRAIN SURFACE OR OF DEPTH ELECTRODES TO PROVOKE SEIZURES OR IDENTIFY VITAL BRAIN STRUCTURES EACH ADDITIONAL HOUR OF ATTENDANCE BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
95965	MAGNETOENCEPHALOGRAPHY (MEG) RECORDING AND ANALYSIS FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY (EG EPILEPTIC CEREBRAL CORTEX LOCALIZATION)
95966	MAGNETOENCEPHALOGRAPHY (MEG) RECORDING AND ANALYSIS FOR EVOKED MAGNETIC FIELDS SINGLE MODALITY (EG SENSORY MOTOR LANGUAGE OR VISUAL CORTEX LOCALIZATION)
95967	MAGNETOENCEPHALOGRAPHY (MEG) RECORDING AND ANALYSIS FOR EVOKED MAGNETIC FIELDS EACH ADDITIONAL MODALITY (EG SENSORY MOTOR LANGUAGE OR VISUAL CORTEX LOCALIZATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
95970	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER (EG CONTACT GROUP[S] INTERLEAVING AMPLITUDE PULSE WIDTH FREQUENCY [HZ] ON OFF CYCLING BURST MAGNET MODE DOSE LOCKOUT PATIENT SELECTABLE PARAMETERS RESPONSIVE NEUROSTIMULATION DETECTION ALGORITHMS CLOSED LOOP PARAMETERS AND PASSIVE PARAMETERS) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WITH BRAIN CRANIAL NERVE SPINAL CORD PERIPHERAL NERVE OR SACRAL NERVE NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER WITHOUT PROGRAMMING
95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER (EG CONTACT GROUP[S] INTERLEAVING AMPLITUDE PULSE WIDTH FREQUENCY [HZ] ON OFF CYCLING BURST MAGNET MODE DOSE LOCKOUT PATIENT SELECTABLE PARAMETERS RESPONSIVE NEUROSTIMULATION DETECTION ALGORITHMS CLOSED LOOP PARAMETERS AND PASSIVE PARAMETERS) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WITH SIMPLE SPINAL CORD OR PERIPHERAL NERVE (EG SACRAL NERVE) NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER PROGRAMMING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER (EG CONTACT GROUP[S] INTERLEAVING AMPLITUDE PULSE WIDTH FREQUENCY [HZ] ON OFF CYCLING BURST MAGNET MODE DOSE LOCKOUT PATIENT SELECTABLE PARAMETERS RESPONSIVE NEUROSTIMULATION DETECTION ALGORITHMS CLOSED LOOP PARAMETERS AND PASSIVE PARAMETERS) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WITH COMPLEX SPINAL CORD OR PERIPHERAL NERVE (EG SACRAL NERVE) NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER PROGRAMMING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL

95976	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER (EG CONTACT GROUP[S] INTERLEAVING AMPLITUDE PULSE WIDTH FREQUENCY [HZ] ON OFF CYCLING BURST MAGNET MODE DOSE LOCKOUT PATIENT SELECTABLE PARAMETERS RESPONSIVE NEUROSTIMULATION DETECTION ALGORITHMS CLOSED LOOP PARAMETERS AND PASSIVE PARAMETERS) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WITH SIMPLE CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER PROGRAMMING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
95977	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER (EG CONTACT GROUP[S] INTERLEAVING AMPLITUDE PULSE WIDTH FREQUENCY [HZ] ON OFF CYCLING BURST MAGNET MODE DOSE LOCKOUT PATIENT SELECTABLE PARAMETERS RESPONSIVE NEUROSTIMULATION DETECTION ALGORITHMS CLOSED LOOP PARAMETERS AND PASSIVE PARAMETERS) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WITH COMPLEX CRANIAL NERVE NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER PROGRAMMING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
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
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
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
95983	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER (EG CONTACT GROUP[S] INTERLEAVING AMPLITUDE PULSE WIDTH FREQUENCY [HZ] ON OFF CYCLING BURST MAGNET MODE DOSE LOCKOUT PATIENT SELECTABLE PARAMETERS RESPONSIVE NEUROSTIMULATION DETECTION ALGORITHMS CLOSED LOOP PARAMETERS AND PASSIVE PARAMETERS) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WITH BRAIN NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER PROGRAMMING FIRST 15 MINUTES FACE-TO-FACE TIME WITH PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL

95984	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER (EG CONTACT GROUP[S] INTERLEAVING AMPLITUDE PULSE WIDTH FREQUENCY [HZ] ON OFF CYCLING BURST MAGNET MODE DOSE LOCKOUT PATIENT SELECTABLE PARAMETERS RESPONSIVE NEUROSTIMULATION DETECTION ALGORITHMS CLOSED LOOP PARAMETERS AND PASSIVE PARAMETERS) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WITH BRAIN NEUROSTIMULATOR PULSE GENERATOR TRANSMITTER PROGRAMMING EACH ADDITIONAL 15 MINUTES FACE-TO-FACE TIME WITH PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
95990	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY SPINAL (INTRATHECAL EPIDURAL) OR BRAIN (INTRAVENTRICULAR) INCLUDES ELECTRONIC ANALYSIS OF PUMP WHEN PERFORMED
95991	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY SPINAL (INTRATHECAL EPIDURAL) OR BRAIN (INTRAVENTRICULAR) INCLUDES ELECTRONIC ANALYSIS OF PUMP WHEN PERFORMED REQUIRING SKILL OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
95992	CANALITH REPOSITIONING PROCEDURE(S) (EG EPLEY MANEUVER SEMONT MANEUVER) PER DAY
95999	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE
96000	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3D KINEMATICS
96001	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3D KINEMATICS WITH DYNAMIC PLANTAR PRESSURE MEASUREMENTS DURING WALKING
96002	DYNAMIC SURFACE ELECTROMYOGRAPHY DURING WALKING OR OTHER FUNCTIONAL ACTIVITIES 1-12 MUSCLES
96003	DYNAMIC FINE WIRE ELECTROMYOGRAPHY DURING WALKING OR OTHER FUNCTIONAL ACTIVITIES 1 MUSCLE
96004	REVIEW AND INTERPRETATION BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL OF COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS DYNAMIC PLANTAR PRESSURE MEASUREMENTS DYNAMIC SURFACE ELECTROMYOGRAPHY DURING WALKING OR OTHER FUNCTIONAL ACTIVITIES AND DYNAMIC FINE WIRE ELECTROMYOGRAPHY WITH WRITTEN REPORT
96020	NEUROFUNCTIONAL TESTING SELECTION AND ADMINISTRATION DURING NONINVASIVE IMAGING FUNCTIONAL BRAIN MAPPING WITH TEST ADMINISTERED ENTIRELY BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (IE PSYCHOLOGIST) WITH REVIEW OF TEST RESULTS AND REPORT
96040	MEDICAL GENETICS AND GENETIC COUNSELING SERVICES EACH 30 MINUTES FACE-TO-FACE WITH PATIENT FAMILY
96041	MEDICAL GENETICS AND GENETIC COUNSELING SERVICES EACH 30 MINUTES OF TOTAL TIME PROVIDED BY THE GENETIC COUNSELOR ON THE DATE OF THE ENCOUNTER

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
96110	DEVELOPMENTAL SCREENING (EG DEVELOPMENTAL MILESTONE SURVEY SPEECH AND LANGUAGE DELAY SCREEN) WITH SCORING AND DOCUMENTATION PER STANDARDIZED INSTRUMENT
96112	DEVELOPMENTAL TEST ADMINISTRATION (INCLUDING ASSESSMENT OF FINE AND OR GROSS MOTOR LANGUAGE COGNITIVE LEVEL SOCIAL MEMORY AND OR EXECUTIVE FUNCTIONS BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS WHEN PERFORMED) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WITH INTERPRETATION AND REPORT FIRST HOUR
96113	DEVELOPMENTAL TEST ADMINISTRATION (INCLUDING ASSESSMENT OF FINE AND OR GROSS MOTOR LANGUAGE COGNITIVE LEVEL SOCIAL MEMORY AND OR EXECUTIVE FUNCTIONS BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS WHEN PERFORMED) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WITH INTERPRETATION AND REPORT EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96116	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING REASONING AND JUDGMENT [EG ACQUIRED KNOWLEDGE ATTENTION LANGUAGE MEMORY PLANNING AND PROBLEM SOLVING AND VISUAL SPATIAL ABILITIES]) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL BOTH FACE-TO-FACE TIME WITH THE PATIENT AND TIME INTERPRETING TEST RESULTS AND PREPARING THE REPORT FIRST HOUR
96121	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING REASONING AND JUDGMENT [EG ACQUIRED KNOWLEDGE ATTENTION LANGUAGE MEMORY PLANNING AND PROBLEM SOLVING AND VISUAL SPATIAL ABILITIES]) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL BOTH FACE-TO-FACE TIME WITH THE PATIENT AND TIME INTERPRETING TEST RESULTS AND PREPARING THE REPORT EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
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
96127	BRIEF EMOTIONAL BEHAVIORAL ASSESSMENT (EG DEPRESSION INVENTORY ATTENTION-DEFICIT HYPERACTIVITY DISORDER [ADHD] SCALE) WITH SCORING AND DOCUMENTATION PER STANDARDIZED INSTRUMENT
96130	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDING INTEGRATION OF PATIENT DATA INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA CLINICAL DECISION MAKING TREATMENT PLANNING AND REPORT AND INTERACTIVE FEEDBACK TO THE PATIENT FAMILY MEMBER(S) OR CAREGIVER(S) WHEN PERFORMED FIRST HOUR

96131	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDING INTEGRATION OF PATIENT DATA INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA CLINICAL DECISION MAKING TREATMENT PLANNING AND REPORT AND INTERACTIVE FEEDBACK TO THE PATIENT FAMILY MEMBER(S) OR CAREGIVER(S) WHEN PERFORMED EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDING INTEGRATION OF PATIENT DATA INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA CLINICAL DECISION MAKING TREATMENT PLANNING AND REPORT AND INTERACTIVE FEEDBACK TO THE PATIENT FAMILY MEMBER(S) OR CAREGIVER(S) WHEN PERFORMED FIRST HOUR
96133	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDING INTEGRATION OF PATIENT DATA INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA CLINICAL DECISION MAKING TREATMENT PLANNING AND REPORT AND INTERACTIVE FEEDBACK TO THE PATIENT FAMILY MEMBER(S) OR CAREGIVER(S) WHEN PERFORMED EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96136	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TWO OR MORE TESTS ANY METHOD FIRST 30 MINUTES
96137	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TWO OR MORE TESTS ANY METHOD EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96138	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY TECHNICIAN TWO OR MORE TESTS ANY METHOD FIRST 30 MINUTES
96139	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY TECHNICIAN TWO OR MORE TESTS ANY METHOD EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96146	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION WITH SINGLE AUTOMATED STANDARDIZED INSTRUMENT VIA ELECTRONIC PLATFORM WITH AUTOMATED RESULT ONLY
96156	HEALTH BEHAVIOR ASSESSMENT OR RE-ASSESSMENT (IE HEALTH-FOCUSED CLINICAL INTERVIEW BEHAVIORAL OBSERVATIONS CLINICAL DECISION MAKING)
96158	HEALTH BEHAVIOR INTERVENTION INDIVIDUAL FACE-TO-FACE INITIAL 30 MINUTES
96159	HEALTH BEHAVIOR INTERVENTION INDIVIDUAL FACE-TO-FACE EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)
96160	ADMINISTRATION OF PATIENT-FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT (EG HEALTH HAZARD APPRAISAL) WITH SCORING AND DOCUMENTATION PER STANDARDIZED INSTRUMENT

96161	ADMINISTRATION OF CAREGIVER-FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT (EG DEPRESSION INVENTORY) FOR THE BENEFIT OF THE PATIENT WITH SCORING AND DOCUMENTATION PER STANDARDIZED INSTRUMENT
96164	HEALTH BEHAVIOR INTERVENTION GROUP (2 OR MORE PATIENTS) FACE-TO-FACE INITIAL 30 MINUTES
96165	HEALTH BEHAVIOR INTERVENTION GROUP (2 OR MORE PATIENTS) FACE-TO-FACE EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)
96167	HEALTH BEHAVIOR INTERVENTION FAMILY (WITH THE PATIENT PRESENT) FACE-TO-FACE INITIAL 30 MINUTES
96168	HEALTH BEHAVIOR INTERVENTION FAMILY (WITH THE PATIENT PRESENT) FACE-TO-FACE EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)
96170	HEALTH BEHAVIOR INTERVENTION FAMILY (WITHOUT THE PATIENT PRESENT) FACE-TO-FACE INITIAL 30 MINUTES
96171	HEALTH BEHAVIOR INTERVENTION FAMILY (WITHOUT THE PATIENT PRESENT) FACE-TO-FACE EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)
96202	MULTIPLE-FAMILY GROUP BEHAVIOR MANAGEMENT MODIFICATION TRAINING FOR PARENT(S) GUARDIAN(S) CAREGIVER(S) OF PATIENTS WITH A MENTAL OR PHYSICAL HEALTH DIAGNOSIS ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT) FACE-TO-FACE WITH MULTIPLE SETS OF PARENT(S) GUARDIAN(S) CAREGIVER(S) INITIAL 60 MINUTES
96203	MULTIPLE-FAMILY GROUP BEHAVIOR MANAGEMENT MODIFICATION TRAINING FOR PARENT(S) GUARDIAN(S) CAREGIVER(S) OF PATIENTS WITH A MENTAL OR PHYSICAL HEALTH DIAGNOSIS ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT) FACE-TO-FACE WITH MULTIPLE SETS OF PARENT(S) GUARDIAN(S) CAREGIVER(S) EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)
96360	INTRAVENOUS INFUSION HYDRATION INITIAL 31 MINUTES TO 1 HOUR
96361	INTRAVENOUS INFUSION HYDRATION EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96365	INTRAVENOUS INFUSION FOR THERAPY PROPHYLAXIS OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG) INITIAL UP TO 1 HOUR
96366	INTRAVENOUS INFUSION FOR THERAPY PROPHYLAXIS OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG) EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96367	INTRAVENOUS INFUSION FOR THERAPY PROPHYLAXIS OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG) ADDITIONAL SEQUENTIAL INFUSION OF A NEW DRUG SUBSTANCE UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

96368	INTRAVENOUS INFUSION FOR THERAPY PROPHYLAXIS OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG) CONCURRENT INFUSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96369	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG) INITIAL UP TO 1 HOUR INCLUDING PUMP SET-UP AND ESTABLISHMENT OF SUBCUTANEOUS INFUSION SITE(S)
96370	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG) EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96371	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG) ADDITIONAL PUMP SET-UP WITH ESTABLISHMENT OF NEW SUBCUTANEOUS INFUSION SITE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96372	THERAPEUTIC PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG) SUBCUTANEOUS OR INTRAMUSCULAR
96373	THERAPEUTIC PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG) INTRA-ARTERIAL
96374	THERAPEUTIC PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG) INTRAVENOUS PUSH SINGLE OR INITIAL SUBSTANCE DRUG
96375	THERAPEUTIC PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG) EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF A NEW SUBSTANCE DRUG (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96376	THERAPEUTIC PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG) EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF THE SAME SUBSTANCE DRUG PROVIDED IN A FACILITY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96377	APPLICATION OF ON-BODY INJECTOR (INCLUDES CANNULA INSERTION) FOR TIMED SUBCUTANEOUS INJECTION
96379	UNLISTED THERAPEUTIC PROPHYLACTIC OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL INJECTION OR INFUSION
96380	ADMINISTRATION OF RESPIRATORY SYNCYTIAL VIRUS MONOCLONAL ANTIBODY SEASONAL DOSE BY INTRAMUSCULAR INJECTION WITH COUNSELING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
96381	ADMINISTRATION OF RESPIRATORY SYNCYTIAL VIRUS MONOCLONAL ANTIBODY SEASONAL DOSE BY INTRAMUSCULAR INJECTION
96401	CHEMOTHERAPY ADMINISTRATION SUBCUTANEOUS OR INTRAMUSCULAR NON-HORMONAL ANTI-NEOPLASTIC
96402	CHEMOTHERAPY ADMINISTRATION SUBCUTANEOUS OR INTRAMUSCULAR HORMONAL ANTI-NEOPLASTIC
96405	CHEMOTHERAPY ADMINISTRATION INTRALESIONAL UP TO AND INCLUDING 7 LESIONS
96406	CHEMOTHERAPY ADMINISTRATION INTRALESIONAL MORE THAN 7 LESIONS

96409	CHEMOTHERAPY ADMINISTRATION INTRAVENOUS PUSH TECHNIQUE SINGLE OR INITIAL SUBSTANCE DRUG
96411	CHEMOTHERAPY ADMINISTRATION INTRAVENOUS PUSH TECHNIQUE EACH ADDITIONAL SUBSTANCE DRUG (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96413	CHEMOTHERAPY ADMINISTRATION INTRAVENOUS INFUSION TECHNIQUE UP TO 1 HOUR SINGLE OR INITIAL SUBSTANCE DRUG
96415	CHEMOTHERAPY ADMINISTRATION INTRAVENOUS INFUSION TECHNIQUE EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96416	CHEMOTHERAPY ADMINISTRATION INTRAVENOUS INFUSION TECHNIQUE INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS) REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP
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)
96420	CHEMOTHERAPY ADMINISTRATION INTRA-ARTERIAL PUSH TECHNIQUE
96422	CHEMOTHERAPY ADMINISTRATION INTRA-ARTERIAL INFUSION TECHNIQUE UP TO 1 HOUR
96423	CHEMOTHERAPY ADMINISTRATION INTRA-ARTERIAL INFUSION TECHNIQUE EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96425	CHEMOTHERAPY ADMINISTRATION INTRA-ARTERIAL INFUSION TECHNIQUE INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS) REQUIRING THE USE OF A PORTABLE OR IMPLANTABLE PUMP
96440	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY REQUIRING AND INCLUDING THORACENTESIS
96446	CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA IMPLANTED PORT OR CATHETER
96450	CHEMOTHERAPY ADMINISTRATION INTO CNS (EG INTRATHECAL) REQUIRING AND INCLUDING SPINAL PUNCTURE
96521	REFILLING AND MAINTENANCE OF PORTABLE PUMP
96522	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY SYSTEMIC (EG INTRAVENOUS INTRA-ARTERIAL)
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS
96542	CHEMOTHERAPY INJECTION SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANEOUS RESERVOIR SINGLE OR MULTIPLE AGENTS
96547	INTRAOPERATIVE HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC) PROCEDURE INCLUDING SEPARATE INCISION(S) AND CLOSURE WHEN PERFORMED FIRST 60 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

96548	INTRAOPERATIVE HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC) PROCEDURE INCLUDING SEPARATE INCISION(S) AND CLOSURE WHEN PERFORMED EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96549	UNLISTED CHEMOTHERAPY PROCEDURE
96567	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT LESIONS OF THE SKIN AND ADJACENT MUCOSA WITH APPLICATION AND ILLUMINATION ACTIVATION OF PHOTOSENSITIVE DRUG(S) PER DAY
96570	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSUE VIA ACTIVATION OF PHOTOSENSITIVE DRUG(S) FIRST 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR ENDOSCOPY OR BRONCHOSCOPY PROCEDURES OF LUNG AND GASTROINTESTINAL TRACT)
96571	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSUE VIA ACTIVATION OF PHOTOSENSITIVE DRUG(S) EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR ENDOSCOPY OR BRONCHOSCOPY PROCEDURES OF LUNG AND GASTROINTESTINAL TRACT)
96573	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT LESIONS OF THE SKIN AND ADJACENT MUCOSA WITH APPLICATION AND ILLUMINATION ACTIVATION OF PHOTOSENSITIZING DRUG(S) PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER DAY
96574	DEBRIDEMENT OF PREMALIGNANT HYPERKERATOTIC LESION(S) (IE TARGETED CURETTAGE ABRASION) FOLLOWED WITH PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT LESIONS OF THE SKIN AND ADJACENT MUCOSA WITH APPLICATION AND ILLUMINATION ACTIVATION OF PHOTOSENSITIZING DRUG(S) PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER DAY
96885	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)
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)
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
96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY FOR MONITORING OF HIGH RISK PATIENTS WITH DYSPLASTIC NEVUS SYNDROME OR A HISTORY OF DYSPLASTIC NEVI OR PATIENTS WITH A PERSONAL OR FAMILIAL HISTORY OF MELANOMA
96910	PHOTOCHEMOTHERAPY TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM AND ULTRAVIOLET B

96912	PHOTOCHEMOTHERAPY PSORALENS AND ULTRAVIOLET A (PUVA)
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)
96920	EXCIMER LASER TREATMENT FOR PSORIASIS TOTAL AREA LESS THAN 250 SQ CM
96921	EXCIMER LASER TREATMENT FOR PSORIASIS 250 SQ CM TO 500 SQ CM
96922	EXCIMER LASER TREATMENT FOR PSORIASIS OVER 500 SQ CM
96931	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN IMAGE ACQUISITION AND INTERPRETATION AND REPORT FIRST LESION
96932	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN IMAGE ACQUISITION ONLY FIRST LESION
96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN INTERPRETATION AND REPORT ONLY FIRST LESION
96934	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN IMAGE ACQUISITION AND INTERPRETATION AND REPORT EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96935	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN IMAGE ACQUISITION ONLY EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN INTERPRETATION AND REPORT ONLY EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE
97007	MECHANICAL SCALP COOLING INCLUDING INDIVIDUAL CAP SUPPLY WITH HEAD MEASUREMENT FITTING AND PATIENT EDUCATION
97008	MECHANICAL SCALP COOLING INCLUDING HAIR PREPARATION INDIVIDUAL CAP PLACEMENT THERAPY INITIATION AND PRECOOLING PERIOD
97009	MECHANICAL SCALP COOLING PROVIDED AFTER DISCONTINUATION OF CHEMOTHERAPY EACH 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
97010	APPLICATION OF A MODALITY TO 1 OR MORE AREAS HOT OR COLD PACKS
97012	APPLICATION OF A MODALITY TO 1 OR MORE AREAS TRACTION MECHANICAL
97014	APPLICATION OF A MODALITY TO 1 OR MORE AREAS ELECTRICAL STIMULATION (UNATTENDED)
97016	APPLICATION OF A MODALITY TO 1 OR MORE AREAS VASOPNEUMATIC DEVICES
97018	APPLICATION OF A MODALITY TO 1 OR MORE AREAS PARAFFIN BATH

97022	APPLICATION OF A MODALITY TO 1 OR MORE AREAS WHIRLPOOL
97024	APPLICATION OF A MODALITY TO 1 OR MORE AREAS DIATHERMY (EG MICROWAVE)
97026	APPLICATION OF A MODALITY TO 1 OR MORE AREAS INFRARED
97028	APPLICATION OF A MODALITY TO 1 OR MORE AREAS ULTRAVIOLET
97032	APPLICATION OF A MODALITY TO 1 OR MORE AREAS ELECTRICAL STIMULATION (MANUAL) EACH 15 MINUTES
97033	APPLICATION OF A MODALITY TO 1 OR MORE AREAS IONTOPHORESIS EACH 15 MINUTES
97034	APPLICATION OF A MODALITY TO 1 OR MORE AREAS CONTRAST BATHS EACH 15 MINUTES
97035	APPLICATION OF A MODALITY TO 1 OR MORE AREAS ULTRASOUND EACH 15 MINUTES
97036	APPLICATION OF A MODALITY TO 1 OR MORE AREAS HUBBARD TANK EACH 15 MINUTES
97037	APPLICATION OF A MODALITY TO 1 OR MORE AREAS LOW-LEVEL LASER THERAPY (IE NONTHERMAL AND NON-ABLATIVE) FOR POST-OPERATIVE PAIN REDUCTION
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)
97110	THERAPEUTIC PROCEDURE 1 OR MORE AREAS EACH 15 MINUTES THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE RANGE OF MOTION AND FLEXIBILITY
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
97113	THERAPEUTIC PROCEDURE 1 OR MORE AREAS EACH 15 MINUTES AQUATIC THERAPY WITH THERAPEUTIC EXERCISES
97116	THERAPEUTIC PROCEDURE 1 OR MORE AREAS EACH 15 MINUTES GAIT TRAINING (INCLUDES STAIR CLIMBING)
97124	THERAPEUTIC PROCEDURE 1 OR MORE AREAS EACH 15 MINUTES MASSAGE INCLUDING EFFLEURAGE PETRISSAGE AND OR TAPOTEMENT (STROKING COMPRESSION PERCUSSION)
97129	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG ATTENTION MEMORY REASONING EXECUTIVE FUNCTION PROBLEM SOLVING AND OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY (EG MANAGING TIME OR SCHEDULES INITIATING ORGANIZING AND SEQUENCING TASKS) DIRECT (ONE-ON-ONE) PATIENT CONTACT INITIAL 15 MINUTES
97130	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG ATTENTION MEMORY REASONING EXECUTIVE FUNCTION PROBLEM SOLVING AND OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY (EG MANAGING TIME OR SCHEDULES INITIATING ORGANIZING AND SEQUENCING TASKS) DIRECT (ONE-ON-ONE) PATIENT CONTACT EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

97139	UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)
97140	MANUAL THERAPY TECHNIQUES (EG MOBILIZATION MANIPULATION MANUAL LYMPHATIC DRAINAGE MANUAL TRACTION) 1 OR MORE REGIONS EACH 15 MINUTES
97150	THERAPEUTIC PROCEDURE(S) GROUP (2 OR MORE INDIVIDUALS)
97151	BEHAVIOR IDENTIFICATION ASSESSMENT ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL EACH 15 MINUTES OF THE PHYSICIAN S OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL S TIME FACE-TO-FACE WITH PATIENT AND OR GUARDIAN(S) CAREGIVER(S) ADMINISTERING ASSESSMENTS AND DISCUSSING FINDINGS AND RECOMMENDATIONS AND NON-FACE-TO-FACE ANALYZING PAST DATA SCORING INTERPRETING THE ASSESSMENT AND PREPARING THE REPORT TREATMENT PLAN
97152	BEHAVIOR IDENTIFICATION-SUPPORTING ASSESSMENT ADMINISTERED BY ONE TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL FACE-TO-FACE WITH THE PATIENT EACH 15 MINUTES
97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL FACE-TO-FACE WITH ONE PATIENT EACH 15 MINUTES
97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL FACE-TO-FACE WITH TWO OR MORE PATIENTS EACH 15 MINUTES
97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN FACE-TO-FACE WITH ONE PATIENT EACH 15 MINUTES
97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (W WO THE PATIENT PRESENT) FACE-TO-FACE WITH GUARDIAN(S) CAREGIVER(S) EACH 15 MINUTES
97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT) FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS CAREGIVERS EACH 15 MINUTES
97158	GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL FACE-TO-FACE WITH MULTIPLE PATIENTS EACH 15 MINUTES

97161	PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY REQUIRING THESE COMPONENTS: A HISTORY WITH NO PERSONAL FACTORS AND OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE AN EXAMINATION OF BODY SYSTEM(S) USING STANDARDIZED TESTS AND MEASURES ADDRESSING 1-2 ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES AND FUNCTIONS ACTIVITY LIMITATIONS AND OR PARTICIPATION RESTRICTIONS A CLINICAL PRESENTATION WITH STABLE AND OR UNCOMPLICATED CHARACTERISTICS AND CLINICAL DECISION MAKING OF LOW COMPLEXITY USING STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY 20 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND OR FAMILY.
97162	PHYSICAL THERAPY EVALUATION: MODERATE COMPLEXITY REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBLEM WITH 1-2 PERSONAL FACTORS AND OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES IN ADDRESSING A TOTAL OF 3 OR MORE ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES AND FUNCTIONS ACTIVITY LIMITATIONS AND OR PARTICIPATION RESTRICTIONS AN EVOLVING CLINICAL PRESENTATION WITH CHANGING CHARACTERISTICS AND CLINICAL DECISION MAKING OF MODERATE COMPLEXITY USING STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY 30 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND OR FAMILY.
97163	PHYSICAL THERAPY EVALUATION: HIGH COMPLEXITY REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBLEM WITH 3 OR MORE PERSONAL FACTORS AND OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES ADDRESSING A TOTAL OF 4 OR MORE ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES AND FUNCTIONS ACTIVITY LIMITATIONS AND OR PARTICIPATION RESTRICTIONS A CLINICAL PRESENTATION WITH UNSTABLE AND UNPREDICTABLE CHARACTERISTICS AND CLINICAL DECISION MAKING OF HIGH COMPLEXITY USING STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY 45 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND OR FAMILY.
97164	RE-EVALUATION OF PHYSICAL THERAPY ESTABLISHED PLAN OF CARE REQUIRING THESE COMPONENTS: AN EXAMINATION INCLUDING A REVIEW OF HISTORY AND USE OF STANDARDIZED TESTS AND MEASURES IS REQUIRED AND REVISED PLAN OF CARE USING A STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME TYPICALLY 20 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND OR FAMILY.

97165	OCCUPATIONAL THERAPY EVALUATION LOW COMPLEXITY REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY WHICH INCLUDES A BRIEF HISTORY INCLUDING REVIEW OF MEDICAL AND OR THERAPY RECORDS RELATING TO THE PRESENTING PROBLEM AN ASSESSMENT(S) THAT IDENTIFIES 1-3 PERFORMANCE DEFICITS (IE RELATING TO PHYSICAL COGNITIVE OR PSYCHOSOCIAL SKILLS) THAT RESULT IN ACTIVITY LIMITATIONS AND OR PARTICIPATION RESTRICTIONS AND CLINICAL DECISION MAKING OF LOW COMPLEXITY WHICH INCLUDES AN ANALYSIS OF THE OCCUPATIONAL PROFILE ANALYSIS OF DATA FROM PROBLEM-FOCUSED ASSESSMENT(S) AND CONSIDERATION OF A LIMITED NUMBER OF TREATMENT OPTIONS. PATIENT PRESENTS WITH NO COMORBIDITIES THAT AFFECT OCCUPATIONAL PERFORMANCE. MODIFICATION OF TASKS OR ASSISTANCE (EG PHYSICAL OR VERBAL) WITH ASSESSMENT(S) IS NOT NECESSARY TO ENABLE COMPLETION OF EVALUATION COMPONENT. TYPICALLY 30 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND OR FAMILY.
97166	OCCUPATIONAL THERAPY EVALUATION MODERATE COMPLEXITY REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY WHICH INCLUDES AN EXPANDED REVIEW OF MEDICAL AND OR THERAPY RECORDS AND ADDITIONAL REVIEW OF PHYSICAL COGNITIVE OR PSYCHOSOCIAL HISTORY RELATED TO CURRENT FUNCTIONAL PERFORMANCE AN ASSESSMENT(S) THAT IDENTIFIES 3-5 PERFORMANCE DEFICITS (IE RELATING TO PHYSICAL COGNITIVE OR PSYCHOSOCIAL SKILLS) THAT RESULT IN ACTIVITY LIMITATIONS AND OR PARTICIPATION RESTRICTIONS AND CLINICAL DECISION MAKING OF MODERATE ANALYTIC COMPLEXITY WHICH INCLUDES AN ANALYSIS OF THE OCCUPATIONAL PROFILE ANALYSIS OF DATA FROM DETAILED ASSESSMENT(S) AND CONSIDERATION OF SEVERAL TREATMENT OPTIONS. PATIENT MAY PRESENT WITH COMORBIDITIES THAT AFFECT OCCUPATIONAL PERFORMANCE. MINIMAL TO MODERATE MODIFICATION OF TASKS OR ASSISTANCE (EG PHYSICAL OR VERBAL) WITH ASSESSMENT(S) IS NECESSARY TO ENABLE PATIENT TO COMPLETE EVALUATION COMPONENT. TYPICALLY 45 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND OR FAMILY.

97167	OCCUPATIONAL THERAPY EVALUATION HIGH COMPLEXITY REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY WHICH INCLUDES REVIEW OF MEDICAL AND OR THERAPY RECORDS AND EXTENSIVE ADDITIONAL REVIEW OF PHYSICAL COGNITIVE OR PSYCHOSOCIAL HISTORY RELATED TO CURRENT FUNCTIONAL PERFORMANCE AN ASSESSMENT(S) THAT IDENTIFIES 5 OR MORE PERFORMANCE DEFICITS (IE RELATING TO PHYSICAL COGNITIVE OR PSYCHOSOCIAL SKILLS) THAT RESULT IN ACTIVITY LIMITATIONS AND OR PARTICIPATION RESTRICTIONS AND CLINICAL DECISION MAKING OF HIGH ANALYTIC COMPLEXITY WHICH INCLUDES AN ANALYSIS OF THE PATIENT PROFILE ANALYSIS OF DATA FROM COMPREHENSIVE ASSESSMENT(S) AND CONSIDERATION OF MULTIPLE TREATMENT OPTIONS. PATIENT PRESENTS WITH COMORBIDITIES THAT AFFECT OCCUPATIONAL PERFORMANCE. SIGNIFICANT MODIFICATION OF TASKS OR ASSISTANCE (EG PHYSICAL OR VERBAL) WITH ASSESSMENT(S) IS NECESSARY TO ENABLE PATIENT TO COMPLETE EVALUATION COMPONENT. TYPICALLY 60 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND OR FAMILY.
97168	RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE REQUIRING THESE COMPONENTS: AN ASSESSMENT OF CHANGES IN PATIENT FUNCTIONAL OR MEDICAL STATUS WITH REVISED PLAN OF CARE AN UPDATE TO THE INITIAL OCCUPATIONAL PROFILE TO REFLECT CHANGES IN CONDITION OR ENVIRONMENT THAT AFFECT FUTURE INTERVENTIONS AND OR GOALS AND A REVISED PLAN OF CARE. A FORMAL REEVALUATION IS PERFORMED WHEN THERE IS A DOCUMENTED CHANGE IN FUNCTIONAL STATUS OR A SIGNIFICANT CHANGE TO THE PLAN OF CARE IS REQUIRED. TYPICALLY 30 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND OR FAMILY.
97169	ATHLETIC TRAINING EVALUATION LOW COMPLEXITY REQUIRING THESE COMPONENTS: A HISTORY AND PHYSICAL ACTIVITY PROFILE WITH NO COMORBIDITIES THAT AFFECT PHYSICAL ACTIVITY AN EXAMINATION OF AFFECTED BODY AREA AND OTHER SYMPTOMATIC OR RELATED SYSTEMS ADDRESSING 1-2 ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES PHYSICAL ACTIVITY AND OR PARTICIPATION DEFICIENCIES AND CLINICAL DECISION MAKING OF LOW COMPLEXITY USING STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY 15 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND OR FAMILY.
97170	ATHLETIC TRAINING EVALUATION MODERATE COMPLEXITY REQUIRING THESE COMPONENTS: A MEDICAL HISTORY AND PHYSICAL ACTIVITY PROFILE WITH 1-2 COMORBIDITIES THAT AFFECT PHYSICAL ACTIVITY AN EXAMINATION OF AFFECTED BODY AREA AND OTHER SYMPTOMATIC OR RELATED SYSTEMS ADDRESSING A TOTAL OF 3 OR MORE ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES PHYSICAL ACTIVITY AND OR PARTICIPATION DEFICIENCIES AND CLINICAL DECISION MAKING OF MODERATE COMPLEXITY USING STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY 30 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND OR FAMILY.

97171	ATHLETIC TRAINING EVALUATION HIGH COMPLEXITY REQUIRING THESE COMPONENTS: A MEDICAL HISTORY AND PHYSICAL ACTIVITY PROFILE WITH 3 OR MORE COMORBIDITIES THAT AFFECT PHYSICAL ACTIVITY A COMPREHENSIVE EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES ADDRESSING A TOTAL OF 4 OR MORE ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES PHYSICAL ACTIVITY AND OR PARTICIPATION DEFICIENCIES CLINICAL PRESENTATION WITH UNSTABLE AND UNPREDICTABLE CHARACTERISTICS AND CLINICAL DECISION MAKING OF HIGH COMPLEXITY USING STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME. TYPICALLY 45 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND OR FAMILY.
97172	RE-EVALUATION OF ATHLETIC TRAINING ESTABLISHED PLAN OF CARE REQUIRING THESE COMPONENTS: AN ASSESSMENT OF PATIENT S CURRENT FUNCTIONAL STATUS WHEN THERE IS A DOCUMENTED CHANGE AND A REVISED PLAN OF CARE USING A STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME WITH AN UPDATE IN MANAGEMENT OPTIONS GOALS AND INTERVENTIONS. TYPICALLY 20 MINUTES ARE SPENT FACE-TO-FACE WITH THE PATIENT AND OR FAMILY.
97530	THERAPEUTIC ACTIVITIES DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE) EACH 15 MINUTES
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL DEMANDS DIRECT (ONE-ON-ONE) PATIENT CONTACT EACH 15 MINUTES
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
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
97542	WHEELCHAIR MANAGEMENT (EG ASSESSMENT FITTING TRAINING) EACH 15 MINUTES
97545	WORK HARDENING CONDITIONING INITIAL 2 HOURS
97546	WORK HARDENING CONDITIONING EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
97550	CAREGIVER TRAINING IN STRATEGIES AND TECHNIQUES TO FACILITATE THE PATIENTa~~S FUNCTIONAL PERFORMANCE IN THE HOME OR COMMUNITY (EG ACTIVITIES OF DAILY LIVING [ADLS] INSTRUMENTAL ADLS [IADLS] TRANSFERS MOBILITY COMMUNICATION SWALLOWING FEEDING PROBLEM SOLVING SAFETY PRACTICES) (WITHOUT THE PATIENT PRESENT) FACE TO FACE INITIAL 30 MINUTES

97551	CAREGIVER TRAINING IN STRATEGIES AND TECHNIQUES TO FACILITATE THE PATIENTa~~S FUNCTIONAL PERFORMANCE IN THE HOME OR COMMUNITY (EG ACTIVITIES OF DAILY LIVING [ADLS] INSTRUMENTAL ADLS [IADLS] TRANSFERS MOBILITY COMMUNICATION SWALLOWING FEEDING PROBLEM SOLVING SAFETY PRACTICES) (WITHOUT THE PATIENT PRESENT) FACE TO FACE EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)
97552	GROUP CAREGIVER TRAINING IN STRATEGIES AND TECHNIQUES TO FACILITATE THE PATIENT S FUNCTIONAL PERFORMANCE IN THE HOME OR COMMUNITY (EG ACTIVITIES OF DAILY LIVING [ADLS] INSTRUMENTAL ADLS [IADLS] TRANSFERS MOBILITY COMMUNICATION SWALLOWING FEEDING PROBLEM SOLVING SAFETY PRACTICES) (WITHOUT THE PATIENT PRESENT) FACE TO FACE WITH MULTIPLE SETS OF CAREGIVERS
97597	DEBRIDEMENT (EG HIGH PRESSURE WATERJET WITH WITHOUT SUCTION SHARP SELECTIVE DEBRIDEMENT WITH SCISSORS SCALPEL AND FORCEPS) OPEN WOUND (EG FIBRIN DEVITALIZED EPIDERMIS AND OR DERMIS EXUDATE DEBRIS BIOFILM) INCLUDING TOPICAL APPLICATION(S) WOUND ASSESSMENT USE OF A WHIRLPOOL WHEN PERFORMED AND INSTRUCTION(S) FOR ONGOING CARE PER SESSION TOTAL WOUND(S) SURFACE AREA FIRST 20 SQ CM OR LESS
97598	DEBRIDEMENT (EG HIGH PRESSURE WATERJET WITH WITHOUT SUCTION SHARP SELECTIVE DEBRIDEMENT WITH SCISSORS SCALPEL AND FORCEPS) OPEN WOUND (EG FIBRIN DEVITALIZED EPIDERMIS AND OR DERMIS EXUDATE DEBRIS BIOFILM) INCLUDING TOPICAL APPLICATION(S) WOUND ASSESSMENT USE OF A WHIRLPOOL WHEN PERFORMED AND INSTRUCTION(S) FOR ONGOING CARE PER SESSION TOTAL WOUND(S) SURFACE AREA EACH ADDITIONAL 20 SQ CM OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S) NON-SELECTIVE DEBRIDEMENT WITHOUT ANESTHESIA (EG WET-TO-MOIST DRESSINGS ENZYMATIC ABRASION LARVAL THERAPY) INCLUDING TOPICAL APPLICATION(S) WOUND ASSESSMENT AND INSTRUCTION(S) FOR ONGOING CARE PER SESSION
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
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

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
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
97610	LOW FREQUENCY NON-CONTACT NON-THERMAL ULTRASOUND INCLUDING TOPICAL APPLICATION(S) WHEN PERFORMED WOUND ASSESSMENT AND INSTRUCTION(S) FOR ONGOING CARE PER DAY
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG MUSCULOSKELETAL FUNCTIONAL CAPACITY) WITH WRITTEN REPORT EACH 15 MINUTES
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
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED) UPPER EXTREMITY(IES) LOWER EXTREMITY(IES) AND OR TRUNK INITIAL ORTHOTIC(S) ENCOUNTER EACH 15 MINUTES
97761	PROSTHETIC(S) TRAINING UPPER AND OR LOWER EXTREMITY(IES) INITIAL PROSTHETIC(S) ENCOUNTER EACH 15 MINUTES
97763	ORTHOTIC(S) PROSTHETIC(S) MANAGEMENT AND OR TRAINING UPPER EXTREMITY(IES) LOWER EXTREMITY(IES) AND OR TRUNK SUBSEQUENT ORTHOTIC(S) PROSTHETIC(S) ENCOUNTER EACH 15 MINUTES
97799	UNLISTED PHYSICAL MEDICINE REHABILITATION SERVICE OR PROCEDURE
97802	MEDICAL NUTRITION THERAPY INITIAL ASSESSMENT AND INTERVENTION INDIVIDUAL FACE-TO-FACE WITH THE PATIENT EACH 15 MINUTES
97803	MEDICAL NUTRITION THERAPY RE-ASSESSMENT AND INTERVENTION INDIVIDUAL FACE-TO-FACE WITH THE PATIENT EACH 15 MINUTES
97804	MEDICAL NUTRITION THERAPY GROUP (2 OR MORE INDIVIDUAL(S)) EACH 30 MINUTES
97810	ACUPUNCTURE 1 OR MORE NEEDLES WITHOUT ELECTRICAL STIMULATION INITIAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT
97811	ACUPUNCTURE 1 OR MORE NEEDLES WITHOUT ELECTRICAL STIMULATION EACH ADDITIONAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT WITH INSERTION OF NEEDLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

97813	ACUPUNCTURE 1 OR MORE NEEDLES WITH ELECTRICAL STIMULATION INITIAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT
97814	ACUPUNCTURE 1 OR MORE NEEDLES WITH ELECTRICAL STIMULATION EACH ADDITIONAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT WITH INSERTION OF NEEDLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
98000	SYNCHRONOUS AUDIO-VIDEO VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 15 MINUTES MUST BE MET OR EXCEEDED.
98001	SYNCHRONOUS AUDIO-VIDEO VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND LOW MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 30 MINUTES MUST BE MET OR EXCEEDED.
98002	SYNCHRONOUS AUDIO-VIDEO VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND MODERATE MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 45 MINUTES MUST BE MET OR EXCEEDED.
98003	SYNCHRONOUS AUDIO-VIDEO VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND HIGH MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 60 MINUTES MUST BE MET OR EXCEEDED.
98004	SYNCHRONOUS AUDIO-VIDEO VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 10 MINUTES MUST BE MET OR EXCEEDED.
98005	SYNCHRONOUS AUDIO-VIDEO VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND LOW MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 20 MINUTES MUST BE MET OR EXCEEDED.
98006	SYNCHRONOUS AUDIO-VIDEO VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND MODERATE MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 30 MINUTES MUST BE MET OR EXCEEDED.

98007	SYNCHRONOUS AUDIO-VIDEO VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND HIGH MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 40 MINUTES MUST BE MET OR EXCEEDED.
98008	SYNCHRONOUS AUDIO-ONLY VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION STRAIGHTFORWARD MEDICAL DECISION MAKING AND MORE THAN 10 MINUTES OF MEDICAL DISCUSSION. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 15 MINUTES MUST BE MET OR EXCEEDED.
98009	SYNCHRONOUS AUDIO-ONLY VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION LOW MEDICAL DECISION MAKING AND MORE THAN 10 MINUTES OF MEDICAL DISCUSSION. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 30 MINUTES MUST BE MET OR EXCEEDED.
98010	SYNCHRONOUS AUDIO-ONLY VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION MODERATE MEDICAL DECISION MAKING AND MORE THAN 10 MINUTES OF MEDICAL DISCUSSION. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 45 MINUTES MUST BE MET OR EXCEEDED.
98011	SYNCHRONOUS AUDIO-ONLY VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION HIGH MEDICAL DECISION MAKING AND MORE THAN 10 MINUTES OF MEDICAL DISCUSSION. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 60 MINUTES MUST BE MET OR EXCEEDED.
98012	SYNCHRONOUS AUDIO-ONLY VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION STRAIGHTFORWARD MEDICAL DECISION MAKING AND MORE THAN 10 MINUTES OF MEDICAL DISCUSSION. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 10 MINUTES MUST BE EXCEEDED.
98013	SYNCHRONOUS AUDIO-ONLY VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION LOW MEDICAL DECISION MAKING AND MORE THAN 10 MINUTES OF MEDICAL DISCUSSION. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 20 MINUTES MUST BE MET OR EXCEEDED.
98014	SYNCHRONOUS AUDIO-ONLY VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION MODERATE MEDICAL DECISION MAKING AND MORE THAN 10 MINUTES OF MEDICAL DISCUSSION. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 30 MINUTES MUST BE MET OR EXCEEDED.

98015	SYNCHRONOUS AUDIO-ONLY VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION HIGH MEDICAL DECISION MAKING AND MORE THAN 10 MINUTES OF MEDICAL DISCUSSION. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 40 MINUTES MUST BE MET OR EXCEEDED.
98016	BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE (EG VIRTUAL CHECK-IN) BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO CAN REPORT EVALUATION AND MANAGEMENT SERVICES PROVIDED TO AN ESTABLISHED PATIENT NOT ORIGINATING FROM A RELATED EVALUATION AND MANAGEMENT SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN EVALUATION AND MANAGEMENT SERVICE OR PROCEDURE WITHIN THE NEXT 24 HOURS OR SOONEST AVAILABLE APPOINTMENT 5-10 MINUTES OF MEDICAL DISCUSSION
98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT) 1-2 BODY REGIONS INVOLVED
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT) 3-4 BODY REGIONS INVOLVED
98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT) 5-6 BODY REGIONS INVOLVED
98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT) 7-8 BODY REGIONS INVOLVED
98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT) 9-10 BODY REGIONS INVOLVED
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT) SPINAL 1-2 REGIONS
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT) SPINAL 3-4 REGIONS
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT) SPINAL 5 REGIONS
98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT) EXTRASPINAL 1 OR MORE REGIONS
98960	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A NONPHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL USING A STANDARDIZED CURRICULUM FACE-TO-FACE WITH THE PATIENT (COULD INCLUDE CAREGIVER FAMILY) EACH 30 MINUTES INDIVIDUAL PATIENT
98961	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A NONPHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL USING A STANDARDIZED CURRICULUM FACE-TO-FACE WITH THE PATIENT (COULD INCLUDE CAREGIVER FAMILY) EACH 30 MINUTES 2-4 PATIENTS
98962	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A NONPHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL USING A STANDARDIZED CURRICULUM FACE-TO-FACE WITH THE PATIENT (COULD INCLUDE CAREGIVER FAMILY) EACH 30 MINUTES 5-8 PATIENTS
98966	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A NONPHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT PARENT OR GUARDIAN NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN ASSESSMENT AND MANAGEMENT SERVICE OR PROCEDURE WITHIN THE NEXT 24 HOURS OR SOONEST AVAILABLE APPOINTMENT 5-10 MINUTES OF MEDICAL DISCUSSION

98967	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A NONPHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT PARENT OR GUARDIAN NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN ASSESSMENT AND MANAGEMENT SERVICE OR PROCEDURE WITHIN THE NEXT 24 HOURS OR SOONEST AVAILABLE APPOINTMENT 11-20 MINUTES OF MEDICAL DISCUSSION
98968	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A NONPHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT PARENT OR GUARDIAN NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN ASSESSMENT AND MANAGEMENT SERVICE OR PROCEDURE WITHIN THE NEXT 24 HOURS OR SOONEST AVAILABLE APPOINTMENT 21-30 MINUTES OF MEDICAL DISCUSSION
98970	NONPHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL ONLINE DIGITAL ASSESSMENT AND MANAGEMENT FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS CUMULATIVE TIME DURING THE 7 DAYS 5-10 MINUTES
98971	NONPHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL ONLINE DIGITAL ASSESSMENT AND MANAGEMENT FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS CUMULATIVE TIME DURING THE 7 DAYS 11-20 MINUTES
98972	NONPHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL ONLINE DIGITAL ASSESSMENT AND MANAGEMENT FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS CUMULATIVE TIME DURING THE 7 DAYS 21 OR MORE MINUTES
98975	REMOTE THERAPEUTIC MONITORING (EG THERAPY ADHERENCE THERAPY RESPONSE DIGITAL THERAPEUTIC INTERVENTION) INITIAL SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT
98976	REMOTE THERAPEUTIC MONITORING (EG THERAPY ADHERENCE THERAPY RESPONSE DIGITAL THERAPEUTIC INTERVENTION) DEVICE(S) SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF RESPIRATORY SYSTEM 16-30 DAYS IN A 30-DAY PERIOD
98977	REMOTE THERAPEUTIC MONITORING (EG THERAPY ADHERENCE THERAPY RESPONSE DIGITAL THERAPEUTIC INTERVENTION) DEVICE(S) SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF MUSCULOSKELETAL SYSTEM 16-30 DAYS IN A 30-DAY PERIOD
98978	REMOTE THERAPEUTIC MONITORING (EG THERAPY ADHERENCE THERAPY RESPONSE DIGITAL THERAPEUTIC INTERVENTION) DEVICE(S) SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF COGNITIVE BEHAVIORAL THERAPY 16-30 DAYS IN A 30-DAY PERIOD
98979	REMOTE THERAPEUTIC MONITORING TREATMENT MANAGEMENT SERVICES PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME IN A CALENDAR MONTH REQUIRING AT LEAST 1 REAL-TIME INTERACTIVE COMMUNICATION WITH THE PATIENT OR CAREGIVER DURING THE CALENDAR MONTH FIRST 10 MINUTES

98980	REMOTE THERAPEUTIC MONITORING TREATMENT MANAGEMENT SERVICES PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME IN A CALENDAR MONTH REQUIRING AT LEAST 1 REAL-TIME INTERACTIVE COMMUNICATION WITH THE PATIENT OR CAREGIVER DURING THE CALENDAR MONTH FIRST 20 MINUTES
98981	REMOTE THERAPEUTIC MONITORING TREATMENT MANAGEMENT SERVICES PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME IN A CALENDAR MONTH REQUIRING AT LEAST 1 REAL-TIME INTERACTIVE COMMUNICATION WITH THE PATIENT OR CAREGIVER DURING THE CALENDAR MONTH EACH ADDITIONAL 20 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
98984	REMOTE THERAPEUTIC MONITORING (EG THERAPY ADHERENCE THERAPY RESPONSE DIGITAL THERAPEUTIC INTERVENTION) DEVICE(S) SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF RESPIRATORY SYSTEM 2-15 DAYS IN A 30-DAY PERIOD
98985	REMOTE THERAPEUTIC MONITORING (EG THERAPY ADHERENCE THERAPY RESPONSE DIGITAL THERAPEUTIC INTERVENTION) DEVICE(S) SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF MUSCULOSKELETAL SYSTEM 2-15 DAYS IN A 30-DAY PERIOD
98986	REMOTE THERAPEUTIC MONITORING (EG THERAPY ADHERENCE THERAPY RESPONSE DIGITAL THERAPEUTIC INTERVENTION) DEVICE(S) SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF COGNITIVE BEHAVIORAL THERAPY 2-15 DAYS IN A 30-DAY PERIOD
99000	HANDLING AND OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE OFFICE TO A LABORATORY
99001	HANDLING AND OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER THAN AN OFFICE TO A LABORATORY (DISTANCE MAY BE INDICATED)
99002	HANDLING CONVEYANCE AND OR ANY OTHER SERVICE IN CONNECTION WITH THE IMPLEMENTATION OF AN ORDER INVOLVING DEVICES (EG DESIGNING FITTING PACKAGING HANDLING DELIVERY OR MAILING) WHEN DEVICES SUCH AS ORTHOTICS PROTECTIVES PROSTHETICS ARE FABRICATED BY AN OUTSIDE LABORATORY OR SHOP BUT WHICH ITEMS HAVE BEEN DESIGNED AND ARE TO BE FITTED AND ADJUSTED BY THE ATTENDING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
99024	POSTOPERATIVE FOLLOW-UP VISIT NORMALLY INCLUDED IN THE SURGICAL PACKAGE TO INDICATE THAT AN EVALUATION AND MANAGEMENT SERVICE WAS PERFORMED DURING A POSTOPERATIVE PERIOD FOR A REASON(S) RELATED TO THE ORIGINAL PROCEDURE
99026	HOSPITAL MANDATED ON CALL SERVICE IN-HOSPITAL EACH HOUR
99027	HOSPITAL MANDATED ON CALL SERVICE OUT-OF-HOSPITAL EACH HOUR
99050	SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE HOURS OR DAYS WHEN THE OFFICE IS NORMALLY CLOSED (EG HOLIDAYS SATURDAY OR SUNDAY) IN ADDITION TO BASIC SERVICE

99051	SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING WEEKEND OR HOLIDAY OFFICE HOURS IN ADDITION TO BASIC SERVICE
99053	SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACILITY IN ADDITION TO BASIC SERVICE
99056	SERVICE(S) TYPICALLY PROVIDED IN THE OFFICE PROVIDED OUT OF THE OFFICE AT REQUEST OF PATIENT IN ADDITION TO BASIC SERVICE
99058	SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFICE WHICH DISRUPTS OTHER SCHEDULED OFFICE SERVICES IN ADDITION TO BASIC SERVICE
99060	SERVICE(S) PROVIDED ON AN EMERGENCY BASIS OUT OF THE OFFICE WHICH DISRUPTS OTHER SCHEDULED OFFICE SERVICES IN ADDITION TO BASIC SERVICE
99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES) PROVIDED BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL OVER AND ABOVE THOSE USUALLY INCLUDED WITH THE OFFICE VISIT OR OTHER SERVICES RENDERED (LIST DRUGS TRAYS SUPPLIES OR MATERIALS PROVIDED)
99071	EDUCATIONAL SUPPLIES SUCH AS BOOKS TAPES AND PAMPHLETS FOR THE PATIENT S EDUCATION AT COST TO PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
99075	MEDICAL TESTIMONY
99078	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL QUALIFIED BY EDUCATION TRAINING LICENSURE REGULATION (WHEN APPLICABLE) EDUCATIONAL SERVICES RENDERED TO PATIENTS IN A GROUP SETTING (EG PRENATAL OBESITY OR DIABETIC INSTRUCTIONS)
99080	SPECIAL REPORTS SUCH AS INSURANCE FORMS MORE THAN THE INFORMATION CONVEYED IN THE USUAL MEDICAL COMMUNICATIONS OR STANDARD REPORTING FORM
99082	UNUSUAL TRAVEL (EG TRANSPORTATION AND ESCORT OF PATIENT)
99091	COLLECTION AND INTERPRETATION OF PHYSIOLOGIC DATA (EG ECG BLOOD PRESSURE GLUCOSE MONITORING) DIGITALLY STORED AND OR TRANSMITTED BY THE PATIENT AND OR CAREGIVER TO THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL QUALIFIED BY EDUCATION TRAINING LICENSURE REGULATION (WHEN APPLICABLE) REQUIRING A MINIMUM OF 30 MINUTES OF TIME EACH 30 DAYS
99100	ANESTHESIA FOR PATIENT OF EXTREME AGE YOUNGER THAN 1 YEAR AND OLDER THAN 70 (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY ANESTHESIA PROCEDURE)
99116	ANESTHESIA COMPLICATED BY UTILIZATION OF TOTAL BODY HYPOTHERMIA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY ANESTHESIA PROCEDURE)
99135	ANESTHESIA COMPLICATED BY UTILIZATION OF CONTROLLED HYPOTENSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY ANESTHESIA PROCEDURE)

99140	ANESTHESIA COMPLICATED BY EMERGENCY CONDITIONS (SPECIFY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY ANESTHESIA PROCEDURE)
99151	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS REQUIRING THE PRESENCE OF AN INDEPENDENT TRAINED OBSERVER TO ASSIST IN THE MONITORING OF THE PATIENT S LEVEL OF CONSCIOUSNESS AND PHYSIOLOGICAL STATUS INITIAL 15 MINUTES OF INTRASERVICE TIME PATIENT YOUNGER THAN 5 YEARS OF AGE
99152	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS REQUIRING THE PRESENCE OF AN INDEPENDENT TRAINED OBSERVER TO ASSIST IN THE MONITORING OF THE PATIENT S LEVEL OF CONSCIOUSNESS AND PHYSIOLOGICAL STATUS INITIAL 15 MINUTES OF INTRASERVICE TIME PATIENT AGE 5 YEARS OR OLDER
99153	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS REQUIRING THE PRESENCE OF AN INDEPENDENT TRAINED OBSERVER TO ASSIST IN THE MONITORING OF THE PATIENT S LEVEL OF CONSCIOUSNESS AND PHYSIOLOGICAL STATUS EACH ADDITIONAL 15 MINUTES INTRASERVICE TIME (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)
99155	MODERATE SEDATION SERVICES PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL OTHER THAN THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS INITIAL 15 MINUTES OF INTRASERVICE TIME PATIENT YOUNGER THAN 5 YEARS OF AGE
99156	MODERATE SEDATION SERVICES PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL OTHER THAN THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS INITIAL 15 MINUTES OF INTRASERVICE TIME PATIENT AGE 5 YEARS OR OLDER
99157	MODERATE SEDATION SERVICES PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL OTHER THAN THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS EACH ADDITIONAL 15 MINUTES INTRASERVICE TIME (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)
99170	ANOGENITAL EXAMINATION MAGNIFIED IN CHILDHOOD FOR SUSPECTED TRAUMA INCLUDING IMAGE RECORDING WHEN PERFORMED

99172	VISUAL FUNCTION SCREENING AUTOMATED OR SEMI-AUTOMATED BILATERAL QUANTITATIVE DETERMINATION OF VISUAL ACUITY OCULAR ALIGNMENT COLOR VISION BY PSEUDOISOCHROMATIC PLATES AND FIELD OF VISION (MAY INCLUDE ALL OR SOME SCREENING OF THE DETERMINATION[S] FOR CONTRAST SENSITIVITY VISION UNDER GLARE)
99173	SCREENING TEST OF VISUAL ACUITY QUANTITATIVE BILATERAL
99174	INSTRUMENT-BASED OCULAR SCREENING (EG PHOTOSCREENING AUTOMATED-REFRACTION) BILATERAL WITH REMOTE ANALYSIS AND REPORT
99175	IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND CONTINUED OBSERVATION UNTIL STOMACH ADEQUATELY EMPTIED OF POISON
99177	INSTRUMENT-BASED OCULAR SCREENING (EG PHOTOSCREENING AUTOMATED-REFRACTION) BILATERAL WITH ON-SITE ANALYSIS
99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY PER SESSION
99184	INITIATION OF SELECTIVE HEAD OR TOTAL BODY HYPOTHERMIA IN THE CRITICALLY ILL NEONATE INCLUDES APPROPRIATE PATIENT SELECTION BY REVIEW OF CLINICAL IMAGING AND LABORATORY DATA CONFIRMATION OF ESOPHAGEAL TEMPERATURE PROBE LOCATION EVALUATION OF AMPLITUDE EEG SUPERVISION OF CONTROLLED HYPOTHERMIA AND ASSESSMENT OF PATIENT TOLERANCE OF COOLING
99185	HYPOTHERMIA REGIONAL
99186	HYPOTHERMIA TOTAL BODY
99188	APPLICATION OF TOPICAL FLUORIDE VARNISH BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
99190	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (W WO ECG AND OR PRESSURE MONITORING) EACH HOUR
99191	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (W WO ECG AND OR PRESSURE MONITORING) 45 MINUTES
99192	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (W WO ECG AND OR PRESSURE MONITORING) 30 MINUTES
99195	PHLEBOTOMY THERAPEUTIC (SEPARATE PROCEDURE)
99199	UNLISTED SPECIAL SERVICE PROCEDURE OR REPORT
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 15 MINUTES MUST BE MET OR EXCEEDED.

99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 30 MINUTES MUST BE MET OR EXCEEDED.
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 45 MINUTES MUST BE MET OR EXCEEDED.
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 60 MINUTES MUST BE MET OR EXCEEDED.
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL. USUALLY THE PRESENTING PROBLEM(S) ARE MINIMAL.
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 10 MINUTES MUST BE MET OR EXCEEDED.
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 20 MINUTES MUST BE MET OR EXCEEDED.
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 30 MINUTES MUST BE MET OR EXCEEDED.
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 40 MINUTES MUST BE MET OR EXCEEDED.

99221	INITIAL HOSPITAL INPATIENT OR OBSERVATION CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND STRAIGHTFORWARD OR LOW LEVEL MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 40 MINUTES MUST BE MET OR EXCEEDED.
99222	INITIAL HOSPITAL INPATIENT OR OBSERVATION CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 55 MINUTES MUST BE MET OR EXCEEDED.
99223	INITIAL HOSPITAL INPATIENT OR OBSERVATION CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 75 MINUTES MUST BE MET OR EXCEEDED.
99231	SUBSEQUENT HOSPITAL INPATIENT OR OBSERVATION CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND STRAIGHTFORWARD OR LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 25 MINUTES MUST BE MET OR EXCEEDED.
99232	SUBSEQUENT HOSPITAL INPATIENT OR OBSERVATION CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 35 MINUTES MUST BE MET OR EXCEEDED.
99233	SUBSEQUENT HOSPITAL INPATIENT OR OBSERVATION CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 50 MINUTES MUST BE MET OR EXCEEDED.
99234	HOSPITAL INPATIENT OR OBSERVATION CARE FOR THE EVALUATION AND MANAGEMENT OF A PATIENT INCLUDING ADMISSION AND DISCHARGE ON THE SAME DATE WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND STRAIGHTFORWARD OR LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 45 MINUTES MUST BE MET OR EXCEEDED.

99235	HOSPITAL INPATIENT OR OBSERVATION CARE FOR THE EVALUATION AND MANAGEMENT OF A PATIENT INCLUDING ADMISSION AND DISCHARGE ON THE SAME DATE WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 70 MINUTES MUST BE MET OR EXCEEDED.
99236	HOSPITAL INPATIENT OR OBSERVATION CARE FOR THE EVALUATION AND MANAGEMENT OF A PATIENT INCLUDING ADMISSION AND DISCHARGE ON THE SAME DATE WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 85 MINUTES MUST BE MET OR EXCEEDED.
99238	HOSPITAL INPATIENT OR OBSERVATION DISCHARGE DAY MANAGEMENT 30 MINUTES OR LESS ON THE DATE OF THE ENCOUNTER
99239	HOSPITAL INPATIENT OR OBSERVATION DISCHARGE DAY MANAGEMENT MORE THAN 30 MINUTES ON THE DATE OF THE ENCOUNTER
99242	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 20 MINUTES MUST BE MET OR EXCEEDED.
99243	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 30 MINUTES MUST BE MET OR EXCEEDED.
99244	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 40 MINUTES MUST BE MET OR EXCEEDED.
99245	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 55 MINUTES MUST BE MET OR EXCEEDED.

99251	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED 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 SELF LIMITED OR MINOR. TYPICALLY 20 MINUTES ARE SPENT AT THE BEDSIDE AND ON THE PATIENT S HOSPITAL FLOOR OR UNIT.
99252	INPATIENT OR OBSERVATION CONSULTATION FOR A NEW OR ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 35 MINUTES MUST BE MET OR EXCEEDED.
99253	INPATIENT OR OBSERVATION CONSULTATION FOR A NEW OR ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 45 MINUTES MUST BE MET OR EXCEEDED.
99254	INPATIENT OR OBSERVATION CONSULTATION FOR A NEW OR ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 60 MINUTES MUST BE MET OR EXCEEDED.
99255	INPATIENT OR OBSERVATION CONSULTATION FOR A NEW OR ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 80 MINUTES MUST BE MET OR EXCEEDED.
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING

99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING
99288	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL DIRECTION OF EMERGENCY MEDICAL SYSTEMS (EMS) EMERGENCY CARE ADVANCED LIFE SUPPORT
99291	CRITICAL CARE EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT FIRST 30-74 MINUTES
99292	CRITICAL CARE EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)
99304	INITIAL NURSING FACILITY CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND STRAIGHTFORWARD OR LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 25 MINUTES MUST BE MET OR EXCEEDED.
99305	INITIAL NURSING FACILITY CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 35 MINUTES MUST BE MET OR EXCEEDED.
99306	INITIAL NURSING FACILITY CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 50 MINUTES MUST BE MET OR EXCEEDED.
99307	SUBSEQUENT NURSING FACILITY CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 10 MINUTES MUST BE MET OR EXCEEDED.
99308	SUBSEQUENT NURSING FACILITY CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 20 MINUTES MUST BE MET OR EXCEEDED.
99309	SUBSEQUENT NURSING FACILITY CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 30 MINUTES MUST BE MET OR EXCEEDED.

99310	SUBSEQUENT NURSING FACILITY CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 45 MINUTES MUST BE MET OR EXCEEDED.
99315	NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES OR LESS TOTAL TIME ON THE DATE OF THE ENCOUNTER
99316	NURSING FACILITY DISCHARGE MANAGEMENT MORE THAN 30 MINUTES TOTAL TIME ON THE DATE OF THE ENCOUNTER
99341	HOME OR RESIDENCE VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 15 MINUTES MUST BE MET OR EXCEEDED.
99342	HOME OR RESIDENCE VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 30 MINUTES MUST BE MET OR EXCEEDED.
99344	HOME OR RESIDENCE VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 60 MINUTES MUST BE MET OR EXCEEDED.
99345	HOME OR RESIDENCE VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 75 MINUTES MUST BE MET OR EXCEEDED.
99347	HOME OR RESIDENCE VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND STRAIGHTFORWARD MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 20 MINUTES MUST BE MET OR EXCEEDED.
99348	HOME OR RESIDENCE VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 30 MINUTES MUST BE MET OR EXCEEDED.

99349	HOME OR RESIDENCE VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND MODERATE LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 40 MINUTES MUST BE MET OR EXCEEDED.
99350	HOME OR RESIDENCE VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND OR EXAMINATION AND HIGH LEVEL OF MEDICAL DECISION MAKING. WHEN USING TOTAL TIME ON THE DATE OF THE ENCOUNTER FOR CODE SELECTION 60 MINUTES MUST BE MET OR EXCEEDED.
99358	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND OR AFTER DIRECT PATIENT CARE FIRST HOUR
99359	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND OR AFTER DIRECT PATIENT CARE EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PROLONGED SERVICE)
99360	STANDBY SERVICE REQUIRING PROLONGED ATTENDANCE EACH 30 MINUTES (EG OPERATIVE STANDBY STANDBY FOR FROZEN SECTION FOR CESAREAN HIGH RISK DELIVERY FOR MONITORING EEG)
99366	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS FACE-TO-FACE WITH PATIENT AND OR FAMILY 30 MINUTES OR MORE PARTICIPATION BY NONPHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL
99367	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS PATIENT AND OR FAMILY NOT PRESENT 30 MINUTES OR MORE PARTICIPATION BY PHYSICIAN
99368	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS PATIENT AND OR FAMILY NOT PRESENT 30 MINUTES OR MORE PARTICIPATION BY NONPHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL
99374	SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIENT NOT PRESENT) IN HOME DOMICILIARY OR EQUIVALENT ENVIRONMENT (EG ALZHEIMER S FACILITY) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR DEVELOPMENT AND OR REVISION OF CARE PLANS BY THAT INDIVIDUAL REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS REVIEW OF RELATED LABORATORY AND OTHER STUDIES COMMUNICATION (INCLUDING TELEPHONE CALLS) FOR PURPOSES OF ASSESSMENT OR CARE DECISIONS WITH HEALTH CARE PROFESSIONAL(S) FAMILY MEMBER(S) SURROGATE DECISION MAKER(S) (EG LEGAL GUARDIAN) AND OR KEY CAREGIVER(S) INVOLVED IN PATIENT S CARE INTEGRATION OF NEW INFORMATION INTO THE MEDICAL TREATMENT PLAN AND OR ADJUSTMENT OF MEDICAL THERAPY WITHIN A CALENDAR MONTH 15-29 MINUTES

99375	SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIENT NOT PRESENT) IN HOME DOMICILIARY OR EQUIVALENT ENVIRONMENT (EG ALZHEIMER S FACILITY) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR DEVELOPMENT AND OR REVISION OF CARE PLANS BY THAT INDIVIDUAL REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS REVIEW OF RELATED LABORATORY AND OTHER STUDIES COMMUNICATION (INCLUDING TELEPHONE CALLS) FOR PURPOSES OF ASSESSMENT OR CARE DECISIONS WITH HEALTH CARE PROFESSIONAL(S) FAMILY MEMBER(S) SURROGATE DECISION MAKER(S) (EG LEGAL GUARDIAN) AND OR KEY CAREGIVER(S) INVOLVED IN 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
99377	SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR DEVELOPMENT AND OR REVISION OF CARE PLANS BY THAT INDIVIDUAL REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS REVIEW OF RELATED LABORATORY AND OTHER STUDIES COMMUNICATION (INCLUDING TELEPHONE CALLS) FOR PURPOSES OF ASSESSMENT OR CARE DECISIONS WITH HEALTH CARE PROFESSIONAL(S) FAMILY MEMBER(S) SURROGATE DECISION MAKER(S) (EG LEGAL GUARDIAN) AND OR KEY CAREGIVER(S) INVOLVED IN PATIENT S CARE INTEGRATION OF NEW INFORMATION INTO THE MEDICAL TREATMENT PLAN AND OR ADJUSTMENT OF MEDICAL THERAPY WITHIN A CALENDAR MONTH 15-29 MINUTES
99378	SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR DEVELOPMENT AND OR REVISION OF CARE PLANS BY THAT INDIVIDUAL REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS REVIEW OF RELATED LABORATORY AND OTHER STUDIES COMMUNICATION (INCLUDING TELEPHONE CALLS) FOR PURPOSES OF ASSESSMENT OR CARE DECISIONS WITH HEALTH CARE PROFESSIONAL(S) FAMILY MEMBER(S) SURROGATE DECISION MAKER(S) (EG LEGAL GUARDIAN) AND OR KEY CAREGIVER(S) INVOLVED IN 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
99379	SUPERVISION OF A NURSING FACILITY PATIENT (PATIENT NOT PRESENT) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR DEVELOPMENT AND OR REVISION OF CARE PLANS BY THAT INDIVIDUAL REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS REVIEW OF RELATED LABORATORY AND OTHER STUDIES COMMUNICATION (INCLUDING TELEPHONE CALLS) FOR PURPOSES OF ASSESSMENT OR CARE DECISIONS WITH HEALTH CARE PROFESSIONAL(S) FAMILY MEMBER(S) SURROGATE DECISION MAKER(S) (EG LEGAL GUARDIAN) AND OR KEY CAREGIVER(S) INVOLVED IN PATIENT S CARE INTEGRATION OF NEW INFORMATION INTO THE MEDICAL TREATMENT PLAN AND OR ADJUSTMENT OF MEDICAL THERAPY WITHIN A CALENDAR MONTH 15-29 MINUTES

99380	SUPERVISION OF A NURSING FACILITY PATIENT (PATIENT NOT PRESENT) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR DEVELOPMENT AND OR REVISION OF CARE PLANS BY THAT INDIVIDUAL REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS REVIEW OF RELATED LABORATORY AND OTHER STUDIES COMMUNICATION (INCLUDING TELEPHONE CALLS) FOR PURPOSES OF ASSESSMENT OR CARE DECISIONS WITH HEALTH CARE PROFESSIONAL(S) FAMILY MEMBER(S) SURROGATE DECISION MAKER(S) (EG LEGAL GUARDIAN) AND OR KEY CAREGIVER(S) INVOLVED IN 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
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY EXAMINATION COUNSELING ANTICIPATORY GUIDANCE RISK FACTOR REDUCTION INTERVENTIONS AND THE ORDERING OF LABORATORY DIAGNOSTIC PROCEDURES NEW PATIENT INFANT (AGE YOUNGER THAN 1 YEAR)
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY EXAMINATION COUNSELING ANTICIPATORY GUIDANCE RISK FACTOR REDUCTION INTERVENTIONS AND THE ORDERING OF LABORATORY DIAGNOSTIC PROCEDURES NEW PATIENT EARLY CHILDHOOD (AGE 1 THROUGH 4 YEARS)
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY EXAMINATION COUNSELING ANTICIPATORY GUIDANCE RISK FACTOR REDUCTION INTERVENTIONS AND THE ORDERING OF LABORATORY DIAGNOSTIC PROCEDURES NEW PATIENT LATE CHILDHOOD (AGE 5 THROUGH 11 YEARS)
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY EXAMINATION COUNSELING ANTICIPATORY GUIDANCE RISK FACTOR REDUCTION INTERVENTIONS AND THE ORDERING OF LABORATORY DIAGNOSTIC PROCEDURES NEW PATIENT ADOLESCENT (AGE 12 THROUGH 17 YEARS)
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY EXAMINATION COUNSELING ANTICIPATORY GUIDANCE RISK FACTOR REDUCTION INTERVENTIONS AND THE ORDERING OF LABORATORY DIAGNOSTIC PROCEDURES NEW PATIENT 18-39 YEARS
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY EXAMINATION COUNSELING ANTICIPATORY GUIDANCE RISK FACTOR REDUCTION INTERVENTIONS AND THE ORDERING OF LABORATORY DIAGNOSTIC PROCEDURES NEW PATIENT 40-64 YEARS

99387	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY EXAMINATION COUNSELING ANTICIPATORY GUIDANCE RISK FACTOR REDUCTION INTERVENTIONS AND THE ORDERING OF LABORATORY DIAGNOSTIC PROCEDURES NEW PATIENT 65 YEARS AND OLDER
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY EXAMINATION COUNSELING ANTICIPATORY GUIDANCE RISK FACTOR REDUCTION INTERVENTIONS AND THE ORDERING OF LABORATORY DIAGNOSTIC PROCEDURES ESTABLISHED PATIENT INFANT (AGE YOUNGER THAN 1 YEAR)
99392	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY EXAMINATION COUNSELING ANTICIPATORY GUIDANCE RISK FACTOR REDUCTION INTERVENTIONS AND THE ORDERING OF LABORATORY DIAGNOSTIC PROCEDURES ESTABLISHED PATIENT EARLY CHILDHOOD (AGE 1 THROUGH 4 YEARS)
99393	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY EXAMINATION COUNSELING ANTICIPATORY GUIDANCE RISK FACTOR REDUCTION INTERVENTIONS AND THE ORDERING OF LABORATORY DIAGNOSTIC PROCEDURES ESTABLISHED PATIENT LATE CHILDHOOD (AGE 5 THROUGH 11 YEARS)
99394	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY EXAMINATION COUNSELING ANTICIPATORY GUIDANCE RISK FACTOR REDUCTION INTERVENTIONS AND THE ORDERING OF LABORATORY DIAGNOSTIC PROCEDURES ESTABLISHED PATIENT ADOLESCENT (AGE 12 THROUGH 17 YEARS)
99395	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY EXAMINATION COUNSELING ANTICIPATORY GUIDANCE RISK FACTOR REDUCTION INTERVENTIONS AND THE ORDERING OF LABORATORY DIAGNOSTIC PROCEDURES ESTABLISHED PATIENT 18-39 YEARS
99396	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY EXAMINATION COUNSELING ANTICIPATORY GUIDANCE RISK FACTOR REDUCTION INTERVENTIONS AND THE ORDERING OF LABORATORY DIAGNOSTIC PROCEDURES ESTABLISHED PATIENT 40-64 YEARS
99397	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY EXAMINATION COUNSELING ANTICIPATORY GUIDANCE RISK FACTOR REDUCTION INTERVENTIONS AND THE ORDERING OF LABORATORY DIAGNOSTIC PROCEDURES ESTABLISHED PATIENT 65 YEARS AND OLDER
99401	PREVENTIVE MEDICINE COUNSELING AND OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL (SEPARATE PROCEDURE) APPROXIMATELY 15 MINUTES

99402	PREVENTIVE MEDICINE COUNSELING AND OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL (SEPARATE PROCEDURE) APPROXIMATELY 30 MINUTES
99403	PREVENTIVE MEDICINE COUNSELING AND OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL (SEPARATE PROCEDURE) APPROXIMATELY 45 MINUTES
99404	PREVENTIVE MEDICINE COUNSELING AND OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL (SEPARATE PROCEDURE) APPROXIMATELY 60 MINUTES
99406	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT INTERMEDIATE GREATER THAN 3 MINUTES UP TO 10 MINUTES
99407	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT INTENSIVE GREATER THAN 10 MINUTES
99408	ALCOHOL AND OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG AUDIT DAST) AND BRIEF INTERVENTION (SBI) SERVICES 15 TO 30 MINUTES
99409	ALCOHOL AND OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG AUDIT DAST) AND BRIEF INTERVENTION (SBI) SERVICES GREATER THAN 30 MINUTES
99411	PREVENTIVE MEDICINE COUNSELING AND OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO INDIVIDUALS IN A GROUP SETTING (SEPARATE PROCEDURE) APPROXIMATELY 30 MINUTES
99412	PREVENTIVE MEDICINE COUNSELING AND OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO INDIVIDUALS IN A GROUP SETTING (SEPARATE PROCEDURE) APPROXIMATELY 60 MINUTES
99415	PROLONGED CLINICAL STAFF SERVICE (THE SERVICE BEYOND THE HIGHEST TIME IN THE RANGE OF TOTAL TIME OF THE SERVICE) DURING AN EVALUATION AND MANAGEMENT SERVICE IN THE OFFICE OR OUTPATIENT SETTING DIRECT PATIENT CONTACT WITH PHYSICIAN SUPERVISION FIRST HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR OUTPATIENT EVALUATION AND MANAGEMENT SERVICE)
99416	PROLONGED CLINICAL STAFF SERVICE (THE SERVICE BEYOND THE HIGHEST TIME IN THE RANGE OF TOTAL TIME OF THE SERVICE) DURING AN EVALUATION AND MANAGEMENT SERVICE IN THE OFFICE OR OUTPATIENT SETTING DIRECT PATIENT CONTACT WITH PHYSICIAN SUPERVISION EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PROLONGED SERVICE)
99417	PROLONGED OUTPATIENT EVALUATION AND MANAGEMENT SERVICE(S) TIME W WO DIRECT PATIENT CONTACT BEYOND THE REQUIRED TIME OF THE PRIMARY SERVICE WHEN THE PRIMARY SERVICE LEVEL HAS BEEN SELECTED USING TOTAL TIME EACH 15 MINUTES OF TOTAL TIME (LIST SEPARATELY IN ADDITION TO THE CODE OF THE OUTPATIENT EVALUATION AND MANAGEMENT SERVICE)
99418	PROLONGED INPATIENT OR OBSERVATION EVALUATION AND MANAGEMENT SERVICE(S) TIME W WO DIRECT PATIENT CONTACT BEYOND THE REQUIRED TIME OF THE PRIMARY SERVICE WHEN THE PRIMARY SERVICE LEVEL HAS BEEN SELECTED USING TOTAL TIME EACH 15 MINUTES OF TOTAL TIME (LIST SEPARATELY IN ADDITION TO THE CODE OF THE INPATIENT AND OBSERVATION EVALUATION AND MANAGEMENT SERVICE)

99421	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS CUMULATIVE TIME DURING THE 7 DAYS 5-10 MINUTES
99422	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS CUMULATIVE TIME DURING THE 7 DAYS 11-20 MINUTES
99423	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS CUMULATIVE TIME DURING THE 7 DAYS 21 OR MORE MINUTES
99424	PRINCIPAL CARE MANAGEMENT SERVICES FOR A SINGLE HIGH-RISK DISEASE WITH THE FOLLOWING REQUIRED ELEMENTS: ONE COMPLEX CHRONIC CONDITION EXPECTED TO LAST AT LEAST 3 MONTHS AND THAT PLACES THE PATIENT AT SIGNIFICANT RISK OF HOSPITALIZATION ACUTE EXACERBATION DECOMPENSATION FUNCTIONAL DECLINE OR DEATH THE CONDITION REQUIRES DEVELOPMENT MONITORING OR REVISION OF DISEASE-SPECIFIC CARE PLAN THE CONDITION REQUIRES FREQUENT ADJUSTMENTS IN THE MEDICATION REGIMEN AND OR THE MANAGEMENT OF THE CONDITION IS UNUSUALLY COMPLEX DUE TO COMORBIDITIES ONGOING COMMUNICATION AND CARE COORDINATION BETWEEN RELEVANT PRACTITIONERS FURNISHING CARE FIRST 30 MINUTES PROVIDED PERSONALLY BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER CALENDAR MONTH.
99425	PRINCIPAL CARE MANAGEMENT SERVICES FOR A SINGLE HIGH-RISK DISEASE WITH THE FOLLOWING REQUIRED ELEMENTS: ONE COMPLEX CHRONIC CONDITION EXPECTED TO LAST AT LEAST 3 MONTHS AND THAT PLACES THE PATIENT AT SIGNIFICANT RISK OF HOSPITALIZATION ACUTE EXACERBATION DECOMPENSATION FUNCTIONAL DECLINE OR DEATH THE CONDITION REQUIRES DEVELOPMENT MONITORING OR REVISION OF DISEASE-SPECIFIC CARE PLAN THE CONDITION REQUIRES FREQUENT ADJUSTMENTS IN THE MEDICATION REGIMEN AND OR THE MANAGEMENT OF THE CONDITION IS UNUSUALLY COMPLEX DUE TO COMORBIDITIES ONGOING COMMUNICATION AND CARE COORDINATION BETWEEN RELEVANT PRACTITIONERS FURNISHING CARE EACH ADDITIONAL 30 MINUTES PROVIDED PERSONALLY BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER CALENDAR MONTH (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
99426	PRINCIPAL CARE MANAGEMENT SERVICES FOR A SINGLE HIGH-RISK DISEASE WITH THE FOLLOWING REQUIRED ELEMENTS: ONE COMPLEX CHRONIC CONDITION EXPECTED TO LAST AT LEAST 3 MONTHS AND THAT PLACES THE PATIENT AT SIGNIFICANT RISK OF HOSPITALIZATION ACUTE EXACERBATION DECOMPENSATION FUNCTIONAL DECLINE OR DEATH THE CONDITION REQUIRES DEVELOPMENT MONITORING OR REVISION OF DISEASE-SPECIFIC CARE PLAN THE CONDITION REQUIRES FREQUENT ADJUSTMENTS IN THE MEDICATION REGIMEN AND OR THE MANAGEMENT OF THE CONDITION IS UNUSUALLY COMPLEX DUE TO COMORBIDITIES ONGOING COMMUNICATION AND CARE COORDINATION BETWEEN RELEVANT PRACTITIONERS FURNISHING CARE FIRST 30 MINUTES OF CLINICAL STAFF TIME DIRECTED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER CALENDAR MONTH.

99427	PRINCIPAL CARE MANAGEMENT SERVICES FOR A SINGLE HIGH-RISK DISEASE WITH THE FOLLOWING REQUIRED ELEMENTS: ONE COMPLEX CHRONIC CONDITION EXPECTED TO LAST AT LEAST 3 MONTHS AND THAT PLACES THE PATIENT AT SIGNIFICANT RISK OF HOSPITALIZATION ACUTE EXACERBATION DECOMPENSATION FUNCTIONAL DECLINE OR DEATH THE CONDITION REQUIRES DEVELOPMENT MONITORING OR REVISION OF DISEASE-SPECIFIC CARE PLAN THE CONDITION REQUIRES FREQUENT ADJUSTMENTS IN THE MEDICATION REGIMEN AND OR THE MANAGEMENT OF THE CONDITION IS UNUSUALLY COMPLEX DUE TO COMORBIDITIES ONGOING COMMUNICATION AND CARE COORDINATION BETWEEN RELEVANT PRACTITIONERS FURNISHING CARE EACH ADDITIONAL 30 MINUTES OF CLINICAL STAFF TIME DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER CALENDAR MONTH (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
99429	UNLISTED PREVENTIVE MEDICINE SERVICE
99437	CHRONIC CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED ELEMENTS: MULTIPLE (TWO OR MORE) CHRONIC CONDITIONS EXPECTED TO LAST AT LEAST 12 MONTHS OR UNTIL THE DEATH OF THE PATIENT CHRONIC CONDITIONS THAT PLACE THE PATIENT AT SIGNIFICANT RISK OF DEATH ACUTE EXACERBATION DECOMPENSATION OR FUNCTIONAL DECLINE COMPREHENSIVE CARE PLAN ESTABLISHED IMPLEMENTED REVISED OR MONITORED EACH ADDITIONAL 30 MINUTES BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER CALENDAR MONTH (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
99439	CHRONIC CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED ELEMENTS: MULTIPLE (TWO OR MORE) CHRONIC CONDITIONS EXPECTED TO LAST AT LEAST 12 MONTHS OR UNTIL THE DEATH OF THE PATIENT CHRONIC CONDITIONS PLACE THE PATIENT AT SIGNIFICANT RISK OF DEATH ACUTE EXACERBATION DECOMPENSATION OR FUNCTIONAL DECLINE COMPREHENSIVE CARE PLAN ESTABLISHED IMPLEMENTED REVISED OR MONITORED EACH ADDITIONAL 20 MINUTES OF CLINICAL STAFF TIME DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER CALENDAR MONTH (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO MAY REPORT EVALUATION AND MANAGEMENT SERVICES PROVIDED TO AN ESTABLISHED PATIENT PARENT OR GUARDIAN NOT ORIGINATING FROM A RELATED E M SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN E M SERVICE OR PROCEDURE WITHIN THE NEXT 24 HOURS OR SOONEST AVAILABLE APPOINTMENT 5-10 MINUTES OF MEDICAL DISCUSSION

99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO MAY REPORT EVALUATION AND MANAGEMENT SERVICES PROVIDED TO AN ESTABLISHED PATIENT PARENT OR GUARDIAN NOT ORIGINATING FROM A RELATED E M SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN E M SERVICE OR PROCEDURE WITHIN THE NEXT 24 HOURS OR SOONEST AVAILABLE APPOINTMENT 11-20 MINUTES OF MEDICAL DISCUSSION
99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO MAY REPORT EVALUATION AND MANAGEMENT SERVICES PROVIDED TO AN ESTABLISHED PATIENT PARENT OR GUARDIAN NOT ORIGINATING FROM A RELATED E M SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN E M SERVICE OR PROCEDURE WITHIN THE NEXT 24 HOURS OR SOONEST AVAILABLE APPOINTMENT 21-30 MINUTES OF MEDICAL DISCUSSION
99445	REMOTE MONITORING OF PHYSIOLOGIC PARAMETER(S) (EG WEIGHT BLOOD PRESSURE PULSE OXIMETRY RESPIRATORY FLOW RATE) DEVICE(S) SUPPLY WITH DAILY RECORDING(S) OR PROGRAMMED ALERT(S) TRANSMISSION 2-15 DAYS IN A 30-DAY PERIOD
99446	INTERPROFESSIONAL TELEPHONE INTERNET ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDING A VERBAL AND WRITTEN REPORT TO THE PATIENTS TREATING REQUESTING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL 5-10 MINUTES OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW
99447	INTERPROFESSIONAL TELEPHONE INTERNET ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDING A VERBAL AND WRITTEN REPORT TO THE PATIENTS TREATING REQUESTING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL 11-20 MINUTES OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW
99448	INTERPROFESSIONAL TELEPHONE INTERNET ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDING A VERBAL AND WRITTEN REPORT TO THE PATIENTS TREATING REQUESTING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL 21-30 MINUTES OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW
99449	INTERPROFESSIONAL TELEPHONE INTERNET ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDING A VERBAL AND WRITTEN REPORT TO THE PATIENTS TREATING REQUESTING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL 31 MINUTES OR MORE OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW

99450	BASIC LIFE AND OR DISABILITY EXAMINATION THAT INCLUDES: MEASUREMENT OF HEIGHT WEIGHT AND BLOOD PRESSURE COMPLETION OF A MEDICAL HISTORY FOLLOWING A LIFE INSURANCE PRO FORMA COLLECTION OF BLOOD SAMPLE AND OR URINALYSIS COMPLYING WITH CHAIN OF CUSTODY PROTOCOLS AND COMPLETION OF NECESSARY DOCUMENTATION CERTIFICATES.
99451	INTERPROFESSIONAL TELEPHONE INTERNET ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INCLUDING A WRITTEN REPORT TO THE PATIENTS TREATING REQUESTING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL 5 MINUTES OR MORE OF MEDICAL CONSULTATIVE TIME
99452	INTERPROFESSIONAL TELEPHONE INTERNET ELECTRONIC HEALTH RECORD REFERRAL SERVICE(S) PROVIDED BY A TREATING REQUESTING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL 30 MINUTES
99453	REMOTE MONITORING OF PHYSIOLOGIC PARAMETER(S) (EG WEIGHT BLOOD PRESSURE PULSE OXIMETRY RESPIRATORY FLOW RATE) INITIAL SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT
99454	REMOTE MONITORING OF PHYSIOLOGIC PARAMETER(S) (EG WEIGHT BLOOD PRESSURE PULSE OXIMETRY RESPIRATORY FLOW RATE) DEVICE(S) SUPPLY WITH DAILY RECORDING(S) OR PROGRAMMED ALERT(S) TRANSMISSION 16-30 DAYS IN A 30-DAY PERIOD
99455	WORK RELATED OR MEDICAL DISABILITY EXAMINATION BY THE TREATING PHYSICIAN THAT INCLUDES: COMPLETION OF A MEDICAL HISTORY COMMENSURATE WITH THE PATIENT S CONDITION PERFORMANCE OF AN EXAMINATION COMMENSURATE WITH THE PATIENT S CONDITION FORMULATION OF A DIAGNOSIS ASSESSMENT OF CAPABILITIES AND STABILITY AND CALCULATION OF IMPAIRMENT DEVELOPMENT OF FUTURE MEDICAL TREATMENT PLAN AND COMPLETION OF NECESSARY DOCUMENTATION CERTIFICATES AND REPORT.
99456	WORK RELATED OR MEDICAL DISABILITY EXAMINATION BY OTHER THAN THE TREATING PHYSICIAN THAT INCLUDES: COMPLETION OF A MEDICAL HISTORY COMMENSURATE WITH THE PATIENT S CONDITION PERFORMANCE OF AN EXAMINATION COMMENSURATE WITH THE PATIENT S CONDITION FORMULATION OF A DIAGNOSIS ASSESSMENT OF CAPABILITIES AND STABILITY AND CALCULATION OF IMPAIRMENT DEVELOPMENT OF FUTURE MEDICAL TREATMENT PLAN AND COMPLETION OF NECESSARY DOCUMENTATION CERTIFICATES AND REPORT.
99457	REMOTE PHYSIOLOGIC MONITORING TREATMENT MANAGEMENT SERVICES CLINICAL STAFF PHYSICIAN OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME IN A CALENDAR MONTH REQUIRING 1 REAL-TIME INTERACTIVE COMMUNICATION WITH THE PATIENT CAREGIVER DURING THE CALENDAR MONTH FIRST 20 MINUTES

99458	REMOTE PHYSIOLOGIC MONITORING TREATMENT MANAGEMENT SERVICES CLINICAL STAFF PHYSICIAN OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME IN A CALENDAR MONTH REQUIRING 1 REAL-TIME INTERACTIVE COMMUNICATION WITH THE PATIENT CAREGIVER DURING THE CALENDAR MONTH EACH ADDITIONAL 20 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
99459	PELVIC EXAMINATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE PER DAY FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT
99461	INITIAL CARE PER DAY FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT SEEN IN OTHER THAN HOSPITAL OR BIRTHING CENTER
99462	SUBSEQUENT HOSPITAL CARE PER DAY FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN
99463	INITIAL HOSPITAL OR BIRTHING CENTER CARE PER DAY FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT ADMITTED AND DISCHARGED ON THE SAME DATE
99464	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL) AND INITIAL STABILIZATION OF NEWBORN
99465	DELIVERY BIRTHING ROOM RESUSCITATION PROVISION OF POSITIVE PRESSURE VENTILATION AND OR CHEST COMPRESSIONS IN THE PRESENCE OF ACUTE INADEQUATE VENTILATION AND OR CARDIAC OUTPUT
99466	CRITICAL CARE FACE-TO-FACE SERVICES DURING AN INTERFACILITY TRANSPORT OF CRITICALLY ILL OR CRITICALLY INJURED PEDIATRIC PATIENT 24 MONTHS OF AGE OR YOUNGER FIRST 30-74 MINUTES OF HANDS-ON CARE DURING TRANSPORT
99467	CRITICAL CARE FACE-TO-FACE SERVICES DURING AN INTERFACILITY TRANSPORT OF CRITICALLY ILL OR CRITICALLY INJURED PEDIATRIC PATIENT 24 MONTHS OF AGE OR YOUNGER EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)
99468	INITIAL INPATIENT NEONATAL CRITICAL CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL NEONATE 28 DAYS OF AGE OR YOUNGER
99469	SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL NEONATE 28 DAYS OF AGE OR YOUNGER
99470	REMOTE PHYSIOLOGIC MONITORING TREATMENT MANAGEMENT SERVICES CLINICAL STAFF PHYSICIAN OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME IN A CALENDAR MONTH REQUIRING 1 REAL-TIME INTERACTIVE COMMUNICATION WITH THE PATIENT CAREGIVER DURING THE CALENDAR MONTH FIRST 10 MINUTES
99471	INITIAL INPATIENT PEDIATRIC CRITICAL CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL INFANT OR YOUNG CHILD 29 DAYS THROUGH 24 MONTHS OF AGE
99472	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL INFANT OR YOUNG CHILD 29 DAYS THROUGH 24 MONTHS OF AGE

99473	SELF-MEASURED BLOOD PRESSURE USING A DEVICE VALIDATED FOR CLINICAL ACCURACY PATIENT EDUCATION TRAINING AND DEVICE CALIBRATION
99474	SELF-MEASURED BLOOD PRESSURE USING A DEVICE VALIDATED FOR CLINICAL ACCURACY SEPARATE SELF-MEASUREMENTS OF TWO READINGS ONE MINUTE APART TWICE DAILY OVER A 30-DAY PERIOD (MINIMUM OF 12 READINGS) COLLECTION OF DATA REPORTED BY THE PATIENT AND OR CAREGIVER TO THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WITH REPORT OF AVERAGE SYSTOLIC AND DIASTOLIC PRESSURES AND SUBSEQUENT COMMUNICATION OF A TREATMENT PLAN TO THE PATIENT
99475	INITIAL INPATIENT PEDIATRIC CRITICAL CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL INFANT OR YOUNG CHILD 2 THROUGH 5 YEARS OF AGE
99476	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL INFANT OR YOUNG CHILD 2 THROUGH 5 YEARS OF AGE
99477	INITIAL HOSPITAL CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF THE NEONATE 28 DAYS OF AGE OR YOUNGER WHO REQUIRES INTENSIVE OBSERVATION FREQUENT INTERVENTIONS AND OTHER INTENSIVE CARE SERVICES
99478	SUBSEQUENT INTENSIVE CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING VERY LOW BIRTH WEIGHT INFANT (PRESENT BODY WEIGHT LESS THAN 1500 GRAMS)
99479	SUBSEQUENT INTENSIVE CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING LOW BIRTH WEIGHT INFANT (PRESENT BODY WEIGHT OF 1500-2500 GRAMS)
99480	SUBSEQUENT INTENSIVE CARE PER DAY FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING INFANT (PRESENT BODY WEIGHT OF 2501-5000 GRAMS)

99483	ASSESSMENT OF AND CARE PLANNING FOR A PATIENT WITH COGNITIVE IMPAIRMENT REQUIRING AN INDEPENDENT HISTORIAN IN THE OFFICE OR OTHER OUTPATIENT HOME OR DOMICILIARY OR REST HOME WITH ALL OF THE FOLLOWING REQUIRED ELEMENTS: COGNITION-FOCUSED EVALUATION INCLUDING A PERTINENT HISTORY AND EXAMINATION MEDICAL DECISION MAKING OF MODERATE OR HIGH COMPLEXITY FUNCTIONAL ASSESSMENT (EG BASIC AND INSTRUMENTAL ACTIVITIES OF DAILY LIVING) INCLUDING DECISION-MAKING CAPACITY USE OF STANDARDIZED INSTRUMENTS FOR STAGING OF DEMENTIA (EG FUNCTIONAL ASSESSMENT STAGING TEST [FAST] CLINICAL DEMENTIA RATING [CDR]) MEDICATION RECONCILIATION AND REVIEW FOR HIGH-RISK MEDICATIONS EVALUATION FOR NEUROPSYCHIATRIC AND BEHAVIORAL SYMPTOMS INCLUDING DEPRESSION INCLUDING USE OF STANDARDIZED SCREENING INSTRUMENT(S) EVALUATION OF SAFETY (EG HOME) INCLUDING MOTOR VEHICLE OPERATION IDENTIFICATION OF CAREGIVER(S) CAREGIVER KNOWLEDGE CAREGIVER NEEDS SOCIAL SUPPORTS AND THE WILLINGNESS OF CAREGIVER TO TAKE ON CAREGIVING TASKS DEVELOPMENT UPDATING OR REVISION OR REVIEW OF AN ADVANCE CARE PLAN CREATION OF A WRITTEN CARE PLAN INCLUDING INITIAL PLANS TO ADDRESS ANY NEUROPSYCHIATRIC SYMPTOMS NEURO-COGNITIVE SYMPTOMS FUNCTIONAL LIMITATIONS AND REFERRAL TO COMMUNITY RESOURCES AS NEEDED (EG REHABILITATION SERVICES ADULT DAY PROGRAMS SUPPORT GROUPS) SHARED WITH THE PATIENT AND OR CAREGIVER WITH INITIAL EDUCATION AND SUPPORT. TYPICALLY 60 MINUTES OF TOTAL TIME IS SPENT ON THE DATE OF THE ENCOUNTER.
99484	CARE MANAGEMENT SERVICES FOR BEHAVIORAL HEALTH CONDITIONS AT LEAST 20 MINUTES OF CLINICAL STAFF TIME DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER CALENDAR MONTH WITH THE FOLLOWING REQUIRED ELEMENTS: INITIAL ASSESSMENT OR FOLLOW-UP MONITORING INCLUDING THE USE OF APPLICABLE VALIDATED RATING SCALES BEHAVIORAL HEALTH CARE PLANNING IN RELATION TO BEHAVIORAL PSYCHIATRIC HEALTH PROBLEMS INCLUDING REVISION FOR PATIENTS WHO ARE NOT PROGRESSING OR WHOSE STATUS CHANGES FACILITATING AND COORDINATING TREATMENT SUCH AS PSYCHOTHERAPY PHARMACOTHERAPY COUNSELING AND OR PSYCHIATRIC CONSULTATION AND CONTINUITY OF CARE WITH A DESIGNATED MEMBER OF THE CARE TEAM.
99485	SUPERVISION BY A CONTROL PHYSICIAN OF INTERFACILITY TRANSPORT CARE OF THE CRITICALLY ILL OR CRITICALLY INJURED PEDIATRIC PATIENT 24 MONTHS OF AGE OR YOUNGER INCLUDES TWO-WAY COMMUNICATION WITH TRANSPORT TEAM BEFORE TRANSPORT AT THE REFERRING FACILITY AND DURING THE TRANSPORT INCLUDING DATA INTERPRETATION AND REPORT FIRST 30 MINUTES
99486	SUPERVISION BY A CONTROL PHYSICIAN OF INTERFACILITY TRANSPORT CARE OF THE CRITICALLY ILL OR CRITICALLY INJURED PEDIATRIC PATIENT 24 MONTHS OF AGE OR YOUNGER INCLUDES TWO-WAY COMMUNICATION WITH TRANSPORT TEAM BEFORE TRANSPORT AT THE REFERRING FACILITY AND DURING THE TRANSPORT INCLUDING DATA INTERPRETATION AND REPORT EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

99487	COMPLEX CHRONIC CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED ELEMENTS: MULTIPLE (TWO OR MORE) CHRONIC CONDITIONS EXPECTED TO LAST AT LEAST 12 MONTHS OR UNTIL THE DEATH OF THE PATIENT CHRONIC CONDITIONS PLACE THE PATIENT AT SIGNIFICANT RISK OF DEATH ACUTE EXACERBATION DECOMPENSATION OR FUNCTIONAL DECLINE COMPREHENSIVE CARE PLAN ESTABLISHED IMPLEMENTED REVISED OR MONITORED MODERATE OR HIGH COMPLEXITY MEDICAL DECISION MAKING FIRST 60 MINUTES OF CLINICAL STAFF TIME DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER CALENDAR MONTH.
99489	COMPLEX CHRONIC CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED ELEMENTS: MULTIPLE (TWO OR MORE) CHRONIC CONDITIONS EXPECTED TO LAST AT LEAST 12 MONTHS OR UNTIL THE DEATH OF THE PATIENT CHRONIC CONDITIONS PLACE THE PATIENT AT SIGNIFICANT RISK OF DEATH ACUTE EXACERBATION DECOMPENSATION OR FUNCTIONAL DECLINE COMPREHENSIVE CARE PLAN ESTABLISHED IMPLEMENTED REVISED OR MONITORED MODERATE OR HIGH COMPLEXITY MEDICAL DECISION MAKING EACH ADDITIONAL 30 MINUTES OF CLINICAL STAFF TIME DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER CALENDAR MONTH (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
99490	CHRONIC CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED ELEMENTS: MULTIPLE (TWO OR MORE) CHRONIC CONDITIONS EXPECTED TO LAST AT LEAST 12 MONTHS OR UNTIL THE DEATH OF THE PATIENT CHRONIC CONDITIONS PLACE THE PATIENT AT SIGNIFICANT RISK OF DEATH ACUTE EXACERBATION DECOMPENSATION OR FUNCTIONAL DECLINE COMPREHENSIVE CARE PLAN ESTABLISHED IMPLEMENTED REVISED OR MONITORED FIRST 20 MINUTES OF CLINICAL STAFF TIME DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PER CALENDAR MONTH.
99491	CHRONIC CARE MANAGEMENT SERVICES PROVIDED PERSONALLY BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL AT LEAST 30 MINUTES OF PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME PER CALENDAR MONTH WITH THE FOLLOWING REQUIRED ELEMENTS: MULTIPLE (TWO OR MORE) CHRONIC CONDITIONS EXPECTED TO LAST AT LEAST 12 MONTHS OR UNTIL THE DEATH OF THE PATIENT CHRONIC CONDITIONS PLACE THE PATIENT AT SIGNIFICANT RISK OF DEATH ACUTE EXACERBATION DECOMPENSATION OR FUNCTIONAL DECLINE COMPREHENSIVE CARE PLAN ESTABLISHED IMPLEMENTED REVISED OR MONITORED.

99492	INITIAL PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT FIRST 70 MINUTES IN THE FIRST CALENDAR MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT AND DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WITH THE FOLLOWING REQUIRED ELEMENTS: OUTREACH TO AND ENGAGEMENT IN TREATMENT OF A PATIENT DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL INITIAL ASSESSMENT OF THE PATIENT INCLUDING ADMINISTRATION OF VALIDATED RATING SCALES WITH THE DEVELOPMENT OF AN INDIVIDUALIZED TREATMENT PLAN REVIEW BY THE PSYCHIATRIC CONSULTANT WITH MODIFICATIONS OF THE PLAN IF RECOMMENDED ENTERING PATIENT IN A REGISTRY AND TRACKING PATIENT FOLLOW-UP AND PROGRESS USING THE REGISTRY WITH APPROPRIATE DOCUMENTATION AND PARTICIPATION IN WEEKLY CASELOAD CONSULTATION WITH THE PSYCHIATRIC CONSULTANT AND PROVISION OF BRIEF INTERVENTIONS USING EVIDENCE-BASED TECHNIQUES SUCH AS BEHAVIORAL ACTIVATION MOTIVATIONAL INTERVIEWING AND OTHER FOCUSED TREATMENT STRATEGIES.
99493	SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT FIRST 60 MINUTES IN A SUBSEQUENT MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT AND DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WITH THE FOLLOWING REQUIRED ELEMENTS: TRACKING PATIENT FOLLOW-UP AND PROGRESS USING THE REGISTRY WITH APPROPRIATE DOCUMENTATION PARTICIPATION IN WEEKLY CASELOAD CONSULTATION WITH THE PSYCHIATRIC CONSULTANT ONGOING COLLABORATION WITH AND COORDINATION OF THE PATIENT S MENTAL HEALTH CARE WITH THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL AND ANY OTHER TREATING MENTAL HEALTH PROVIDERS ADDITIONAL REVIEW OF PROGRESS AND RECOMMENDATIONS FOR CHANGES IN TREATMENT AS INDICATED INCLUDING MEDICATIONS BASED ON RECOMMENDATIONS PROVIDED BY THE PSYCHIATRIC CONSULTANT PROVISION OF BRIEF INTERVENTIONS USING EVIDENCE-BASED TECHNIQUES SUCH AS BEHAVIORAL ACTIVATION MOTIVATIONAL INTERVIEWING AND OTHER FOCUSED TREATMENT STRATEGIES MONITORING OF PATIENT OUTCOMES USING VALIDATED RATING SCALES AND RELAPSE PREVENTION PLANNING WITH PATIENTS AS THEY ACHIEVE REMISSION OF SYMPTOMS AND OR OTHER TREATMENT GOALS AND ARE PREPARED FOR DISCHARGE FROM ACTIVE TREATMENT.
99494	INITIAL OR SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT EACH ADDITIONAL 30 MINUTES IN A CALENDAR MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT AND DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

99495	TRANSITIONAL CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED ELEMENTS: COMMUNICATION (DIRECT CONTACT TELEPHONE ELECTRONIC) WITH THE PATIENT AND OR CAREGIVER WITHIN 2 BUSINESS DAYS OF DISCHARGE AT LEAST MODERATE LEVEL OF MEDICAL DECISION MAKING DURING THE SERVICE PERIOD FACE-TO-FACE VISIT WITHIN 14 CALENDAR DAYS OF DISCHARGE
99496	TRANSITIONAL CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED ELEMENTS: COMMUNICATION (DIRECT CONTACT TELEPHONE ELECTRONIC) WITH THE PATIENT AND OR CAREGIVER WITHIN 2 BUSINESS DAYS OF DISCHARGE HIGH LEVEL OF MEDICAL DECISION MAKING DURING THE SERVICE PERIOD FACE-TO-FACE VISIT WITHIN 7 CALENDAR DAYS OF DISCHARGE
99497	ADVANCE CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION OF ADVANCE DIRECTIVES SUCH AS STANDARD FORMS (WITH COMPLETION OF SUCH FORMS WHEN PERFORMED) BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL FIRST 30 MINUTES FACE-TO-FACE WITH THE PATIENT FAMILY MEMBER(S) AND OR SURROGATE
99498	ADVANCE CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION OF ADVANCE DIRECTIVES SUCH AS STANDARD FORMS (WITH COMPLETION OF SUCH FORMS WHEN PERFORMED) BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE
99500	HOME VISIT FOR PRENATAL MONITORING AND ASSESSMENT TO INCLUDE FETAL HEART RATE NON-STRESS TEST UTERINE MONITORING AND GESTATIONAL DIABETES MONITORING
99501	HOME VISIT FOR POSTNATAL ASSESSMENT AND FOLLOW-UP CARE
99502	HOME VISIT FOR NEWBORN CARE AND ASSESSMENT
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE (EG BRONCHODILATOR OXYGEN THERAPY RESPIRATORY ASSESSMENT APNEA EVALUATION)
99504	HOME VISIT FOR MECHANICAL VENTILATION CARE
99505	HOME VISIT FOR STOMA CARE AND MAINTENANCE INCLUDING COLOSTOMY AND CYSTOSTOMY
99506	HOME VISIT FOR INTRAMUSCULAR INJECTIONS
99507	HOME VISIT FOR CARE AND MAINTENANCE OF CATHETER(S) (EG URINARY DRAINAGE AND ENTERAL)
99509	HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND PERSONAL CARE
99510	HOME VISIT FOR INDIVIDUAL FAMILY OR MARRIAGE COUNSELING
99511	HOME VISIT FOR FECAL IMPACTION MANAGEMENT AND ENEMA ADMINISTRATION
99512	HOME VISIT FOR HEMODIALYSIS
99600	UNLISTED HOME VISIT SERVICE OR PROCEDURE
99601	HOME INFUSION SPECIALTY DRUG ADMINISTRATION PER VISIT (UP TO 2 HOURS)

99602	HOME INFUSION SPECIALTY DRUG ADMINISTRATION PER VISIT (UP TO 2 HOURS) EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
99605	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST INDIVIDUAL FACE-TO-FACE WITH PATIENT WITH ASSESSMENT AND INTERVENTION IF PROVIDED INITIAL 15 MINUTES NEW PATIENT
99606	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST INDIVIDUAL FACE-TO-FACE WITH PATIENT WITH ASSESSMENT AND INTERVENTION IF PROVIDED INITIAL 15 MINUTES ESTABLISHED PATIENT
99607	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST INDIVIDUAL FACE-TO-FACE WITH PATIENT WITH ASSESSMENT AND INTERVENTION IF PROVIDED EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)
A0021	Ambulance service outside state per mile transport (medicaid only)
A0080	NON-EMERGENCY TRANSPORTATION PER MILE - VEHICLE PROVIDED BY VOLUNTEER (INDIVIDUAL OR ORGANIZATION) W
A0090	NON-EMERGENCY TRANSPORTATION PER MILE - VEHICLE PROVIDED BY INDIVIDUAL (FAMILY MEMBER SELF NEIGHBOR)
A0100	NON-EMERGENCY TRANSPORTATION TAXI
A0110	Non-emergency transportation and bus intra or inter state carrier
A0120	Non-emergency transportation: mini-bus mountain area transports or other transportation systems
A0130	NON-EMERGENCY TRANSPORTATION: WHEELCHAIR VAN
A0140	Non-emergency transportation and air travel (private or commercial) intra or inter state
A0160	Non-emergency transportation: per mile - case worker or social worker
A0170	Transportation ancillary: parking fees tolls other
A0180	Non-emergency transportation: ancillary: lodging-recipient
A0190	Non-emergency transportation: ancillary: meals-recipient
A0200	Non-emergency transportation: ancillary: lodging escort
A0210	Non-emergency transportation: ancillary: meals-escort
A0225	Ambulance service neonatal transport base rate emergency transport one way
A0380	BLS MILEAGE (PER MILE) 456
A0382	Bls routine disposable supplies
A0384	BLS SPECIALIZED SERVICE DISPOSABLE SUPPLIES DEFIBRILLATION (USED BY ALS AMBULANCES AND BLS AMBULANCE
A0390	Als mileage (per mile)
A0392	ALS SPECIALIZED SERVICE DISPOSABLE SUPPLIES DEFIBRILLATION (TO BE USED ONLY IN JURISDICTIONS WHERE D

A0394	ALS SPECIALIZED SERVICE DISPOSABLE SUPPLIES IV DRUG THERAPY
A0396	ALS SPECIALIZED SERVICE DISPOSABLE SUPPLIES ESOPHAGEAL INTUBATION
A0398	Als routine disposable supplies
A0420	Ambulance waiting time (als or bls) one half (1 2) hour increments
A0422	Ambulance (als or bls) oxygen and oxygen supplies life sustaining situation
A0424	EXTRA AMBULANCE ATTENDANT GROUND (ALS OR BLS) OR AIR (FIXED OR ROTARY WINGED) (REQUIRES MEDICAL REVI
A0425	Ground mileage per statute mile
A0426	Ambulance service advanced life support non-emergency transport level 1 (als 1)
A0427	AMBULANCE SERVICE ADVANCED LIFE SUPPORT EMERGENCY TRANSPORT LEVEL 1 (ALS 1 - EMERGENCY)
A0428	Ambulance service basic life support non-emergency transport (bls)
A0429	Ambulance service basic life support emergency transport (bls-emergency)
A0430	Ambulance service conventional air services transport one way (fixed wing)
A0431	Ambulance service conventional air services transport one way (rotary wing)
A0432	PARAMEDIC INTERCEPT (PI) RURAL AREA TRANSPORT FURNISHED BY A VOLUNTEER AMBULANCE COMPANY WHICH IS PR
A0433	Advanced life support level 2 (als 2)
A0434	Specialty care transport (sct)
A0435	Fixed wing air mileage per statute mile
A0436	Rotary wing air mileage per statute mile
A0888	Noncovered ambulance mileage per mile (e.g. for miles traveled beyond closest appropriate facility)
A0998	Ambulance response and treatment no transport
A0999	Unlisted ambulance service
A2001	INNOVAMATRIX AC PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
A2002	MIRRAGEN ADVANCED WOUND MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY
A2003	BIO-CONNEKT WOUND MATRIX PER SQUARE CENTIMETER
A2004	XCELLISTEM 1 MG
A2005	MICROLYTE MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
A2006	NOVOSORB SYNPATH DERMAL MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY
A2007	RESTRATA PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)

A2008	THERAGENESIS PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
A2009	SYMPHONY PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
A2010	APIS PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
A2011	SUPRA SDRM PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
A2012	SUPRATHEL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
A2013	INNOVAMATRIX FS PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
A2014	OMEZA COLLAGEN MATRIX PER 100 MG
A2015	PHOENIX WOUND MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
A2016	PERMEADERM B PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
A2017	PERMEADERM GLOVE EACH
A2018	PERMEADERM C PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
A2019	KERECIS OMEGA3 MARIGEN SHIELD PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY P
A2020	AC5 ADVANCED WOUND SYSTEM (AC5)
A2021	NEOMATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
A2022	INNOVABURN OR INNOVAMATRIX XL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY P
A2023	INNOVAMATRIX PD 1 MG
A2024	RESOLVE MATRIX OR XENOPATCH PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PRO
A2025	MIRO3D PER CUBIC CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
A2026	RESTRATA MINIMATRIX 5 MG
A2027	MATRIDERM PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
A2028	MICROMATRIX FLEX PER MG
A2029	MIROTRACT WOUND MATRIX SHEET PER CUBIC CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PRO
A2030	MIRO3D FIBERS PER MILLIGRAM
A2031	MIRODRY WOUND MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)

A2032	MYRIAD MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
A2033	MYRIAD MORCELLS 4 MILLIGRAMS
A2034	FOUNDATION DRS SOLO PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
A2035	CORPLEX P OR THERACOR P OR ALLACOR P PER MILLIGRAM
A4100	NON-SHEET FORM SKIN SUBSTITUTE FDA CLEARED AS A DEVICE NOT OTHERWISE SPECIFIED (LIST IN ADDITION TO
A4206	Syringe with needle sterile 1 cc or less each
A4207	SYRINGE WITH NEEDLE STERILE 2 CC EACH
A4208	SYRINGE WITH NEEDLE STERILE 3 CC EACH
A4209	SYRINGE WITH NEEDLE STERILE 5 CC OR GREATER EACH
A4210	Needle-free injection device each
A4211	Supplies for self-administered injections
A4212	NON-CORING NEEDLE OR STYLET W WO CATHETER
A4213	Syringe sterile 20 cc or greater each
A4215	Needle sterile any size each
A4216	STERILE WATER SALINE AND OR DEXTROSE DILUENT FLUSH 10 ML
A4217	STERILE WATER SALINE 500 ML
A4218	STERILE SALINE OR WATER METERED DOSE DISPENSER 10 ML
A4220	Refill kit for implantable infusion pump
A4221	SUPPLIES FOR MAINTENANCE OF NON-INSULIN DRUG INFUSION CATHETER PER WEEK (LIST DRUGS SEPARATELY)
A4222	Infusion supplies for external drug infusion pump per cassette or bag (list drugs separately)
A4223	Infusion supplies not used with external infusion pump per cassette or bag (list drugs separately)
A4224	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER PER WEEK
A4225	SUPPLIES FOR EXTERNAL INSULIN INFUSION PUMP SYRINGE TYPE CARTRIDGE STERILE EACH
A4226	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION PUMP WITH DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONT
A4230	Infusion set for external insulin pump non needle cannula type
A4231	Infusion set for external insulin pump needle type
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP STERILE 3 CC
A4233	REPLACEMENT BATTERY ALKALINE (OTHER THAN J CELL) FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE

A4234	REPLACEMENT BATTERY ALKALINE J CELL FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNE
A4235	REPLACEMENT BATTERY LITHIUM FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PAT
A4236	REPLACEMENT BATTERY SILVER OXIDE FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED B
A4238	SUPPLY ALLOWANCE FOR ADJUNCTIVE NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM) INCLUDES ALL SUPPLIES
A4239	SUPPLY ALLOWANCE FOR NON-ADJUNCTIVE NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM) INCLUDES ALL SUPP
A4244	Alcohol or peroxide per pint
A4245	Alcohol wipes per box
A4246	Betadine or phisohex solution per pint
A4247	Betadine or iodine swabs wipes per box
A4248	Chlorhexidine containing antiseptic 1 ml
A4250	Urine test or reagent strips or tablets (100 tablets or strips)
A4252	Blood ketone test or reagent strip each
A4253	Blood glucose test or reagent strips for home blood glucose monitor per 50 strips
A4255	Platforms for home blood glucose monitor 50 per box
A4256	Normal low and high calibrator solution chips
A4257	Replacement lens shield cartridge for use with laser skin piercing device each
A4258	Spring-powered device for lancet each
A4259	Lancets per box of 100
A4261	Cervical cap for contraceptive use
A4262	Temporary absorbable lacrimal duct implant each
A4263	Permanent long term non-dissolvable lacrimal duct implant each
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system
A4265	Paraffin per pound
A4266	Diaphragm for contraceptive use
A4267	Contraceptive supply condom male each
A4268	Contraceptive supply condom female each
A4269	Contraceptive supply spermicide (e.g. foam gel) each
A4270	Disposable endoscope sheath each

A4271	INTEGRATED LANCING AND BLOOD SAMPLE TESTING CARTRIDGES FOR HOME BLOOD GLUCOSE MONITOR PER 50 TESTS
A4280	Adhesive skin support attachment for use with external breast prosthesis each
A4281	Tubing for breast pump replacement
A4282	Adapter for breast pump replacement
A4283	Cap for breast pump bottle replacement
A4284	Breast shield and splash protector for use with breast pump replacement
A4285	Polycarbonate bottle for use with breast pump replacement
A4286	Locking ring for breast pump replacement
A4287	DISPOSABLE COLLECTION AND STORAGE BAG FOR BREAST MILK ANY SIZE ANY TYPE EACH
A4290	Sacral nerve stimulation test lead each
A4300	IMPLANTABLE ACCESS CATHETER (E.G. VENOUS ARTERIAL EPIDURAL SUBARACHNOID OR PERITONEAL ETC.) EXTERNAL
A4301	IMPLANTABLE ACCESS TOTAL CATHETER PORT RESERVOIR (E.G. VENOUS ARTERIAL EPIDURAL SUBARACHNOID PERITON
A4305	Disposable drug delivery system flow rate of 50 ml or greater per hour
A4306	Disposable drug delivery system flow rate of less than 50 ml per hour
A4310	Insertion tray without drainage bag and without catheter (accessories only)
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER FOLEY TYPE TWO-WAY LATEX WITH COATING (
A4312	Insertion tray without drainage bag with indwelling catheter foley type two-way all silicone
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER FOLEY TYPE THREE-WAY FOR CONTINUOUS IRR
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER FOLEY TYPE TWO-WAY LATEX WITH COATING (TEF
A4315	Insertion tray with drainage bag with indwelling catheter foley type two-way all silicone
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER FOLEY TYPE THREE-WAY FOR CONTINUOUS IRRIGA
A4320	Irrigation tray with bulb or piston syringe any purpose
A4321	Therapeutic agent for urinary catheter irrigation
A4322	Irrigation syringe bulb or piston each
A4326	Male external catheter with integral collection chamber any type each
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE MEATAL CUP EACH
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE POUCH EACH

A4330	Perianal fecal collection pouch with adhesive each
A4331	EXTENSION DRAINAGE TUBING ANY TYPE ANY LENGTH WITH CONNECTOR ADAPTOR FOR USE WITH URINARY LEG BAG OR
A4332	Lubricant individual sterile packet each
A4333	Urinary catheter anchoring device adhesive skin attachment each
A4334	Urinary catheter anchoring device leg strap each
A4335	INCONTINENCE SUPPLY MISCELLANEOUS
A4336	Incontinence supply urethral insert any type each
A4337	INCONTINENCE SUPPLY RECTAL INSERT ANY TYPE EACH
A4338	INDWELLING CATHETER FOLEY TYPE TWO-WAY LATEX WITH COATING (TEFLON SILICONE SILICONE ELASTOMER OR HYD
A4340	INDWELLING CATHETER SPECIALTY TYPE (E.G. COUDE MUSHROOM WING ETC.) EACH
A4341	INDWELLING INTRAURETHRAL DRAINAGE DEVICE WITH VALVE PATIENT INSERTED REPLACEMENT ONLY EACH
A4342	ACCESSORIES FOR PATIENT INSERTED INDWELLING INTRAURETHRAL DRAINAGE DEVICE WITH VALVE REPLACEMENT ONL
A4344	INDWELLING CATHETER FOLEY TYPE TWO-WAY ALL SILICONE OR POLYURETHANE EACH
A4346	INDWELLING CATHETER FOLEY TYPE THREE WAY FOR CONTINUOUS IRRIGATION EACH
A4349	MALE EXTERNAL CATHETER W WO ADHESIVE DISPOSABLE EACH
A4351	INTERMITTENT URINARY CATHETER STRAIGHT TIP W WO COATING (TEFLON SILICONE OR SILICONE ELASTOMER ETC.)
A4352	INTERMITTENT URINARY CATHETER COUDE (CURVED) TIP W WO COATING (TEFLON SILICONE OR SILICONE ELASTOMER
A4353	Intermittent urinary catheter with insertion supplies
A4354	Insertion tray with drainage bag but without catheter
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETE
A4356	External urethral clamp or compression device (not to be used for catheter clamp) each
A4357	BEDSIDE DRAINAGE BAG DAY OR NIGHT W WO ANTI-REFLUX DEVICE W WO TUBE EACH
A4358	URINARY DRAINAGE BAG LEG OR ABDOMEN VINYL W WO TUBE WITH STRAPS EACH
A4360	Disposable external urethral clamp or compression device with pad and or pouch each
A4361	Ostomy faceplate each
A4362	SKIN BARRIER SOLID 4 X 4 OR EQUIVALENT EACH
A4363	Ostomy clamp any type replacement only each

A4364	Adhesive liquid or equal any type per oz
A4366	Ostomy vent any type each
A4367	Ostomy belt each
A4368	Ostomy filter any type each
A4369	OSTOMY SKIN BARRIER LIQUID (SPRAY BRUSH ETC.) PER OZ
A4371	Ostomy skin barrier powder per oz
A4372	OSTOMY SKIN BARRIER SOLID 4 X 4 OR EQUIVALENT STANDARD WEAR WITH BUILT-IN CONVEXITY EACH
A4373	OSTOMY SKIN BARRIER WITH FLANGE (SOLID FLEXIBLE OR ACCORDION) WITH BUILT-IN CONVEXITY ANY SIZE EACH
A4375	Ostomy pouch drainable with faceplate attached plastic each
A4376	Ostomy pouch drainable with faceplate attached rubber each
A4377	Ostomy pouch drainable for use on faceplate plastic each
A4378	Ostomy pouch drainable for use on faceplate rubber each
A4379	Ostomy pouch urinary with faceplate attached plastic each
A4380	Ostomy pouch urinary with faceplate attached rubber each
A4381	Ostomy pouch urinary for use on faceplate plastic each
A4382	Ostomy pouch urinary for use on faceplate heavy plastic each
A4383	Ostomy pouch urinary for use on faceplate rubber each
A4384	Ostomy faceplate equivalent silicone ring each
A4385	OSTOMY SKIN BARRIER SOLID 4 X 4 OR EQUIVALENT EXTENDED WEAR WITHOUT BUILT-IN CONVEXITY EACH
A4387	Ostomy pouch closed with barrier attached with built-in convexity (1 piece) each
A4388	Ostomy pouch drainable with extended wear barrier attached (1 piece) each
A4389	Ostomy pouch drainable with barrier attached with built-in convexity (1 piece) each
A4390	Ostomy pouch drainable with extended wear barrier attached with built-in convexity (1 piece) each
A4391	Ostomy pouch urinary with extended wear barrier attached (1 piece) each
A4392	Ostomy pouch urinary with standard wear barrier attached with built-in convexity (1 piece) each
A4393	Ostomy pouch urinary with extended wear barrier attached with built-in convexity (1 piece) each
A4394	OSTOMY DEODORANT W WO LUBRICANT FOR USE IN OSTOMY POUCH PER FLUID OUNCE
A4395	Ostomy deodorant for use in ostomy pouch solid per tablet
A4396	Ostomy belt with peristomal hernia support
A4397	IRRIGATION SUPPLY SLEEVE EACH
A4398	OSTOMY IRRIGATION SUPPLY BAG EACH
A4399	OSTOMY IRRIGATION SUPPLY CONE CATHETER W WO BRUSH
A4400	Ostomy irrigation set

A4402	Lubricant per ounce
A4404	Ostomy ring each
A4405	Ostomy skin barrier non-pectin based paste per ounce
A4406	Ostomy skin barrier pectin-based paste per ounce
A4407	OSTOMY SKIN BARRIER WITH FLANGE (SOLID FLEXIBLE OR ACCORDION) EXTENDED WEAR WITH BUILT-IN CONVEXITY
A4408	OSTOMY SKIN BARRIER WITH FLANGE (SOLID FLEXIBLE OR ACCORDION) EXTENDED WEAR WITH BUILT-IN CONVEXITY
A4409	OSTOMY SKIN BARRIER WITH FLANGE (SOLID FLEXIBLE OR ACCORDION) EXTENDED WEAR WITHOUT BUILT-IN CONVEXI
A4410	OSTOMY SKIN BARRIER WITH FLANGE (SOLID FLEXIBLE OR ACCORDION) EXTENDED WEAR WITHOUT BUILT-IN CONVEXI
A4411	OSTOMY SKIN BARRIER SOLID 4 X 4 OR EQUIVALENT EXTENDED WEAR WITH BUILT-IN CONVEXITY EACH
A4412	OSTOMY POUCH DRAINABLE HIGH OUTPUT FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM) WITHOUT FILTER
A4413	OSTOMY POUCH DRAINABLE HIGH OUTPUT FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM) WITH FILTER EAC
A4414	OSTOMY SKIN BARRIER WITH FLANGE (SOLID FLEXIBLE OR ACCORDION) WITHOUT BUILT-IN CONVEXITY 4 X 4 INCHE
A4415	OSTOMY SKIN BARRIER WITH FLANGE (SOLID FLEXIBLE OR ACCORDION) WITHOUT BUILT-IN CONVEXITY LARGER THAN
A4416	Ostomy pouch closed with barrier attached with filter (1 piece) each
A4417	Ostomy pouch closed with barrier attached with built-in convexity with filter (1 piece) each
A4418	OSTOMY POUCH CLOSED WITHOUT BARRIER ATTACHED WITH FILTER (1 PIECE) EACH
A4419	OSTOMY POUCH CLOSED FOR USE ON BARRIER WITH NON-LOCKING FLANGE WITH FILTER (2 PIECE) EACH
A4420	OSTOMY POUCH CLOSED FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE) EACH
A4421	OSTOMY SUPPLY MISCELLANEOUS
A4422	OSTOMY ABSORBENT MATERIAL (SHEET PAD CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMA
A4423	OSTOMY POUCH CLOSED FOR USE ON BARRIER WITH LOCKING FLANGE WITH FILTER (2 PIECE) EACH
A4424	Ostomy pouch drainable with barrier attached with filter (1 piece) each
A4425	OSTOMY POUCH DRAINABLE FOR USE ON BARRIER WITH NON-LOCKING FLANGE WITH FILTER (2 PIECE SYSTEM) EACH
A4426	OSTOMY POUCH DRAINABLE FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM) EACH

A4427	OSTOMY POUCH DRAINABLE FOR USE ON BARRIER WITH LOCKING FLANGE WITH FILTER (2 PIECE SYSTEM) EACH
A4428	OSTOMY POUCH URINARY WITH EXTENDED WEAR BARRIER ATTACHED WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE) E
A4429	OSTOMY POUCH URINARY WITH BARRIER ATTACHED WITH BUILT-IN CONVEXITY WITH FAUCET-TYPE TAP WITH VALVE (
A4430	OSTOMY POUCH URINARY WITH EXTENDED WEAR BARRIER ATTACHED WITH BUILT-IN CONVEXITY WITH FAUCET-TYPE TA
A4431	OSTOMY POUCH URINARY WITH BARRIER ATTACHED WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE) EACH
A4432	OSTOMY POUCH URINARY FOR USE ON BARRIER WITH NON-LOCKING FLANGE WITH FAUCET-TYPE TAP WITH VALVE (2 P
A4433	OSTOMY POUCH URINARY FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE) EACH
A4434	OSTOMY POUCH URINARY FOR USE ON BARRIER WITH LOCKING FLANGE WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE
A4435	OSTOMY POUCH DRAINABLE HIGH OUTPUT WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM) W WO FILTER EACH
A4436	IRRIGATION SUPPLY SLEEVE REUSABLE PER MONTH
A4437	IRRIGATION SUPPLY SLEEVE DISPOSABLE PER MONTH
A4438	ADHESIVE CLIP APPLIED TO THE SKIN TO SECURE EXTERNAL ELECTRICAL NERVE STIMULATOR CONTROLLER EACH
A4450	Tape non-waterproof per 18 square inches
A4452	Tape waterproof per 18 square inches
A4453	RECTAL CATHETER W WO BALLOON FOR USE WITH ANY TYPE TRANSANAL IRRIGATION SYSTEM EACH
A4455	Adhesive remover or solvent (for tape cement or other adhesive) per ounce
A4456	Adhesive remover wipes any type each
A4457	ENEMA TUBE W WO ADAPTER ANY TYPE REPLACEMENT ONLY EACH
A4458	Enema bag with tubing reusable
A4459	MANUAL TRANSANAL IRRIGATION SYSTEM INCLUDES WATER RESERVOIR PUMP TUBING AND ACCESSORIES WITHOUT CATH
A4461	Surgical dressing holder non-reusable each
A4463	Surgical dressing holder reusable each
A4465	Non-elastic binder for extremity
A4467	BELT STRAP SLEEVE GARMENT OR COVERING ANY TYPE
A4468	EXSUFFLATION BELT INCLUDES ALL SUPPLIES AND ACCESSORIES

A4470	Gravlee jet washer
A4480	Vabra aspirator
A4481	Tracheostoma filter any type any size each
A4483	Moisture exchanger disposable for use with invasive mechanical ventilation
A4490	Surgical stockings above knee length each
A4495	Surgical stockings thigh length each
A4500	Surgical stockings below knee length each
A4510	Surgical stockings full length each
A4520	Incontinence garment any type (e.g. brief diaper) each
A4540	DISTAL TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR STIMULATES PERIPHERAL NERVES OF THE UPPER ARM
A4541	MONTHLY SUPPLIES FOR USE OF DEVICE CODED AT E0733
A4542	SUPPLIES AND ACCESSORIES FOR EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE W
A4543	SUPPLIES FOR TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR NERVES IN THE AURICULAR REGION PER MONTH
A4544	ELECTRODE FOR EXTERNAL LOWER EXTREMITY NERVE STIMULATOR FOR RESTLESS LEGS SYNDROME
A4545	SUPPLIES AND ACCESSORIES FOR EXTERNAL TIBIAL NERVE STIMULATOR (E.G. SOCKS GEL PADS ELECTRODES ETC.)
A4550	Surgical trays
A4553	NON-DISPOSABLE UNDERPADS ALL SIZES
A4554	Disposable underpads all sizes
A4555	ELECTRODE TRANSDUCER FOR USE WITH ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT REPLACEMEN
A4556	Electrodes (e.g. apnea monitor) per pair
A4557	Lead wires (e.g. apnea monitor) per pair
A4558	Conductive gel or paste for use with electrical device (e.g. tens nmes) per oz
A4559	Coupling gel or paste for use with ultrasound device per oz
A4560	NEUROMUSCULAR ELECTRICAL STIMULATOR (NMES) DISPOSABLE REPLACEMENT ONLY
A4561	PESSARY REUSABLE RUBBER ANY TYPE
A4562	PESSARY REUSABLE NON RUBBER ANY TYPE
A4563	RECTAL CONTROL SYSTEM FOR VAGINAL INSERTION FOR LONG TERM USE INCLUDES PUMP AND ALL SUPPLIES AND ACC
A4564	PESSARY DISPOSABLE ANY TYPE

A4565	Slings
A4566	SHOULDER SLING OR VEST DESIGN ABDUCTION RESTRAINER W WO SWATHE CONTROL PREFABRICATED INCLUDES FITTIN
A4570	Splint
A4575	Topical hyperbaric oxygen chamber disposable
A4580	Cast supplies (e.g. plaster)
A4590	Special casting material (e.g. fiberglass)
A4593	NEUROMODULATION STIMULATOR SYSTEM ADJUNCT TO REHABILITATION THERAPY REGIME
A4594	NEUROMODULATION STIMULATOR SYSTEM ADJUNCT TO REHABILITATION THERAPY REGIME MOUTHPIECE EACH
A4595	Electrical stimulator supplies 2 lead per month (e.g. tens nmes)
A4596	CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM SUPPLIES AND ACCESSORIES PER MONTH
A4600	Sleeve for intermittent limb compression device replacement only each
A4601	LITHIUM ION BATTERY RECHARGEABLE FOR NON-PROSTHETIC USE REPLACEMENT
A4602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT LITHIUM 1.5 VOLT EACH
A4604	Tubing with integrated heating element for use with positive airway pressure device
A4605	Tracheal suction catheter closed system each
A4606	Oxygen probe for use with oximeter device replacement
A4608	Transtracheal oxygen catheter each
A4611	BATTERY HEAVY DUTY REPLACEMENT FOR PATIENT OWNED VENTILATOR
A4612	BATTERY CABLES REPLACEMENT FOR PATIENT-OWNED VENTILATOR
A4613	BATTERY CHARGER REPLACEMENT FOR PATIENT-OWNED VENTILATOR
A4614	Peak expiratory flow rate meter hand held
A4615	Cannula nasal
A4616	Tubing (oxygen) per foot
A4617	Mouth piece
A4618	Breathing circuits
A4619	Face tent
A4620	Variable concentration mask
A4623	Tracheostomy inner cannula
A4624	Tracheal suction catheter any type other than closed system each
A4625	Tracheostomy care kit for new tracheostomy
A4626	Tracheostomy cleaning brush each
A4627	SPACER BAG OR RESERVOIR W WO MASK FOR USE WITH METERED DOSE INHALER

A4628	ORAL AND OR OROPHARYNGEAL SUCTION CATHETER EACH
A4629	Tracheostomy care kit for established tracheostomy
A4630	Replacement batteries medically necessary transcutaneous electrical stimulator owned by patient
A4633	Replacement bulb lamp for ultraviolet light therapy system each
A4634	Replacement bulb for therapeutic light box tabletop model
A4635	Underarm pad crutch replacement each
A4636	Replacement handgrip cane crutch or walker each
A4637	Replacement tip cane crutch walker each.
A4638	Replacement battery for patient-owned ear pulse generator each
A4639	Replacement pad for infrared heating pad system each
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient
A4641	Radiopharmaceutical diagnostic not otherwise classified
A4642	Indium in-111 satumomab pendetide diagnostic per study dose up to 6 millicuries
A4648	Tissue marker implantable any type each
A4649	SURGICAL SUPPLY MISCELLANEOUS
A4650	Implantable radiation dosimeter each
A4651	Calibrated microcapillary tube each
A4652	Microcapillary tube sealant
A4653	Peritoneal dialysis catheter anchoring device belt each
A4657	SYRINGE W WO NEEDLE EACH
A4660	Sphygmomanometer blood pressure apparatus with cuff and stethoscope
A4663	Blood pressure cuff only
A4670	Automatic blood pressure monitor
A4671	Disposable cycler set used with cycler dialysis machine each
A4672	Drainage extension line sterile for dialysis each
A4673	Extension line with easy lock connectors used with dialysis
A4674	Chemicals antiseptics solution used to clean sterilize dialysis equipment per 8 oz
A4680	Activated carbon filter for hemodialysis each
A4690	Dialyzer (artificial kidneys) all types all sizes for hemodialysis each
A4706	Bicarbonate concentrate solution for hemodialysis per gallon
A4707	Bicarbonate concentrate powder for hemodialysis per packet
A4708	Acetate concentrate solution for hemodialysis per gallon
A4709	Acid concentrate solution for hemodialysis per gallon
A4714	Treated water (deionized distilled or reverse osmosis) for peritoneal dialysis per gallon

A4719	y set tubing for peritoneal dialysis
A4720	DIALYSATE SOLUTION ANY CONCENTRATION OF DEXTROSE FLUID VOLUME GREATER THAN 249 CC BUT LESS THAN OR E
A4721	DIALYSATE SOLUTION ANY CONCENTRATION OF DEXTROSE FLUID VOLUME GREATER THAN 999 CC BUT LESS THAN OR E
A4722	DIALYSATE SOLUTION ANY CONCENTRATION OF DEXTROSE FLUID VOLUME GREATER THAN 1999 CC BUT LESS THAN OR
A4723	DIALYSATE SOLUTION ANY CONCENTRATION OF DEXTROSE FLUID VOLUME GREATER THAN 2999 CC BUT LESS THAN OR
A4724	DIALYSATE SOLUTION ANY CONCENTRATION OF DEXTROSE FLUID VOLUME GREATER THAN 3999 CC BUT LESS THAN OR
A4725	DIALYSATE SOLUTION ANY CONCENTRATION OF DEXTROSE FLUID VOLUME GREATER THAN 4999 CC BUT LESS THAN OR
A4726	DIALYSATE SOLUTION ANY CONCENTRATION OF DEXTROSE FLUID VOLUME GREATER THAN 5999 CC FOR PERITONEAL DI
A4728	Dialysate solution non-dextrose containing 500 ml
A4730	Fistula cannulation set for hemodialysis each
A4736	Topical anesthetic for dialysis per gram
A4737	Injectable anesthetic for dialysis per 10 ml
A4740	Shunt accessory for hemodialysis any type each
A4750	Blood tubing arterial or venous for hemodialysis each
A4755	Blood tubing arterial and venous combined for hemodialysis each
A4760	Dialysate solution test kit for peritoneal dialysis any type each
A4765	Dialysate concentrate powder additive for peritoneal dialysis per packet
A4766	Dialysate concentrate solution additive for peritoneal dialysis per 10 ml
A4770	Blood collection tube vacuum for dialysis per 50
A4771	Serum clotting time tube for dialysis per 50
A4772	Blood glucose test strips for dialysis per 50
A4773	Occult blood test strips for dialysis per 50
A4774	Ammonia test strips for dialysis per 50
A4802	Protamine sulfate for hemodialysis per 50 mg
A4860	Disposable catheter tips for peritoneal dialysis per 10
A4870	Plumbing and or electrical work for home hemodialysis equipment
A4890	Contracts repair and maintenance for hemodialysis equipment

A4911	Drain bag bottle for dialysis each
A4913	Miscellaneous dialysis supplies not otherwise specified
A4918	Venous pressure clamp for hemodialysis each
A4927	Gloves non-sterile per 100
A4928	Surgical mask per 20
A4929	Tourniquet for dialysis each
A4930	Gloves sterile per pair
A4931	Oral thermometer reusable any type each
A4932	Rectal thermometer reusable any type each
A5051	OSTOMY POUCH CLOSED WITH BARRIER ATTACHED (1 PIECE) EACH
A5052	OSTOMY POUCH CLOSED WITHOUT BARRIER ATTACHED (1 PIECE) EACH
A5053	OSTOMY POUCH CLOSED FOR USE ON FACEPLATE EACH
A5054	OSTOMY POUCH CLOSED FOR USE ON BARRIER WITH FLANGE (2 PIECE) EACH
A5055	Stoma cap
A5056	Ostomy pouch drainable with extended wear barrier attached with filter (1 piece) each
A5057	OSTOMY POUCH DRAINABLE WITH EXTENDED WEAR BARRIER ATTACHED WITH BUILT IN CONVEXITY WITH FILTER (1 PI
A5061	OSTOMY POUCH DRAINABLE WITH BARRIER ATTACHED (1 PIECE) EACH
A5062	OSTOMY POUCH DRAINABLE WITHOUT BARRIER ATTACHED (1 PIECE) EACH
A5063	OSTOMY POUCH DRAINABLE FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM) EACH
A5071	OSTOMY POUCH URINARY WITH BARRIER ATTACHED (1 PIECE) EACH
A5072	OSTOMY POUCH URINARY WITHOUT BARRIER ATTACHED (1 PIECE) EACH
A5073	OSTOMY POUCH URINARY FOR USE ON BARRIER WITH FLANGE (2 PIECE) EACH
A5081	Stoma plug or seal any type
A5082	CONTINENT DEVICE CATHETER FOR CONTINENT STOMA
A5083	Continent device stoma absorptive cover for continent stoma
A5093	OSTOMY ACCESSORY CONVEX INSERT
A5102	BEDSIDE DRAINAGE BOTTLE W WO TUBING RIGID OR EXPANDABLE EACH
A5105	URINARY SUSPENSORY WITH LEG BAG W WO TUBE EACH
A5112	URINARY DRAINAGE BAG LEG OR ABDOMEN LATEX W WO TUBE WITH STRAPS EACH
A5113	LEG STRAP LATEX REPLACEMENT ONLY PER SET
A5114	LEG STRAP FOAM OR FABRIC REPLACEMENT ONLY PER SET
A5120	Skin barrier wipes or swabs each
A5121	SKIN BARRIER SOLID 6 X 6 OR EQUIVALENT EACH

A5122	SKIN BARRIER SOLID 8 X 8 OR EQUIVALENT EACH
A5126	ADHESIVE OR NON-ADHESIVE DISK OR FOAM PAD
A5131	Appliance cleaner incontinence and ostomy appliances per 16 oz.
A5200	Percutaneous catheter tube anchoring device adhesive skin attachment
A5500	FOR DIABETICS ONLY FITTING (INCLUDING FOLLOW-UP) CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPT
A5501	FOR DIABETICS ONLY FITTING (INCLUDING FOLLOW-UP) CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM C
A5503	FOR DIABETICS ONLY MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLD
A5504	FOR DIABETICS ONLY MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLD
A5505	FOR DIABETICS ONLY MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLD
A5506	FOR DIABETICS ONLY MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLD
A5507	FOR DIABETICS ONLY NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-I
A5508	For diabetics only deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe per shoe
A5510	FOR DIABETICS ONLY DIRECT FORMED COMPRESSION MOLDED TO PATIENT S FOOT WITHOUT EXTERNAL HEAT SOURCE M
A5512	FOR DIABETICS ONLY MULTIPLE DENSITY INSERT DIRECT FORMED MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE O
A5513	FOR DIABETICS ONLY MULTIPLE DENSITY INSERT CUSTOM MOLDED FROM MODEL OF PATIENT S FOOT TOTAL CONTACT
A5514	FOR DIABETICS ONLY MULTIPLE DENSITY INSERT MADE BY DIRECT CARVING WITH CAM TECHNOLOGY FROM A RECTIFI
A6000	NON-CONTACT WOUND WARMING WOUND COVER FOR USE WITH THE NON-CONTACT WOUND WARMING DEVICE AND WARMING
A6010	Collagen based wound filler dry form sterile per gram of collagen
A6011	Collagen based wound filler gel paste per gram of collagen
A6021	Collagen dressing sterile size 16 sq. in. or less each
A6022	Collagen dressing sterile size more than 16 sq. in. but less than or equal to 48 sq. in. each
A6023	Collagen dressing sterile size more than 48 sq. in. each

A6024	Collagen dressing wound filler sterile per 6 inches
A6025	Gel sheet for dermal or epidermal application (e.g. silicone hydrogel other) each
A6154	Wound pouch each
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING WOUND COVER STERILE PAD SIZE 16 SQ. IN. OR LESS EACH DRESSI
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 48 SQ. IN. EACH DRES
A6199	Alginate or other fiber gelling dressing wound filler sterile per 6 inches
A6203	Composite dressing sterile pad size 16 sq. in. or less with any size adhesive border each dressing
A6204	COMPOSITE DRESSING STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. WITH A
A6205	Composite dressing sterile pad size more than 48 sq. in. with any size adhesive border each dressing
A6206	Contact layer sterile 16 sq. in. or less each dressing
A6207	Contact layer sterile more than 16 sq. in. but less than or equal to 48 sq. in. each dressing
A6208	Contact layer sterile more than 48 sq. in. each dressing
A6209	Foam dressing wound cover sterile pad size 16 sq. in. or less without adhesive border each dressing
A6210	FOAM DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN.
A6211	FOAM DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 48 SQ. IN. WITHOUT ADHESIVE BORDER EACH DRESSIN
A6212	FOAM DRESSING WOUND COVER STERILE PAD SIZE 16 SQ. IN. OR LESS WITH ANY SIZE ADHESIVE BORDER EACH DRE
A6213	FOAM DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN.
A6214	FOAM DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 48 SQ. IN. WITH ANY SIZE ADHESIVE BORDER EACH D
A6215	Foam dressing wound filler sterile per gram
A6216	Gauze non-impregnated non-sterile pad size 16 sq. in. or less without adhesive border each dressing
A6217	GAUZE NON-IMPREGNATED NON-STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN.
A6218	GAUZE NON-IMPREGNATED NON-STERILE PAD SIZE MORE THAN 48 SQ. IN. WITHOUT ADHESIVE BORDER EACH DRESSIN

A6219	GAUZE NON-IMPREGNATED STERILE PAD SIZE 16 SQ. IN. OR LESS WITH ANY SIZE ADHESIVE BORDER EACH DRESSIN
A6220	GAUZE NON-IMPREGNATED STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. WIT
A6221	GAUZE NON-IMPREGNATED STERILE PAD SIZE MORE THAN 48 SQ. IN. WITH ANY SIZE ADHESIVE BORDER EACH DRESS
A6222	GAUZE IMPREGNATED WITH OTHER THAN WATER NORMAL SALINE OR HYDROGEL STERILE PAD SIZE 16 SQ. IN. OR LES
A6223	GAUZE IMPREGNATED WITH OTHER THAN WATER NORMAL SALINE OR HYDROGEL STERILE PAD SIZE MORE THAN 16 SQ.
A6224	GAUZE IMPREGNATED WITH OTHER THAN WATER NORMAL SALINE OR HYDROGEL STERILE PAD SIZE MORE THAN 48 SQ.
A6228	GAUZE IMPREGNATED WATER OR NORMAL SALINE STERILE PAD SIZE 16 SQ. IN. OR LESS WITHOUT ADHESIVE BORDER
A6229	GAUZE IMPREGNATED WATER OR NORMAL SALINE STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUA
A6230	GAUZE IMPREGNATED WATER OR NORMAL SALINE STERILE PAD SIZE MORE THAN 48 SQ. IN. WITHOUT ADHESIVE BORD
A6231	GAUZE IMPREGNATED HYDROGEL FOR DIRECT WOUND CONTACT STERILE PAD SIZE 16 SQ. IN. OR LESS EACH DRESSIN
A6232	GAUZE IMPREGNATED HYDROGEL FOR DIRECT WOUND CONTACT STERILE PAD SIZE GREATER THAN 16 SQ. IN. BUT LES
A6233	GAUZE IMPREGNATED HYDROGEL FOR DIRECT WOUND CONTACT STERILE PAD SIZE MORE THAN 48 SQ. IN. EACH DRESS
A6234	HYDROCOLLOID DRESSING WOUND COVER STERILE PAD SIZE 16 SQ. IN. OR LESS WITHOUT ADHESIVE BORDER EACH D
A6235	HYDROCOLLOID DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48
A6236	HYDROCOLLOID DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 48 SQ. IN. WITHOUT ADHESIVE BORDER EACH
A6237	HYDROCOLLOID DRESSING WOUND COVER STERILE PAD SIZE 16 SQ. IN. OR LESS WITH ANY SIZE ADHESIVE BORDER
A6238	HYDROCOLLOID DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48

A6239	HYDROCOLLOID DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 48 SQ. IN. WITH ANY SIZE ADHESIVE BORDE
A6240	Hydrocolloid dressing wound filler paste sterile per ounce
A6241	Hydrocolloid dressing wound filler dry form sterile per gram
A6242	HYDROGEL DRESSING WOUND COVER STERILE PAD SIZE 16 SQ. IN. OR LESS WITHOUT ADHESIVE BORDER EACH DRESS
A6243	HYDROGEL DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ.
A6244	HYDROGEL DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 48 SQ. IN. WITHOUT ADHESIVE BORDER EACH DRE
A6245	HYDROGEL DRESSING WOUND COVER STERILE PAD SIZE 16 SQ. IN. OR LESS WITH ANY SIZE ADHESIVE BORDER EACH
A6246	HYDROGEL DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ.
A6247	HYDROGEL DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 48 SQ. IN. WITH ANY SIZE ADHESIVE BORDER EA
A6248	Hydrogel dressing wound filler gel per fluid ounce
A6250	Skin sealants protectants moisturizers ointments any type any size
A6251	SPECIALTY ABSORPTIVE DRESSING WOUND COVER STERILE PAD SIZE 16 SQ. IN. OR LESS WITHOUT ADHESIVE BORDE
A6252	SPECIALTY ABSORPTIVE DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQU
A6253	SPECIALTY ABSORPTIVE DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 48 SQ. IN. WITHOUT ADHESIVE BOR
A6254	SPECIALTY ABSORPTIVE DRESSING WOUND COVER STERILE PAD SIZE 16 SQ. IN. OR LESS WITH ANY SIZE ADHESIVE
A6255	SPECIALTY ABSORPTIVE DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQU
A6256	SPECIALTY ABSORPTIVE DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 48 SQ. IN. WITH ANY SIZE ADHESI
A6257	Transparent film sterile 16 sq. in. or less each dressing
A6258	Transparent film sterile more than 16 sq. in. but less than or equal to 48 sq. in. each dressing
A6259	Transparent film sterile more than 48 sq. in. each dressing
A6260	Wound cleansers any type any size

A6261	Wound filler gel paste per fluid ounce not otherwise specified
A6262	Wound filler dry form per gram not otherwise specified
A6266	Gauze impregnated other than water normal saline or zinc paste sterile any width per linear yard
A6402	Gauze non-impregnated sterile pad size 16 sq. in. or less without adhesive border each dressing
A6403	GAUZE NON-IMPREGNATED STERILE PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN. WITHOUT
A6404	Gauze non-impregnated sterile pad size more than 48 sq. in. without adhesive border each dressing
A6407	Packing strips non-impregnated sterile up to 2 inches in width per linear yard
A6410	Eye pad sterile each
A6411	Eye pad non-sterile each
A6412	Eye patch occlusive each
A6413	Adhesive bandage first-aid type any size each
A6441	PADDING BANDAGE NON-ELASTIC NON-WOVEN NON-KNITTED WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LE
A6442	Conforming bandage non-elastic knitted woven non-sterile width less than three inches per yard
A6443	CONFORMING BANDAGE NON-ELASTIC KNITTED WOVEN NON-STERILE WIDTH GREATER THAN OR EQUAL TO THREE INCHES
A6444	CONFORMING BANDAGE NON-ELASTIC KNITTED WOVEN NON-STERILE WIDTH GREATER THAN OR EQUAL TO 5 INCHES PER
A6445	Conforming bandage non-elastic knitted woven sterile width less than three inches per yard
A6446	CONFORMING BANDAGE NON-ELASTIC KNITTED WOVEN STERILE WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND
A6447	CONFORMING BANDAGE NON-ELASTIC KNITTED WOVEN STERILE WIDTH GREATER THAN OR EQUAL TO FIVE INCHES PER
A6448	Light compression bandage elastic knitted woven width less than three inches per yard
A6449	LIGHT COMPRESSION BANDAGE ELASTIC KNITTED WOVEN WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS
A6450	Light compression bandage elastic knitted woven width greater than or equal to five inches per yard
A6451	MODERATE COMPRESSION BANDAGE ELASTIC KNITTED WOVEN LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50
A6452	HIGH COMPRESSION BANDAGE ELASTIC KNITTED WOVEN LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT PO
A6453	Self-adherent bandage elastic non-knitted non-woven width less than three inches per yard

A6454	SELF-ADHERENT BANDAGE ELASTIC NON-KNITTED NON-WOVEN WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND
A6455	SELF-ADHERENT BANDAGE ELASTIC NON-KNITTED NON-WOVEN WIDTH GREATER THAN OR EQUAL TO FIVE INCHES PER Y
A6456	ZINC PASTE IMPREGNATED BANDAGE NON-ELASTIC KNITTED WOVEN WIDTH GREATER THAN OR EQUAL TO THREE INCHES
A6457	TUBULAR DRESSING W WO ELASTIC ANY WIDTH PER LINEAR YARD
A6460	SYNTHETIC RESORBABLE WOUND DRESSING STERILE PAD SIZE 16 SQ. IN. OR LESS WITHOUT ADHESIVE BORDER EACH
A6461	SYNTHETIC RESORBABLE WOUND DRESSING STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO
A6501	Compression burn garment bodysuit (head to foot) custom fabricated
A6502	Compression burn garment chin strap custom fabricated
A6503	Compression burn garment facial hood custom fabricated
A6504	Compression burn garment glove to wrist custom fabricated
A6505	Compression burn garment glove to elbow custom fabricated
A6506	Compression burn garment glove to axilla custom fabricated
A6507	Compression burn garment foot to knee length custom fabricated
A6508	Compression burn garment foot to thigh length custom fabricated
A6509	Compression burn garment upper trunk to waist including arm openings (vest) custom fabricated
A6510	Compression burn garment trunk including arms down to leg openings (leotard) custom fabricated
A6511	Compression burn garment lower trunk including leg openings (panty) custom fabricated
A6512	Compression burn garment not otherwise classified
A6513	Compression burn mask face and or neck plastic or equal custom fabricated
A6515	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS FULL LEG EACH CUSTOM
A6516	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS FOOT EACH CUSTOM
A6517	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS BELOW KNEE EACH CUSTOM
A6518	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS ARM EACH CUSTOM
A6519	GRADIENT COMPRESSION GARMENT NOT OTHERWISE SPECIFIED FOR NIGHTTIME USE EACH
A6520	GRADIENT COMPRESSION GARMENT GLOVE PADDED FOR NIGHTTIME USE EACH
A6521	GRADIENT COMPRESSION GARMENT GLOVE PADDED FOR NIGHTTIME USE CUSTOM EACH
A6522	GRADIENT COMPRESSION GARMENT ARM PADDED FOR NIGHTTIME USE EACH
A6523	GRADIENT COMPRESSION GARMENT ARM PADDED FOR NIGHTTIME USE CUSTOM EACH
A6524	GRADIENT COMPRESSION GARMENT LOWER LEG AND FOOT PADDED FOR NIGHTTIME USE EACH

A6525	GRADIENT COMPRESSION GARMENT LOWER LEG AND FOOT PADDED FOR NIGHTTIME USE CUSTOM EACH
A6526	GRADIENT COMPRESSION GARMENT FULL LEG AND FOOT PADDED FOR NIGHTTIME USE EACH
A6527	GRADIENT COMPRESSION GARMENT FULL LEG AND FOOT PADDED FOR NIGHTTIME USE CUSTOM EACH
A6528	GRADIENT COMPRESSION GARMENT BRA FOR NIGHTTIME USE EACH
A6529	GRADIENT COMPRESSION GARMENT BRA FOR NIGHTTIME USE CUSTOM EACH
A6530	GRADIENT COMPRESSION STOCKING BELOW KNEE 18-30 MMHG EACH
A6531	GRADIENT COMPRESSION STOCKING BELOW KNEE 30-40 MMHG USED AS A SURGICAL DRESSING EACH
A6532	GRADIENT COMPRESSION STOCKING BELOW KNEE 40-50 MMHG USED AS A SURGICAL DRESSING EACH
A6533	GRADIENT COMPRESSION STOCKING THIGH LENGTH 18-30 MMHG EACH
A6534	GRADIENT COMPRESSION STOCKING THIGH LENGTH 30-40 MMHG EACH
A6535	GRADIENT COMPRESSION STOCKING THIGH LENGTH 40 MMHG OR GREATER EACH
A6536	GRADIENT COMPRESSION STOCKING FULL LENGTH CHAP STYLE 18-30 MMHG EACH
A6537	GRADIENT COMPRESSION STOCKING FULL LENGTH CHAP STYLE 30-40 MMHG EACH
A6538	GRADIENT COMPRESSION STOCKING FULL LENGTH CHAP STYLE 40 MMHG OR GREATER EACH
A6539	GRADIENT COMPRESSION STOCKING WAIST LENGTH 18-30 MMHG EACH
A6540	GRADIENT COMPRESSION STOCKING WAIST LENGTH 30-40 MMHG EACH
A6541	GRADIENT COMPRESSION STOCKING WAIST LENGTH 40 MMHG OR GREATER EACH
A6544	Gradient compression stocking garter belt
A6545	GRADIENT COMPRESSION WRAP NON-ELASTIC BELOW KNEE 30-50 MMHG USED AS A SURGICAL DRESSING EACH
A6549	GRADIENT COMPRESSION GARMENT NOT OTHERWISE SPECIFIED FOR DAYTIME USE EACH
A6550	WOUND CARE SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP INCLUDES ALL SUPPLIES AND ACCESSO
A6552	GRADIENT COMPRESSION STOCKING BELOW KNEE 30-40 MMHG EACH
A6553	GRADIENT COMPRESSION STOCKING BELOW KNEE 30-40 MMHG CUSTOM EACH
A6554	GRADIENT COMPRESSION STOCKING BELOW KNEE 40 MMHG OR GREATER EACH
A6555	GRADIENT COMPRESSION STOCKING BELOW KNEE 40 MMHG OR GREATER CUSTOM EACH
A6556	GRADIENT COMPRESSION STOCKING THIGH LENGTH 18-30 MMHG CUSTOM EACH
A6557	GRADIENT COMPRESSION STOCKING THIGH LENGTH 30-40 MMHG CUSTOM EACH
A6558	GRADIENT COMPRESSION STOCKING THIGH LENGTH 40 MMHG OR GREATER CUSTOM EACH
A6559	GRADIENT COMPRESSION STOCKING FULL LENGTH CHAP STYLE 18-30 MMHG CUSTOM EACH
A6560	GRADIENT COMPRESSION STOCKING FULL LENGTH CHAP STYLE 30-40 MMHG CUSTOM EACH
A6561	GRADIENT COMPRESSION STOCKING FULL LENGTH CHAP STYLE 40 MMHG OR GREATER CUSTOM EACH
A6562	GRADIENT COMPRESSION STOCKING WAIST LENGTH 18-30 MMHG CUSTOM EACH

A6563	GRADIENT COMPRESSION STOCKING WAIST LENGTH 30-40 MMHG CUSTOM EACH
A6564	GRADIENT COMPRESSION STOCKING WAIST LENGTH 40 MMHG OR GREATER CUSTOM EACH
A6565	GRADIENT COMPRESSION GAUNTLET CUSTOM EACH
A6566	GRADIENT COMPRESSION GARMENT NECK HEAD EACH
A6567	GRADIENT COMPRESSION GARMENT NECK HEAD CUSTOM EACH
A6568	GRADIENT COMPRESSION GARMENT TORSO AND SHOULDER EACH
A6569	GRADIENT COMPRESSION GARMENT TORSO SHOULDER CUSTOM EACH
A6570	GRADIENT COMPRESSION GARMENT GENITAL REGION EACH
A6571	GRADIENT COMPRESSION GARMENT GENITAL REGION CUSTOM EACH
A6572	GRADIENT COMPRESSION GARMENT TOE CAPS EACH
A6573	GRADIENT COMPRESSION GARMENT TOE CAPS CUSTOM EACH
A6574	GRADIENT COMPRESSION ARM SLEEVE AND GLOVE COMBINATION CUSTOM EACH
A6575	GRADIENT COMPRESSION ARM SLEEVE AND GLOVE COMBINATION EACH
A6576	GRADIENT COMPRESSION ARM SLEEVE CUSTOM MEDIUM WEIGHT EACH
A6577	GRADIENT COMPRESSION ARM SLEEVE CUSTOM HEAVY WEIGHT EACH
A6578	GRADIENT COMPRESSION ARM SLEEVE EACH
A6579	GRADIENT COMPRESSION GLOVE CUSTOM MEDIUM WEIGHT EACH
A6580	GRADIENT COMPRESSION GLOVE CUSTOM HEAVY WEIGHT EACH
A6581	GRADIENT COMPRESSION GLOVE EACH
A6582	GRADIENT COMPRESSION GAUNTLET EACH
A6583	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS BELOW KNEE EACH
A6584	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS NOT OTHERWISE SPECIFIED
A6585	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS ABOVE KNEE EACH
A6586	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS FULL LEG EACH
A6587	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS FOOT EACH
A6588	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS ARM EACH
A6589	GRADIENT PRESSURE WRAP WITH ADJUSTABLE STRAPS BRA EACH
A6590	EXTERNAL URINARY CATHETERS DISPOSABLE WITH WICKING MATERIAL FOR USE WITH SUCTION PUMP PER MONTH
A6591	EXTERNAL URINARY CATHETER NON-DISPOSABLE FOR USE WITH SUCTION PUMP PER MONTH
A6593	ACCESSORY FOR GRADIENT COMPRESSION GARMENT OR WRAP WITH ADJUSTABLE STRAPS NON-OTHERWISE SPECIFIED
A6594	GRADIENT COMPRESSION BANDAGING SUPPLY BANDAGE LINER LOWER EXTREMITY ANY SIZE OR LENGTH EACH

A6595	GRADIENT COMPRESSION BANDAGING SUPPLY BANDAGE LINER UPPER EXTREMITY ANY SIZE OR LENGTH EACH
A6596	GRADIENT COMPRESSION BANDAGING SUPPLY CONFORMING GAUZE PER LINEAR YARD ANY WIDTH EACH
A6597	GRADIENT COMPRESSION BANDAGE ROLL ELASTIC LONG STRETCH LINEAR YARD ANY WIDTH EACH
A6598	GRADIENT COMPRESSION BANDAGE ROLL ELASTIC MEDIUM STRETCH PER LINEAR YARD ANY WIDTH EACH
A6599	GRADIENT COMPRESSION BANDAGE ROLL INELASTIC SHORT STRETCH PER LINEAR YARD ANY WIDTH EACH
A6600	GRADIENT COMPRESSION BANDAGING SUPPLY HIGH DENSITY FOAM SHEET PER 250 SQUARE CENTIMETERS EACH
A6601	GRADIENT COMPRESSION BANDAGING SUPPLY HIGH DENSITY FOAM PAD ANY SIZE OR SHAPE EACH
A6602	GRADIENT COMPRESSION BANDAGING SUPPLY HIGH DENSITY FOAM ROLL FOR BANDAGE PER LINEAR YARD ANY WIDTH E
A6603	GRADIENT COMPRESSION BANDAGING SUPPLY LOW DENSITY CHANNEL FOAM SHEET PER 250 SQUARE CENTIMETERS EACH
A6604	GRADIENT COMPRESSION BANDAGING SUPPLY LOW DENSITY FLAT FOAM SHEET PER 250 SQUARE CENTIMETERS EACH
A6605	GRADIENT COMPRESSION BANDAGING SUPPLY PADDED FOAM PER LINEAR YARD ANY WIDTH EACH
A6606	GRADIENT COMPRESSION BANDAGING SUPPLY PADDED TEXTILE PER LINEAR YARD ANY WIDTH EACH
A6607	GRADIENT COMPRESSION BANDAGING SUPPLY TUBULAR PROTECTIVE ABSORPTION LAYER PER LINEAR YARD ANY WIDTH
A6608	GRADIENT COMPRESSION BANDAGING SUPPLY TUBULAR PROTECTIVE ABSORPTION PADDED LAYER PER LINEAR YARD ANY
A6609	GRADIENT COMPRESSION BANDAGING SUPPLY NOT OTHERWISE SPECIFIED
A6610	GRADIENT COMPRESSION STOCKING BELOW KNEE 18-30 MMHG CUSTOM EACH
A6611	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS ABOVE KNEE EACH CUSTOM
A7000	Canister disposable used with suction pump each
A7001	Canister non-disposable used with suction pump each
A7002	Tubing used with suction pump each
A7003	Administration set with small volume nonfiltered pneumatic nebulizer disposable
A7004	Small volume nonfiltered pneumatic nebulizer disposable
A7005	Administration set with small volume nonfiltered pneumatic nebulizer non-disposable
A7006	Administration set with small volume filtered pneumatic nebulizer
A7007	Large volume nebulizer disposable unfilled used with aerosol compressor
A7008	Large volume nebulizer disposable prefilled used with aerosol compressor
A7009	Reservoir bottle non-disposable used with large volume ultrasonic nebulizer

A7010	Corrugated tubing disposable used with large volume nebulizer 100 feet
A7012	Water collection device used with large volume nebulizer
A7013	Filter disposable used with aerosol compressor or ultrasonic generator
A7014	Filter nondisposable used with aerosol compressor or ultrasonic generator
A7015	Aerosol mask used with dme nebulizer
A7016	Dome and mouthpiece used with small volume ultrasonic nebulizer
A7017	Nebulizer durable glass or autoclavable plastic bottle type not used with oxygen
A7018	Water distilled used with large volume nebulizer 1000 ml
A7020	Interface for cough stimulating device includes all components replacement only
A7021	SUPPLIES AND ACCESSORIES FOR LUNG EXPANSION AIRWAY CLEARANCE CONTINUOUS HIGH FREQUENCY OSCILLATION A
A7023	MECHANICAL ALLERGEN PARTICLE BARRIER INHALATION FILTER CREAM NASAL TOPICAL
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT E
A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT E
A7027	Combination oral nasal mask used with continuous positive airway pressure device each
A7028	Oral cushion for combination oral nasal mask replacement only each
A7029	Nasal pillows for combination oral nasal mask replacement only pair
A7030	Full face mask used with positive airway pressure device each
A7031	Face mask interface replacement for full face mask each
A7032	Cushion for use on nasal mask interface replacement only each
A7033	Pillow for use on nasal cannula type interface replacement only pair
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE W WO HEAD STRAP
A7035	Headgear used with positive airway pressure device
A7036	Chinstrap used with positive airway pressure device
A7037	Tubing used with positive airway pressure device
A7038	Filter disposable used with positive airway pressure device
A7039	Filter non disposable used with positive airway pressure device
A7040	One way chest drain valve
A7041	Water seal drainage container and tubing for use with implanted chest tube
A7044	Oral interface used with positive airway pressure device each

A7045	EXHALATION PORT W WO SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES REPLACEMENT ONLY
A7046	Water chamber for humidifier used with positive airway pressure device replacement each
A7047	Oral interface used with respiratory suction pump each
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT INCLUDING ALL SUPPLIES NEEDED FOR COLLECTION UNIT CHA
A7049	EXPIRATORY POSITIVE AIRWAY PRESSURE INTRANASAL RESISTANCE VALVE
A7501	Tracheostoma valve including diaphragm each
A7502	Replacement diaphragm faceplate for tracheostoma valve each
A7503	FILTER HOLDER OR FILTER CAP REUSABLE FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM EAC
A7504	Filter for use in a tracheostoma heat and moisture exchange system each
A7505	HOUSING REUSABLE WITHOUT ADHESIVE FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND OR WITH A TRACH
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND OR WITH TRACHEOSTOMA VALVE ANY TYPE
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXC
A7508	HOUSING AND INTEGRATED ADHESIVE FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND OR W
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING AND ADHESIVE FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE
A7520	Tracheostomy laryngectomy tube non-cuffed polyvinylchloride (pvc) silicone or equal each
A7521	Tracheostomy laryngectomy tube cuffed polyvinylchloride (pvc) silicone or equal each
A7522	Tracheostomy laryngectomy tube stainless steel or equal (sterilizable and reusable) each
A7523	Tracheostomy shower protector each
A7524	Tracheostoma stent stud button each
A7525	Tracheostomy mask each
A7526	Tracheostomy tube collar holder each
A7527	Tracheostomy laryngectomy tube plug stop each
A8000	Helmet protective soft prefabricated includes all components and accessories
A8001	Helmet protective hard prefabricated includes all components and accessories
A8002	Helmet protective soft custom fabricated includes all components and accessories
A8003	Helmet protective hard custom fabricated includes all components and accessories

A8004	Soft interface for helmet replacement only
A9150	Non-prescription drugs
A9152	Single vitamin mineral trace element oral per dose not otherwise specified
A9153	MULTIPLE VITAMINS W WO MINERALS AND TRACE ELEMENTS ORAL PER DOSE NOT OTHERWISE SPECIFIED
A9154	ARTIFICIAL SALIVA 1 ML
A9155	ARTIFICIAL SALIVA 30 ML
A9156	ORAL MUCOADHESIVE ANY TYPE (LIQUID GEL PASTE ETC.) PER 1 ML
A9180	Pediculosis (lice infestation) treatment topical for administration by patient caretaker
A9268	PROGRAMMER FOR TRANSIENT ORALLY INGESTED CAPSULE
A9269	PROGRAMABLE TRANSIENT ORALLY INGESTED CAPSULE FOR USE WITH EXTERNAL PROGRAMMER PER MONTH
A9270	Non-covered item or service
A9272	Wound suction disposable includes dressing all accessories and components any type each
A9273	COLD OR HOT FLUID BOTTLE ICE CAP OR COLLAR HEAT AND OR COLD WRAP ANY TYPE
A9274	External ambulatory insulin delivery system disposable each includes all supplies and accessories
A9275	Home glucose disposable monitor includes test strips
A9276	SENSOR INVASIVE (E.G. SUBCUTANEOUS) DISPOSABLE FOR USE WITH NON-DURABLE MEDICAL EQUIPMENT INTERSTITI
A9277	TRANSMITTER EXTERNAL FOR USE WITH NON-DURABLE MEDICAL EQUIPMENT INTERSTITIAL CONTINUOUS GLUCOSE MONI
A9278	RECEIVER (MONITOR) EXTERNAL FOR USE WITH NON-DURABLE MEDICAL EQUIPMENT INTERSTITIAL CONTINUOUS GLUCO
A9279	MONITORING FEATURE DEVICE STAND-ALONE OR INTEGRATED ANY TYPE INCLUDES ALL ACCESSORIES COMPONENTS AND
A9280	Alert or alarm device not otherwise classified
A9281	Reaching grabbing device any type any length each
A9282	Wig any type each
A9283	Foot pressure off loading supportive device any type each
A9284	Spirometer non-electronic includes all accessories
A9285	INVERSION EVERSION CORRECTION DEVICE
A9286	HYGIENIC ITEM OR DEVICE DISPOSABLE OR NON-DISPOSABLE ANY TYPE EACH
A9291	PRESCRIPTION DIGITAL COGNITIVE AND OR BEHAVIORAL THERAPY FDA CLEARED PER COURSE OF TREATMENT
A9292	PRESCRIPTION DIGITAL VISUAL THERAPY SOFTWARE-ONLY FDA CLEARED PER COURSE OF TREATMENT

A9293	FERTILITY CYCLE (CONTRACEPTION AND CONCEPTION) TRACKING SOFTWARE APPLICATION FDA CLEARED PER MONTH I
A9300	Exercise equipment
A9500	Technetium tc-99m sestamibi diagnostic per study dose
A9501	Technetium tc-99m teboroxime diagnostic per study dose
A9502	Technetium tc-99m tetrofosmin diagnostic per study dose
A9503	Technetium tc-99m medronate diagnostic per study dose up to 30 millicuries
A9504	Technetium tc-99m apcitide diagnostic per study dose up to 20 millicuries
A9505	Thallium tl-201 thallous chloride diagnostic per millicurie
A9506	GRAPHITE CRUCIBLE FOR PREPARATION OF TECHNETIUM TC 99M-LABELED CARBON AEROSOL EACH
A9507	Indium in-111 capromab pendetide diagnostic per study dose up to 10 millicuries
A9508	Iodine i-131 iobenguane sulfate diagnostic per 0.5 millicurie
A9509	Iodine i-123 sodium iodide diagnostic per millicurie
A9510	Technetium tc-99m disofenin diagnostic per study dose up to 15 millicuries
A9512	Technetium tc-99m pertechnetate diagnostic per millicurie
A9513	LUTETIUM LU 177 DOTATATE THERAPEUTIC 1 MILLICURIE
A9515	CHOLINE C-11 DIAGNOSTIC PER STUDY DOSE UP TO 20 MILLICURIES
A9516	Iodine i-123 sodium iodide diagnostic per 100 microcuries up to 999 microcuries
A9517	IODINE I-131 SODIUM IODIDE CAPSULE(S) THERAPEUTIC PER MILLICURIE
A9520	TECHNETIUM TC-99M TILMANOCEPT DIAGNOSTIC UP TO 0.5 MILLICURIES
A9521	Technetium tc-99m exametazime diagnostic per study dose up to 25 millicuries
A9524	Iodine i-131 iodinated serum albumin diagnostic per 5 microcuries
A9526	Nitrogen n-13 ammonia diagnostic per study dose up to 40 millicuries
A9527	Iodine i-125 sodium iodide solution therapeutic per millicurie
A9528	Iodine i-131 sodium iodide capsule(s) diagnostic per millicurie
A9529	Iodine i-131 sodium iodide solution diagnostic per millicurie
A9530	Iodine i-131 sodium iodide solution therapeutic per millicurie
A9531	Iodine i-131 sodium iodide diagnostic per microcurie (up to 100 microcuries)
A9532	Iodine i-125 serum albumin diagnostic per 5 microcuries
A9536	Technetium tc-99m depreotide diagnostic per study dose up to 35 millicuries
A9537	Technetium tc-99m mebrofenin diagnostic per study dose up to 15 millicuries
A9538	Technetium tc-99m pyrophosphate diagnostic per study dose up to 25 millicuries
A9539	Technetium tc-99m pentetate diagnostic per study dose up to 25 millicuries
A9540	Technetium tc-99m macroaggregated albumin diagnostic per study dose up to 10 millicuries

A9541	Technetium tc-99m sulfur colloid diagnostic per study dose up to 20 millicuries
A9542	Indium in-111 ibritumomab tiuxetan diagnostic per study dose up to 5 millicuries
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN THERAPEUTIC PER TREATMENT DOSE UP TO 40 MILLICURIES
A9546	Cobalt co-57 58 cyanocobalamin diagnostic per study dose up to 1 microcurie
A9547	Indium in-111 oxyquinoline diagnostic per 0.5 millicurie
A9548	Indium in-111 pentetate diagnostic per 0.5 millicurie
A9550	Technetium tc-99m sodium gluceptate diagnostic per study dose up to 25 millicurie
A9551	Technetium tc-99m succimer diagnostic per study dose up to 10 millicuries
A9552	Fluorodeoxyglucose f-18 fdg diagnostic per study dose up to 45 millicuries
A9553	Chromium cr-51 sodium chromate diagnostic per study dose up to 250 microcuries
A9554	Iodine i-125 sodium iothalamate diagnostic per study dose up to 10 microcuries
A9555	Rubidium rb-82 diagnostic per study dose up to 60 millicuries
A9556	Gallium ga-67 citrate diagnostic per millicurie
A9557	Technetium tc-99m bicisate diagnostic per study dose up to 25 millicuries
A9558	Xenon xe-133 gas diagnostic per 10 millicuries
A9559	Cobalt co-57 cyanocobalamin oral diagnostic per study dose up to 1 microcurie
A9560	Technetium tc-99m labeled red blood cells diagnostic per study dose up to 30 millicuries
A9561	Technetium tc-99m oxidronate diagnostic per study dose up to 30 millicuries
A9562	Technetium tc-99m mertiatide diagnostic per study dose up to 15 millicuries
A9563	Sodium phosphate p-32 therapeutic per millicurie
A9564	Chromic phosphate p-32 suspension therapeutic per millicurie
A9566	Technetium tc-99m fanolesomab diagnostic per study dose up to 25 millicuries
A9567	Technetium tc-99m pentetate diagnostic aerosol per study dose up to 75 millicuries
A9568	Technetium tc-99m arcitumomab diagnostic per study dose up to 45 millicuries
A9569	Technetium tc-99m exametazime labeled autologous white blood cells diagnostic per study dose
A9570	Indium in-111 labeled autologous white blood cells diagnostic per study dose
A9571	Indium in-111 labeled autologous platelets diagnostic per study dose
A9572	Indium in-111 pentetreotide diagnostic per study dose up to 6 millicuries
A9573	INJECTION GADOPICLENOL 1 ML
A9574	AIR POLYMER-TYPE A INTRAUTERINE FOAM 0.1 ML
A9575	INJECTION GADOTERATE MEGLUMINE 0.1 ML
A9576	INJECTION GADOTERIDOL (PROHANCE MULTIPACK) PER ML
A9577	INJECTION GADOBENATE DIMEGLUMINE (MULTIHANCE) PER ML
A9578	INJECTION GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK) PER ML

A9579	INJECTION GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT NOT OTHERWISE SPECIFIED (NOS) PER ML
A9580	Sodium fluoride f-18 diagnostic per study dose up to 30 millicuries
A9581	INJECTION GADOXETATE DISODIUM 1 ML
A9582	Iodine i-123 iobenguane diagnostic per study dose up to 15 millicuries
A9583	INJECTION GADOFOSVESET TRISODIUM 1 ML
A9584	Iodine 1-123 ioflupane diagnostic per study dose up to 5 millicuries
A9585	INJECTION GADOBUTROL 0.1 ML
A9586	Florbetapir f18 diagnostic per study dose up to 10 millicuries
A9587	GALLIUM GA-68 DOTATATE DIAGNOSTIC 0.1 MILLICURIE
A9588	FLUCICLOVINE F-18 DIAGNOSTIC 1 MILLICURIE
A9589	INSTILLATION HEXAMINOLEVULINATE HYDROCHLORIDE 100 MG
A9590	IODINE I-131 IOBENGUANE 1 MILLICURIE
A9591	FLUOROESTRADIOL F 18 DIAGNOSTIC 1 MILLICURIE
A9592	COPPER CU-64 DOTATATE DIAGNOSTIC 1 MILLICURIE
A9593	GALLIUM GA-68 PSMA-11 DIAGNOSTIC (UCSF) 1 MILLICURIE
A9594	GALLIUM GA-68 PSMA-11 DIAGNOSTIC (UCLA) 1 MILLICURIE
A9595	PIFLUFOLASTAT F-18 DIAGNOSTIC 1 MILLICURIE
A9596	GALLIUM GA-68 GOZETOTIDE DIAGNOSTIC (ILLUCCIX) 1 MILLICURIE
A9597	POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL DIAGNOSTIC FOR TUMOR IDENTIFICATION NOT OTHERWISE C
A9598	POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL DIAGNOSTIC FOR NON-TUMOR IDENTIFICATION NOT OTHERWI
A9600	STRONTIUM SR-89 CHLORIDE THERAPEUTIC PER MILLICURIE
A9601	FLORTAUCIPIR F 18 INJECTION DIAGNOSTIC 1 MILLICURIE
A9602	FLUORODOPA F-18 DIAGNOSTIC PER MILLICURIE
A9603	INJECTION PAFOLACIANINE 0.1 MG
A9604	SAMARIUM SM-153 LEXIDRONAM THERAPEUTIC PER TREATMENT DOSE UP TO 150 MILLICURIES
A9606	RADIUM RA-223 DICHLORIDE THERAPEUTIC PER MICROCURIE
A9607	LUTETIUM LU 177 VIPIVOTIDE TETRAXETAN THERAPEUTIC 1 MILLICURIE
A9608	FLOTUFOLASTAT F 18 DIAGNOSTIC 1 MILLICURIE
A9609	FLUDEOXYGLUCOSE F18 UP TO 15 MILLICURIES
A9610	XENON XE-129 HYPERPOLARIZED GAS DIAGNOSTIC PER STUDY DOSE
A9611	FLURPIRIDAZ F 18 DIAGNOSTIC 1 MILLICURIE

A9615	INJECTION PEGULICIANINE 1 MG
A9697	INJECTION CARBOXYDEXTRAN-COATED SUPERPARAMAGNETIC IRON OXIDE PER STUDY DOSE
A9698	Non-radioactive contrast imaging material not otherwise classified per study
A9699	Radiopharmaceutical therapeutic not otherwise classified
A9700	Supply of injectable contrast material for use in echocardiography per study
A9800	GALLIUM GA-68 GOZETOTIDE DIAGNOSTIC (LOCAMETZ) 1 MILLICURIE
A9900	Miscellaneous dme supply accessory and or service component of another hcpcs code
A9901	Dme delivery set up and or dispensing service component of another hcpcs code
A9999	Miscellaneous dme supply or accessory not otherwise specified
B4034	ENTERAL FEEDING SUPPLY KIT SYRINGE FED PER DAY INCLUDES BUT NOT LIMITED TO FEEDING FLUSHING SYRINGE
B4035	ENTERAL FEEDING SUPPLY KIT PUMP FED PER DAY INCLUDES BUT NOT LIMITED TO FEEDING FLUSHING SYRINGE ADM
B4036	ENTERAL FEEDING SUPPLY KIT GRAVITY FED PER DAY INCLUDES BUT NOT LIMITED TO FEEDING FLUSHING SYRINGE
B4081	Nasogastric tubing with stylet
B4082	Nasogastric tubing without stylet
B4083	Stomach tube - levine type
B4087	Gastrostomy jejunostomy tube standard any material any type each
B4088	GASTROSTOMY JEJUNOSTOMY TUBE LOW-PROFILE ANY MATERIAL ANY TYPE EACH
B4100	Food thickener administered orally per ounce
B4102	ENTERAL FORMULA FOR ADULTS USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G. CLEAR LIQUIDS) 500 ML = 1 U
B4103	ENTERAL FORMULA FOR PEDIATRICS USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G. CLEAR LIQUIDS) 500 ML =
B4104	Additive for enteral formula (e.g. fiber)
B4105	IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL FEEDING EACH
B4148	ENTERAL FEEDING SUPPLY KIT ELASTOMERIC CONTROL FED PER DAY INCLUDES BUT NOT LIMITED TO FEEDING FLUSH
B4149	ENTERAL FORMULA MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS INCLUDES PROTEINS FATS
B4150	ENTERAL FORMULA NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS INCLUDES PROTEINS FATS CARBOHYDRATES VI

B4152	ENTERAL FORMULA NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL ML) WITH
B4153	ENTERAL FORMULA NUTRITIONALLY COMPLETE HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN) INCLUDES
B4154	ENTERAL FORMULA NUTRITIONALLY COMPLETE FOR SPECIAL METABOLIC NEEDS EXCLUDES INHERITED DISEASE OF MET
B4155	ENTERAL FORMULA NUTRITIONALLY INCOMPLETE MODULAR NUTRIENTS INCLUDES SPECIFIC NUTRIENTS CARBOHYDRATES
B4157	ENTERAL FORMULA NUTRITIONALLY COMPLETE FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLI
B4158	ENTERAL FORMULA FOR PEDIATRICS NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS INCLUDES PROTEINS FATS C
B4159	ENTERAL FORMULA FOR PEDIATRICS NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS INCLUDES PROTE
B4160	ENTERAL FORMULA FOR PEDIATRICS NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.
B4161	ENTERAL FORMULA FOR PEDIATRICS HYDROLYZED AMINO ACIDS AND PEPTIDE CHAIN PROTEINS INCLUDES FATS CARBO
B4162	ENTERAL FORMULA FOR PEDIATRICS SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM INCLUDES
B4164	PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE) 50% OR LESS (500 ML = 1 UNIT) - HOME MIX
B4168	PARENTERAL NUTRITION SOLUTION AMINO ACID 3.5% (500 ML = 1 UNIT) - HOME MIX
B4172	PARENTERAL NUTRITION SOLUTION AMINO ACID 5.5% THROUGH 7% (500 ML = 1 UNIT) - HOME MIX
B4176	PARENTERAL NUTRITION SOLUTION AMINO ACID 7% THROUGH 8.5% (500 ML = 1 UNIT) - HOME MIX
B4178	PARENTERAL NUTRITION SOLUTION: AMINO ACID GREATER THAN 8.5% (500 ML = 1 UNIT) - HOME MIX
B4180	PARENTERAL NUTRITION SOLUTION CARBOHYDRATES (DEXTROSE) GREATER THAN 50% (500 ML = 1 UNIT) - HOME MIX
B4185	PARENTERAL NUTRITION SOLUTION NOT OTHERWISE SPECIFIED 10 GRAMS LIPIDS
B4187	OMEGAVEN 10 GRAMS LIPIDS
B4189	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES TRACE ELEMEN
B4193	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES TRACE ELEMEN

B4197	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES TRACE ELEMEN
B4199	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES TRACE ELEMEN
B4216	PARENTERAL NUTRITION ADDITIVES (VITAMINS TRACE ELEMENTS HEPARIN ELECTROLYTES) HOME MIX PER DAY
B4220	PARENTERAL NUTRITION SUPPLY KIT PREMIX PER DAY
B4222	PARENTERAL NUTRITION SUPPLY KIT HOME MIX PER DAY
B4224	Parenteral nutrition administration kit per day
B5000	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES TRACE ELEMEN
B5100	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES TRACE ELEMEN
B5200	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES TRACE ELEMEN
B9002	ENTERAL NUTRITION INFUSION PUMP ANY TYPE
B9004	Parenteral nutrition infusion pump portable
B9006	Parenteral nutrition infusion pump stationary
B9998	Noc for enteral supplies
B9999	Noc for parenteral supplies
C0732	INSERTION OF OCULAR TELESCOPE PROSTHETIC INCLUDING REMOVAL OF CRYSTALLINE LENS
C1052	HEMOSTATIC AGENT GASTROINTESTINAL TOPICAL
C1062	INTRAVERTEBRAL BODY FRACTURE AUGMENTATION WITH IMPLANT (E.G. METAL POLYMER)
C1600	CATHETER TRANSLUMINAL INTRAVASCULAR LESION PREPARATION DEVICE BLADED SHEATHED (INSERTABLE)
C1601	ENDOSCOPE SINGLE-USE (I.E. DISPOSABLE) PULMONARY IMAGING ILLUMINATION DEVICE (INSERTABLE)
C1602	ORTHOPEDIC DEVICE DRUG MATRIX ABSORBABLE BONE VOID FILLER ANTIMICROBIAL-ELUTING (IMPLANTABLE)
C1603	RETRIEVAL DEVICE INSERTABLE LASER (USED TO RETRIEVE INTRAVASCULAR INFERIOR VENA CAVA FILTER)
C1604	GRAFT TRANSMURAL TRANSVENOUS ARTERIAL BYPASS (IMPLANTABLE) WITH ALL DELIVERY SYSTEM COMPONENTS
C1605	PACEMAKER LEADLESS DUAL CHAMBER (RIGHT ATRIAL AND RIGHT VENTRICULAR IMPLANTABLE COMPONENTS) RATE-RES

C1606	ADAPTER SINGLE-USE (I.E. DISPOSABLE) FOR ATTACHING ULTRASOUND SYSTEM TO UPPER GASTROINTESTINAL ENDOS
C1713	Anchor screw for opposing bone-to-bone or soft tissue-to-bone (implantable)
C1714	Catheter transluminal atherectomy directional
C1715	Brachytherapy needle
C1716	Brachytherapy source non-stranded gold-198 per source
C1717	Brachytherapy source non-stranded high dose rate iridium-192 per source
C1719	Brachytherapy source non-stranded non-high dose rate iridium-192 per source
C1721	Cardioverter-defibrillator dual chamber (implantable)
C1722	Cardioverter-defibrillator single chamber (implantable)
C1724	Catheter transluminal atherectomy rotational
C1725	Catheter transluminal angioplasty non-laser (may include guidance infusion perfusion capability)
C1726	Catheter balloon dilatation non-vascular
C1727	Catheter balloon tissue dissector non-vascular (insertable)
C1728	Catheter brachytherapy seed administration
C1729	Catheter drainage
C1730	Catheter electrophysiology diagnostic other than 3d mapping (19 or fewer electrodes)
C1731	Catheter electrophysiology diagnostic other than 3d mapping (20 or more electrodes)
C1732	Catheter electrophysiology diagnostic ablation 3d or vector mapping
C1733	Catheter electrophysiology diagnostic ablation other than 3d or vector mapping other than cool-tip
C1734	ORTHOPEDIC DEVICE DRUG MATRIX FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-TO BONE (IMPLANTABLE)
C1735	CATHETER(S) INTRAVASCULAR FOR RENAL DENERVATION RADIOFREQUENCY INCLUDING ALL SINGLE USE SYSTEM COMPO
C1736	CATHETER(S) INTRAVASCULAR FOR RENAL DENERVATION ULTRASOUND INCLUDING ALL SINGLE USE SYSTEM COMPONENT
C1737	JOINT FUSION AND FIXATION DEVICE(S) SACROILIAC AND PELVIS INCLUDING ALL SYSTEM COMPONENTS (IMPLANTAB
C1738	POWERED SINGLE-USE (I.E. DISPOSABLE) ENDOSCOPIC ULTRASOUND-GUIDED BIOPSY DEVICE
C1739	TISSUE MARKER UNIQUELY DETECTABLE AND IDENTIFIABLE WITH PROBE SENSOR ANY METHOD (IMPLANTABLE) WITH D
C1747	ENDOSCOPE SINGLE-USE (I.E. DISPOSABLE) URINARY TRACT IMAGING ILLUMINATION DEVICE (INSERTABLE)
C1748	ENDOSCOPE SINGLE-USE (I.E. DISPOSABLE) UPPER GI IMAGING ILLUMINATION DEVICE (INSERTABLE)
C1749	Endoscope retrograde imaging illumination colonoscope device (implantable)

C1750	Catheter hemodialysis peritoneal long-term
C1751	Catheter infusion inserted peripherally centrally or midline (other than hemodialysis)
C1752	Catheter hemodialysis peritoneal short-term
C1753	Catheter intravascular ultrasound
C1754	Catheter intradiscal
C1755	Catheter intraspinal
C1756	Catheter pacing transesophageal
C1757	Catheter thrombectomy embolectomy
C1758	Catheter ureteral
C1759	Catheter intracardiac echocardiography
C1760	Closure device vascular (implantable insertable)
C1761	CATHETER TRANSLUMINAL INTRAVASCULAR LITHOTRIPSY CORONARY
C1762	Connective tissue human (includes fascia lata)
C1763	Connective tissue non-human (includes synthetic)
C1764	Event recorder cardiac (implantable)
C1765	Adhesion barrier
C1766	Introducer sheath guiding intracardiac electrophysiological steerable other than peel-away
C1767	Generator neurostimulator (implantable) non-rechargeable
C1768	Graft vascular
C1769	Guide wire
C1770	Imaging coil magnetic resonance (insertable)
C1771	Repair device urinary incontinence with sling graft
C1772	Infusion pump programmable (implantable)
C1773	Retrieval device insertable (used to retrieve fractured medical devices)
C1776	Joint device (implantable)
C1777	Lead cardioverter-defibrillator endocardial single coil (implantable)
C1778	Lead neurostimulator (implantable)
C1779	Lead pacemaker transvenous vdd single pass
C1780	Lens intraocular (new technology)
C1781	Mesh (implantable)
C1782	Morcellator
C1783	Ocular implant aqueous drainage assist device
C1784	Ocular device intraoperative detached retina
C1785	Pacemaker dual chamber rate-responsive (implantable)

C1786	Pacemaker single chamber rate-responsive (implantable)
C1787	Patient programmer neurostimulator
C1788	Port indwelling (implantable)
C1789	Prosthesis breast (implantable)
C1813	Prosthesis penile inflatable
C1814	Retinal tamponade device silicone oil
C1815	Prosthesis urinary sphincter (implantable)
C1816	Receiver and or transmitter neurostimulator (implantable)
C1817	Septal defect implant system intracardiac
C1818	Integrated keratoprosthesis
C1819	Surgical tissue localization and excision device (implantable)
C1820	GENERATOR NEUROSTIMULATOR (IMPLANTABLE) WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM
C1821	Interspinous process distraction device (implantable)
C1822	GENERATOR NEUROSTIMULATOR (IMPLANTABLE) HIGH FREQUENCY WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM
C1823	GENERATOR NEUROSTIMULATOR (IMPLANTABLE) NON-RECHARGEABLE WITH TRANSVENOUS SENSING AND STIMULATION LE
C1824	GENERATOR CARDIAC CONTRACTILITY MODULATION (IMPLANTABLE)
C1825	GENERATOR NEUROSTIMULATOR (IMPLANTABLE) NON-RECHARGEABLE WITH CAROTID SINUS BARORECEPTOR STIMULATION
C1826	GENERATOR NEUROSTIMULATOR (IMPLANTABLE) INCLUDES CLOSED FEEDBACK LOOP LEADS AND ALL IMPLANTABLE COMP
C1827	GENERATOR NEUROSTIMULATOR (IMPLANTABLE) NON-RECHARGEABLE WITH IMPLANTABLE STIMULATION LEAD AND EXTER
C1830	Powered bone marrow biopsy needle
C1831	INTERBODY CAGE ANTERIOR LATERAL OR POSTERIOR PERSONALIZED (IMPLANTABLE)
C1832	AUTOGRAFT SUSPENSION INCLUDING CELL PROCESSING AND APPLICATION AND ALL SYSTEM COMPONENTS
C1833	MONITOR CARDIAC INCLUDING INTRACARDIAC LEAD AND ALL SYSTEM COMPONENTS (IMPLANTABLE)
C1834	PRESSURE SENSOR SYSTEM INCLUDES ALL COMPONENTS (E.G. INTRODUCER SENSOR) INTRAMUSCULAR (IMPLANTABLE)
C1839	IRIS PROSTHESIS
C1840	Lens intraocular (telescopic)
C1841	RETINAL PROSTHESIS INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS
C1842	RETINAL PROSTHESIS INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS ADD-ON TO C1841

C1849	SKIN SUBSTITUTE SYNTHETIC RESORBABLE PER SQUARE CENTIMETER
C1874	Stent coated covered with delivery system
C1875	Stent coated covered without delivery system
C1876	Stent non-coated non-covered with delivery system
C1877	Stent non-coated non-covered without delivery system
C1878	Material for vocal cord medialization synthetic (implantable)
C1880	Vena cava filter
C1881	Dialysis access system (implantable)
C1882	Cardioverter-defibrillator other than single or dual chamber (implantable)
C1883	ADAPTER EXTENSION PACING LEAD OR NEUROSTIMULATOR LEAD (IMPLANTABLE)
C1884	Embolization protective system
C1885	Catheter transluminal angioplasty laser
C1886	Catheter extravascular tissue ablation any modality (insertable)
C1887	Catheter guiding (may include infusion perfusion capability)
C1888	Catheter ablation non-cardiac endovascular (implantable)
C1889	IMPLANTABLE INSERTABLE DEVICE NOT OTHERWISE CLASSIFIED
C1890	NO IMPLANTABLE INSERTABLE DEVICE USED WITH DEVICE-INTENSIVE PROCEDURES
C1891	Infusion pump non-programmable permanent (implantable)
C1892	Introducer sheath guiding intracardiac electrophysiological fixed-curve peel-away
C1893	Introducer sheath guiding intracardiac electrophysiological fixed-curve other than peel-away
C1894	Introducer sheath other than guiding other than intracardiac electrophysiological non-laser
C1895	Lead cardioverter-defibrillator endocardial dual coil (implantable)
C1896	Lead cardioverter-defibrillator other than endocardial single or dual coil (implantable)
C1897	Lead neurostimulator test kit (implantable)
C1898	Lead pacemaker other than transvenous vdd single pass
C1899	Lead pacemaker cardioverter-defibrillator combination (implantable)
C1900	Lead left ventricular coronary venous system
C1982	CATHETER PRESSURE-GENERATING (E.G. ONE-WAY VALVE INTERMITTENTLY OCCLUSIVE)
C2596	PROBE IMAGE-GUIDED ROBOTIC WATERJET ABLATION
C2613	LUNG BIOPSY PLUG WITH DELIVERY SYSTEM
C2614	Probe percutaneous lumbar discectomy
C2615	Sealant pulmonary liquid
C2616	Brachytherapy source non-stranded yttrium-90 per source
C2617	Stent non-coronary temporary without delivery system

C2618	Probe needle cryoablation
C2619	Pacemaker dual chamber non rate-responsive (implantable)
C2620	Pacemaker single chamber non rate-responsive (implantable)
C2621	Pacemaker other than single or dual chamber (implantable)
C2622	Prosthesis penile non-inflatable
C2623	CATHETER TRANSLUMINAL ANGIOPLASTY DRUG-COATED NON-LASER
C2624	IMPLANTABLE WIRELESS PULMONARY ARTERY PRESSURE SENSOR WITH DELIVERY CATHETER INCLUDING ALL SYSTEM CO
C2625	Stent non-coronary temporary with delivery system
C2626	Infusion pump non-programmable temporary (implantable)
C2627	Catheter suprapubic cystoscopic
C2628	Catheter occlusion
C2629	Introducer sheath other than guiding other than intracardiac electrophysiological laser
C2630	Catheter electrophysiology diagnostic ablation other than 3d or vector mapping cool-tip
C2631	Repair device urinary incontinence without sling graft
C2634	Brachytherapy source non-stranded high activity iodine-125 greater than 1.01 mci (nist) per source
C2635	BRACHYTHERAPY SOURCE NON-STRANDED HIGH ACTIVITY PALLADIUM-103 GREATER THAN 2.2 MCI (NIST) PER SOURCE
C2636	BRACHYTHERAPY LINEAR SOURCE NON-STRANDED PALLADIUM-103 PER 1 MM
C2637	Brachytherapy source non-stranded ytterbium-169 per source
C2638	Brachytherapy source stranded iodine-125 per source
C2639	Brachytherapy source non-stranded iodine-125 per source
C2640	Brachytherapy source stranded palladium-103 per source
C2641	Brachytherapy source non-stranded palladium-103 per source
C2642	Brachytherapy source stranded cesium-131 per source
C2643	Brachytherapy source non-stranded cesium-131 per source
C2644	BRACHYTHERAPY SOURCE CESIUM-131 CHLORIDE SOLUTION PER MILLICURIE
C2645	BRACHYTHERAPY PLANAR SOURCE PALLADIUM-103 PER SQUARE MILLIMETER
C2698	Brachytherapy source stranded not otherwise specified per source
C2699	Brachytherapy source non-stranded not otherwise specified per source
C5271	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK ARMS LEGS TOTAL WOUND SURFACE AREA UP TO 100
C5272	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK ARMS LEGS TOTAL WOUND SURFACE AREA UP TO 100

C5273	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK ARMS LEGS TOTAL WOUND SURFACE AREA GREATER TH
C5274	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK ARMS LEGS TOTAL WOUND SURFACE AREA GREATER TH
C5275	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE SCALP EYELIDS MOUTH NECK EARS ORBITS GENITALIA
C5276	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE SCALP EYELIDS MOUTH NECK EARS ORBITS GENITALIA
C5277	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE SCALP EYELIDS MOUTH NECK EARS ORBITS GENITALIA
C5278	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE SCALP EYELIDS MOUTH NECK EARS ORBITS GENITALIA
C7500	DEBRIDEMENT BONE INCLUDING EPIDERMIS DERMIS SUBCUTANEOUS TISSUE MUSCLE AND OR FASCIA IF PERFORMED FI
C7501	PERCUTANEOUS BREAST BIOPSIES USING STEREOTACTIC GUIDANCE WITH PLACEMENT OF BREAST LOCALIZATION DEVIC
C7502	PERCUTANEOUS BREAST BIOPSIES USING MAGNETIC RESONANCE GUIDANCE WITH PLACEMENT OF BREAST LOCALIZATION
C7503	OPEN BIOPSY OR EXCISION OF DEEP CERVICAL NODE(S) WITH INTRAOPERATIVE IDENTIFICATION (EG MAPPING) OF
C7504	PERCUTANEOUS VERTEBROPLASTIES (BONE BIOPSIES INCLUDED WHEN PERFORMED) FIRST CERVICOTHORACIC AND ANY
C7505	PERCUTANEOUS VERTEBROPLASTIES (BONE BIOPSIES INCLUDED WHEN PERFORMED) FIRST LUMBOSACRAL AND ANY ADDI
C7506	ARTHRODESIS INTERPHALANGEAL JOINTS W WO INTERNAL FIXATION
C7507	PERCUTANEOUS VERTEBRAL AUGMENTATIONS FIRST THORACIC AND ANY ADDITIONAL THORACIC OR LUMBAR VERTEBRAL
C7508	PERCUTANEOUS VERTEBRAL AUGMENTATIONS FIRST LUMBAR AND ANY ADDITIONAL THORACIC OR LUMBAR VERTEBRAL BO
C7509	BRONCHOSCOPY RIGID OR FLEXIBLE DIAGNOSTIC WITH CELL WASHING(S) WHEN PERFORMED WITH COMPUTER-ASSISTED
C7510	BRONCHOSCOPY RIGID OR FLEXIBLE WITH BRONCHIAL ALVEOLAR LAVAGE(S) WITH COMPUTER-ASSISTED IMAGE-GUIDED

C7511	BRONCHOSCOPY RIGID OR FLEXIBLE WITH SINGLE OR MULTIPLE BRONCHIAL OR ENDOBRONCHIAL BIOPSY(IES) SINGLE
C7512	BRONCHOSCOPY RIGID OR FLEXIBLE WITH SINGLE OR MULTIPLE BRONCHIAL OR ENDOBRONCHIAL BIOPSY(IES) SINGLE
C7513	DIALYSIS CIRCUIT INTRODUCTION OF NEEDLE(S) AND OR CATHETER(S) WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIA
C7514	DIALYSIS CIRCUIT INTRODUCTION OF NEEDLE(S) AND OR CATHETER(S) WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIA
C7515	DIALYSIS CIRCUIT INTRODUCTION OF NEEDLE(S) AND OR CATHETER(S) WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIA
C7516	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECTIO
C7517	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECTIO
C7518	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECT
C7519	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECT
C7520	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECT
C7521	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECT
C7522	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECT
C7523	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECT
C7524	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECT
C7525	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECT
C7526	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECT
C7527	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECT

C7528	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECT
C7529	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECT
C7530	DIALYSIS CIRCUIT INTRODUCTION OF NEEDLE(S) AND OR CATHETER(S) WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIA
C7531	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL POPLITEAL ARTERY(IES) UNILATERAL WITH TR
C7532	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSIVE DISEASE INTRACRAN
C7533	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY SINGLE MAJOR CORONARY ARTERY OR BRANCH WITH TRANSCATH
C7534	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL POPLITEAL ARTERY(IES) UNILATERAL WITH AT
C7535	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS FEMORAL POPLITEAL ARTERY(IES) UNILATERAL WITH TR
C7537	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH ATRIAL TRANSVENOUS ELECTRODE(S) WITH INS
C7538	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH VENTRICULAR TRANSVENOUS ELECTRODE(S) WIT
C7539	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH ATRIAL AND VENTRICULAR TRANSVENOUS ELECT
C7540	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR DUAL LE
C7541	DIAGNOSTIC ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP) INCLUDING COLLECTION OF SPECIMEN(S)
C7542	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP) WITH BIOPSY SINGLE OR MULTIPLE WITH ENDOSCOPIC
C7543	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP) WITH SPHINCTEROTOMY PAPILLOTOMY WITH ENDOSCOPI
C7544	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP) WITH REMOVAL OF CALCULI DEBRIS FROM BILIARY PA
C7545	PERCUTANEOUS EXCHANGE OF BILIARY DRAINAGE CATHETER (EG EXTERNAL INTERNAL-EXTERNAL OR CONVERSION OF I

C7546	REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE NEPHROURETERAL CATHETER (EG EXTERNAL INTERNAL STENT
C7547	CONVERT NEPHROSTOMY CATHETER TO NEPHROURETERAL CATHETER PERCUTANEOUS VIA PRE-EXISTING NEPHROSTOMY TR
C7548	EXCHANGE NEPHROSTOMY CATHETER PERCUTANEOUS WITH URETERAL STRICTURE BALLOON DILATION INCLUDING DIAGNO
C7549	CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETERAL STENT VIA ILEAL CONDUIT WITH URETERAL
C7550	CYSTOURETHROSCOPY WITH BIOPSY(IES) WITH ADJUCTIVE BLUE LIGHT CYSTOSCOPY WITH FLUORESCENT IMAGING AGE
C7551	EXCISION OF MAJOR PERIPHERAL NERVE NEUROMA EXCEPT SCIATIC WITH IMPLANTATION OF NERVE END INTO BONE O
C7552	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECTIO
C7553	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECTIO
C7554	CYSTOURETHROSCOPY WITH ADJUNCTIVE BLUE LIGHT CYSTOSCOPY WITH FLUORESCENT IMAGING AGENT
C7555	THYROIDECTOMY TOTAL OR COMPLETE WITH PARATHYROID AUTOTRANSPLANTATION
C7556	BRONCHOSCOPY RIGID OR FLEXIBLE WITH BRONCHIAL ALVEOLAR LAVAGE AND TRANSENDOSCOPIC ENDOBRONCHIAL ULTR
C7557	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECTIO
C7558	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECTIO
C7560	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP) WITH REMOVAL OF FOREIGN BODY(S) OR STENT(S) FR
C7561	DEBRIDEMENT BONE (INCLUDES EPIDERMIS DERMIS SUBCUTANEOUS TISSUE MUSCLE AND OR FASCIA IF PERFORMED) F
C7562	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECTIO
C7563	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSIVE DISEASE INTRACRAN
C7564	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN(S) INCLUDING INTRAPROCEDURAL PHARMACOLOGICAL

C7565	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE EPIGASTRIC INCISIONAL VENTRAL UMBILICAL SPIGELIAN) ANY AP
C7566	ARTHRODESIS INTERPHALANGEAL JOINTS W WO INTERNAL FIXATION WITH AUTOGRAFTS (INCLUDES OBTAINING GRAFTS
C7567	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED WITH TRANSBRONCHIAL NE
C7568	CATHETER PLACEMENT IN CORONARY ARTERY(IES) FOR CORONARY ANGIOGRAPHY INCLUDING INTRAPROCEDURAL INJECT
C7569	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY SINGLE MAJOR CORONARY ARTERY OR BRANCH WITH ENDOLUMIN
C7900	SERVICE FOR DIAGNOSIS EVALUATION OR TREATMENT OF A MENTAL HEALTH OR SUBSTANCE USE DISORDER INITIAL 1
C7901	SERVICE FOR DIAGNOSIS EVALUATION OR TREATMENT OF A MENTAL HEALTH OR SUBSTANCE USE DISORDER INITIAL 3
C7902	SERVICE FOR DIAGNOSIS EVALUATION OR TREATMENT OF A MENTAL HEALTH OR SUBSTANCE USE DISORDER EACH ADDI
C7903	GROUP PSYCHOTHERAPY SERVICE FOR DIAGNOSIS EVALUATION OR TREATMENT OF A MENTAL HEALTH OR SUBSTANCE US
C8000	SUPPORT DEVICE EXTRAVASCULAR FOR ARTERIOVENOUS FISTULA (IMPLANTABLE)
C8001	3D ANATOMICAL SEGMENTATION IMAGING FOR PREOPERATIVE PLANNING DATA PREPARATION AND TRANSMISSION OBTAI
C8002	PREPARATION OF SKIN CELL SUSPENSION AUTOGRAFT AUTOMATED INCLUDING ALL ENZYMATIC PROCESSING AND DEVIC
C8003	IMPLANTATION OF MEDIAL KNEE EXTRAARTICULAR IMPLANTABLE SHOCK ABSORBER SPANNING THE KNEE JOINT FROM D
C8004	SIMULATION ANGIOGRAM WITH USE OF A PRESSURE-GENERATING CATHETER (E.G. ONE-WAY VALVE INTERMITTENTLY O
C8005	BRONCHOSCOPY RIGID OR FLEXIBLE NON-THERMAL TRANSBRONCHIAL ABLATION OF LESION(S) BY PULSED ELECTRIC F
C8900	Magnetic resonance angiography with contrast abdomen
C8901	Magnetic resonance angiography without contrast abdomen
C8902	Magnetic resonance angiography without contrast followed by with contrast abdomen
C8903	MAGNETIC RESONANCE IMAGING WITH CONTRAST BREAST UNILATERAL

C8905	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST BREAST UNILATERAL
C8906	MAGNETIC RESONANCE IMAGING WITH CONTRAST BREAST BILATERAL
C8908	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST BREAST BILATERAL
C8909	Magnetic resonance angiography with contrast chest (excluding myocardium)
C8910	Magnetic resonance angiography without contrast chest (excluding myocardium)
C8911	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST CHEST (EXCLUDING MYOCARDIU
C8912	Magnetic resonance angiography with contrast lower extremity
C8913	Magnetic resonance angiography without contrast lower extremity
C8914	Magnetic resonance angiography without contrast followed by with contrast lower extremity
C8918	Magnetic resonance angiography with contrast pelvis
C8919	Magnetic resonance angiography without contrast pelvis
C8920	Magnetic resonance angiography without contrast followed by with contrast pelvis
C8921	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST FOR CONGE
C8922	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST FOR CONGE
C8923	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST REAL-TIME
C8924	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST REAL-TIME
C8925	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) WITH CONTRAST OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST R
C8926	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) WITH CONTRAST OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST F
C8927	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) WITH CONTRAST OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST F
C8928	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST REAL-TIME
C8929	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST REAL-TIME
C8930	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST REAL-TIME

C8931	Magnetic resonance angiography with contrast spinal canal and contents
C8932	Magnetic resonance angiography without contrast spinal canal and contents
C8933	Magnetic resonance angiography without contrast followed by with contrast spinal canal and contents
C8934	Magnetic resonance angiography with contrast upper extremity
C8935	Magnetic resonance angiography without contrast upper extremity
C8936	Magnetic resonance angiography without contrast followed by with contrast upper extremity
C8937	COMPUTER-AIDED DETECTION INCLUDING COMPUTER ALGORITHM ANALYSIS OF BREAST MRI IMAGE DATA FOR LESION D
C8957	INTRAVENOUS INFUSION FOR THERAPY DIAGNOSIS INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS) REQU
C9043	INJECTION LEVOLEUCOVORIN 1 MG
C9046	COCAINE HYDROCHLORIDE NASAL SOLUTION FOR TOPICAL ADMINISTRATION 1 MG
C9047	INJECTION CAPLACIZUMAB-YHDP 1 MG
C9065	INJECTION ROMIDEPSIN NON-LYOPHILIZED (E.G. LIQUID) 1MG
C9067	GALLIUM GA-68 DOTATOC DIAGNOSTIC 0.01 MCI
C9068	COPPER CU-64 DOTATATE DIAGNOSTIC 1 MILLICURIE
C9069	INJECTION BELANTAMAB MAFODONTIN-BLMF 0.5 MG
C9070	INJECTION TAFASITAMAB-CXIX 2 MG
C9071	INJECTION VILTOLARSEN 10 MG
C9072	INJECTION IMMUNE GLOBULIN (ASCENIV) 500 MG
C9073	BREXUCABTAGENE AUTOLEUCEL UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS INCLUDI
C9088	INSTILLATION BUPIVACAINE AND MELOXICAM 1 MG 0.03 MG
C9089	BUPIVACAINE COLLAGEN-MATRIX IMPLANT 1 MG
C9101	INJECTION OLICERIDINE 0.1 MG
C9113	INJECTION PANTOPRAZOLE SODIUM PER VIAL
C9122	MOMETASONE FUROATE SINUS IMPLANT 10 MICROGRAMS (SINUVA)
C9129	INJECTION CLOFARABINE PER 1 MG
C9132	PROTHROMBIN COMPLEX CONCENTRATE (HUMAN) KCENTRA PER I.U. OF FACTOR IX ACTIVITY
C9143	COCAINE HYDROCHLORIDE NASAL SOLUTION (NUMBRINO) 1 MG
C9144	INJECTION BUPIVACAINE (POSIMIR) 1 MG
C9145	INJECTION APREPITANT (APONVIE) 1 MG
C9150	XENON XE-129 HYPERPOLARIZED GAS DIAGNOSTIC PER STUDY DOSE
C9159	INJECTION PROTHROMBIN COMPLEX CONCENTRATE (HUMAN) BALFAXAR PER I.U. OF FACTOR IX ACTIVITY

C9160	INJECTION DAXIBOTULINUMTOXINA-LANM 1 UNIT
C9161	INJECTION AFLIBERCEPT HD 1 MG
C9162	INJECTION AVACINCAPTAD PEGOL 0.1 MG
C9163	INJECTION TALQUETAMAB-TGVS 0.25 MG
C9164	CANTHARIDIN FOR TOPICAL ADMINISTRATION 0.7% SINGLE UNIT DOSE APPLICATOR (3.2 MG)
C9165	INJECTION ELRANATAMAB-BCMM 1 MG
C9173	INJECTION FILGRASTIM-TXID (NYPOZI) BIOSIMILAR 1 MICROGRAM
C9176	TC-99M FROM DOMESTICALLY PRODUCED NON-HEU MO-99 [MINIMUM 50 PERCENT] FULL COST RECOVERY ADD-ON PER S
C9241	INJECTION DORIPENEM 10 MG
C9242	INJECTION FOSAPREPITANT 1 MG
C9245	INJECTION ROMIPLOSTIM 10 MCG
C9246	INJECTION GADOXETATE DISODIUM PER ML
C9247	IOBEHGUANE I-123 DIAGNOSTIC PER STUDY DOSE UP TO 10 MILLICURIES
C9248	INJECTION CLEVIDIPINE BUTYRATE 1 MG
C9250	HUMAN PLASMA FIBRIN SEALANT VAPOR-HEATED SOLVENT-DETERGENT (ARTISS) 2 ML
C9254	Injection lacosamide 1 mg
C9257	INJECTION BEVACIZUMAB 0.25 MG
C9285	Lidocaine 70 mg tetracaine 70 mg per patch
C9290	INJECTION BUPIVACAINE LIPOSOME 1 MG
C9293	INJECTION GLUCARPIDASE 10 UNITS
C9352	Microporous collagen implantable tube (neuragen nerve guide) per centimeter length
C9353	Microporous collagen implantable slit tube (neurawrap nerve protector) per centimeter length
C9354	Acellular pericardial tissue matrix of non-human origin (veritas) per square centimeter
C9355	Collagen nerve cuff (neuromatrix) per 0.5 centimeter length
C9356	TENDON POROUS MATRIX OF CROSS-LINKED COLLAGEN AND GLYCOSAMINOGLYCAN MATRIX (TENOGLIDE TENDON PROTECT
C9357	DERMAL SUBSTITUTE GRANULATED CROSS-LINKED COLLAGEN AND GLYCOSAMINOGLYCAN MATRIX (FLOWABLE WOUND MATR
C9358	DERMAL SUBSTITUTE NATIVE NON-DENATURED COLLAGEN FETAL BOVINE ORIGIN (SURGIMEND COLLAGEN MATRIX) PER
C9359	POROUS PURIFIED COLLAGEN MATRIX BONE VOID FILLER (INTEGRA MOZAIK OSTEOCONDUCTIVE SCAFFOLD PUTTY INTE

C9360	DERMAL SUBSTITUTE NATIVE NON-DENATURED COLLAGEN NEONATAL BOVINE ORIGIN (SURGIMEND COLLAGEN MATRIX) P
C9361	Collagen matrix nerve wrap (neuromend collagen nerve wrap) per 0.5 centimeter length
C9362	POROUS PURIFIED COLLAGEN MATRIX BONE VOID FILLER (INTEGRA MOZAIK OSTEOCONDUCTIVE SCAFFOLD STRIP) PER
C9363	Skin substitute integra meshed bilayer wound matrix per square centimeter
C9364	Porcine implant permacol per square centimeter
C9399	Unclassified drugs or biologicals
C9460	INJECTION CANGRELOR 1 MG
C9462	INJECTION DELAFLOXACIN 1 MG
C9482	INJECTION SOTALOL HYDROCHLORIDE 1 MG
C9488	INJECTION CONIVAPTAN HYDROCHLORIDE 1 MG
C9507	FRESH FROZEN PLASMA HIGH TITER COVID-19 CONVALESCENT FROZEN WITHIN 8 HOURS OF COLLECTION EACH UNIT
C9600	PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG ELUTING INTRACORONARY STENT(S) WITH CORONARY ANGIOPLAST
C9601	PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG-ELUTING INTRACORONARY STENT(S) WITH CORONARY ANGIOPLAST
C9602	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY WITH DRUG ELUTING INTRACORONARY STENT WITH CORONARY A
C9603	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY WITH DRUG-ELUTING INTRACORONARY STENT WITH CORONARY A
C9604	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT (INTERNAL MAM
C9605	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT (INTERNAL MAM
C9606	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF ACUTE TOTAL SUBTOTAL OCCLUSION DURING ACUTE MYOCARDIA
C9607	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION CORONARY ARTERY CORONARY ARTE
C9608	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION CORONARY ARTERY CORONARY ARTE
C9610	CATHETER TRANSLUMINAL DRUG DELIVERY W WO ANGIOPLASTY CORONARY NON-LASER (INSERTABLE)
C9725	Placement of endorectal intracavitary applicator for high intensity brachytherapy

C9726	PLACEMENT AND REMOVAL (IF PERFORMED) OF APPLICATOR INTO BREAST FOR INTRAOPERATIVE RADIATION THERAPY
C9727	INSERTION OF IMPLANTS INTO THE SOFT PALATE MINIMUM OF THREE IMPLANTS
C9728	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY SURGERY GUIDANCE (E.G. FIDUCIAL MARKERS DO
C9733	Non-ophthalmic fluorescent vascular angiography
C9734	FOCUSED ULTRASOUND ABLATION THERAPEUTIC INTERVENTION OTHER THAN UTERINE LEIOMYOMATA WITH MAGNETIC RE
C9738	ADJUNCTIVE BLUE LIGHT CYSTOSCOPY WITH FLUORESCENT IMAGING AGENT (LIST SEPARATELY IN ADDITION TO CODE
C9739	CYSTOURETHROSCOPY WITH INSERTION OF TRANSPROSTATIC IMPLANT 1 TO 3 IMPLANTS
C9740	CYSTOURETHROSCOPY WITH INSERTION OF TRANSPROSTATIC IMPLANT 4 OR MORE IMPLANTS
C9751	BRONCHOSCOPY RIGID OR FLEXIBLE TRANSBRONCHIAL ABLATION OF LESION(S) BY MICROWAVE ENERGY INCLUDING FL
C9752	DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE FIRST TWO VERTEBRAL BODIES INCLUDING IMAGING GUIDANC
C9753	DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE EACH ADDITIONAL VERTEBRAL BODY INCLUDING IMAGING GUI
C9756	INTRAOPERATIVE NEAR-INFRARED FLUORESCENCE LYMPHATIC MAPPING OF LYMPH NODE(S) (SENTINEL OR TUMOR DRAI
C9757	LAMINOTOMY (HEMILAMINECTOMY) WITH DECOMPRESSION OF NERVE ROOT(S) INCLUDING PARTIAL FACETECTOMY FORAM
C9758	BLINDED PROCEDURE FOR NYHA CLASS III IV HEART FAILURE TRANSCATHETER IMPLANTATION OF INTERATRIAL SHUN
C9759	TRANSCATHETER INTRAOPERATIVE BLOOD VESSEL MICROINFUSION(S) (E.G. INTRALUMINAL VASCULAR WALL AND OR P
C9760	NON-RANDOMIZED NON-BLINDED PROCEDURE FOR NYHA CLASS II III IV HEART FAILURE TRANSCATHETER IMPLANTATI
C9761	CYSTOURETHROSCOPY WITH URETEROSCOPY AND OR PYELOSCOPY WITH LITHOTRIPSY AND URETERAL CATHETERIZATION
C9762	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION QUANTIFICATION OF SEGMENTAL DYSFUNCTI
C9763	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION QUANTIFICATION OF SEGMENTAL DYSFUNCTI

C9764	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS ANY VESSEL(S) WITH INTRAVASCULAR LITHOTRIPSY INC
C9765	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS ANY VESSEL(S) WITH INTRAVASCULAR LITHOTRIPSY AND
C9766	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS ANY VESSEL(S) WITH INTRAVASCULAR LITHOTRIPSY AND
C9767	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS ANY VESSEL(S) WITH INTRAVASCULAR LITHOTRIPSY AND
C9768	ENDOSCOPIC ULTRASOUND-GUIDED DIRECT MEASUREMENT OF HEPATIC PORTOSYSTEMIC PRESSURE GRADIENT BY ANY ME
C9769	CYSTOURETHROSCOPY WITH INSERTION OF TEMPORARY PROSTATIC IMPLANT STENT WITH FIXATION ANCHOR AND INCIS
C9772	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL PERONEAL ARTERY(IES) WITH INTRAVASCULAR L
C9773	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL PERONEAL ARTERY(IES) WITH INTRAVASCULAR L
C9774	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL PERONEAL ARTERY(IES) WITH INTRAVASCULAR L
C9775	REVASCULARIZATION ENDOVASCULAR OPEN OR PERCUTANEOUS TIBIAL PERONEAL ARTERY(IES) WITH INTRAVASCULAR L
C9776	INTRAOPERATIVE NEAR-INFRARED FLUORESCENCE IMAGING OF MAJOR EXTRA-HEPATIC BILE DUCT(S) (E.G. CYSTIC D
C9777	ESOPHAGEAL MUCOSAL INTEGRITY TESTING BY ELECTRICAL IMPEDANCE TRANSORAL INCLUDES ESOPHAGOSCOPY OR ESO
C9778	COLPOPEXY VAGINAL MINIMALLY INVASIVE EXTRA-PERITONEAL APPROACH (SACROSPINOUS)
C9779	ENDOSCOPIC SUBMUCOSAL DISSECTION (ESD) INCLUDING ENDOSCOPY OR COLONOSCOPY MUCOSAL CLOSURE WHEN PERFO
C9780	INSERTION OF CENTRAL VENOUS CATHETER THROUGH CENTRAL VENOUS OCCLUSION VIA INFERIOR AND SUPERIOR APPR
C9781	ARTHROSCOPY SHOULDER SURGICAL WITH IMPLANTATION OF SUBACROMIAL SPACER (E.G. BALLOON) INCLUDES DEBRID
C9782	BLINDED PROCEDURE FOR NEW YORK HEART ASSOCIATION (NYHA) CLASS II OR III HEART FAILURE OR CANADIAN CA

C9783	BLINDED PROCEDURE FOR TRANSCATHETER IMPLANTATION OF CORONARY SINUS REDUCTION DEVICE OR PLACEBO CONTR
C9784	GASTRIC RESTRICTIVE PROCEDURE ENDOSCOPIC SLEEVE GASTROPLASTY WITH ESOPHAGOGASTRODUODENOSCOPY AND INT
C9785	ENDOSCOPIC OUTLET REDUCTION GASTRIC POUCH APPLICATION WITH ENDOSCOPY AND INTRALUMINAL TUBE INSERTION
C9786	ECHOCARDIOGRAPHY IMAGE POST PROCESSING FOR COMPUTER AIDED DETECTION OF HEART FAILURE WITH PRESERVED
C9787	GASTRIC ELECTROPHYSIOLOGY MAPPING WITH SIMULTANEOUS PATIENT SYMPTOM PROFILING
C9789	INSTILLATION OF ANTI-NEOPLASTIC PHARMACOLOGIC BIOLOGIC AGENT INTO RENAL PELVIS ANY METHOD INCLUDING
C9790	HISTOTRIPSY (IE NON-THERMAL ABLATION VIA ACOUSTIC ENERGY DELIVERY) OF MALIGNANT RENAL TISSUE INCLUDI
C9791	MAGNETIC RESONANCE IMAGING WITH INHALED HYPERPOLARIZED XENON-129 CONTRAST AGENT CHEST INCLUDING PREP
C9792	BLINDED OR NONBLINDED PROCEDURE FOR SYMPTOMATIC NEW YORK HEART ASSOCIATION (NYHA) CLASS II III IVA H
C9793	3D PREDICTIVE MODEL GENERATION FOR PRE-PLANNING OF A CARDIAC PROCEDURE USING DATA FROM CARDIAC COMPU
C9794	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX INCLUDING ACQUISITION OF PET AND CT IMA
C9795	STEREOTACTIC BODY RADIATION THERAPY TREATMENT DELIVERY PER FRACTION TO 1 OR MORE LESIONS INCLUDING I
C9796	REPAIR OF ENTEROCUTANEOUS FISTULA SMALL INTESTINE OR COLON (EXCLUDING ANORECTAL FISTULA) WITH PLUG (
C9797	VASCULAR EMBOLIZATION OR OCCLUSION PROCEDURE WITH USE OF A PRESSURE-GENERATING CATHETER (E.G. ONE-WA
C9804	ELASTOMERIC INFUSION PUMP (E.G. ON-Q PUMP WITH BOLUS) INCLUDING CATHETER AND ALL DISPOSABLE SYSTEM C
C9806	ROTARY PERISTALTIC INFUSION PUMP (E.G. AMBIT PUMP) INCLUDING CATHETER AND ALL DISPOSABLE SYSTEM COMP
C9807	NERVE STIMULATOR PERCUTANEOUS PERIPHERAL (E.G. SPRINT PERIPHERAL NERVE STIMULATION SYSTEM) INCLUDING

C9808	NERVE CRYOABLATION PROBE (E.G. CRYOICE CRYOSPHERE CRYOSPHERE MAX CRYOICE CRYOSPHERE CRYOICE CRYO2) I
C9809	CRYOABLATION NEEDLE (E.G. IOVERA SYSTEM) INCLUDING NEEDLE TIP AND ALL DISPOSABLE SYSTEM COMPONENTS N
C9810	WATER CIRCULATING MOTORIZED COLD THERAPY DEVICE (E.G. ICEMAN) INCLUDING ALL SYSTEM COMPONENTS (E.G.
C9898	Radiolabeled product provided during a hospital inpatient stay
C9899	Implanted prosthetic device payable only for inpatients who do not have inpatient coverage
C9901	ENDOSCOPIC DEFECT CLOSURE WITHIN THE ENTIRE GASTROINTESTINAL TRACT INCLUDING UPPER ENDOSCOPY (INCLUD
E0100	Cane includes canes of all materials adjustable or fixed with tip
E0105	Cane quad or three prong includes canes of all materials adjustable or fixed with tips
E0110	CRUTCHES FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS ADJUSTABLE OR FIXED PAIR COMPLETE WITH TIPS
E0111	CRUTCH FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS ADJUSTABLE OR FIXED EACH WITH TIP AND HANDGRIP
E0112	Crutches underarm wood adjustable or fixed pair with pads tips and handgrips
E0113	Crutch underarm wood adjustable or fixed each with pad tip and handgrip
E0114	Crutches underarm other than wood adjustable or fixed pair with pads tips and handgrips
E0116	CRUTCH UNDERARM OTHER THAN WOOD ADJUSTABLE OR FIXED WITH PAD TIP HANDGRIP W WO SHOCK ABSORBER EACH
E0117	Crutch underarm articulating spring assisted each
E0118	CRUTCH SUBSTITUTE LOWER LEG PLATFORM W WO WHEELS EACH
E0130	Walker rigid (pickup) adjustable or fixed height
E0135	Walker folding (pickup) adjustable or fixed height
E0140	Walker with trunk support adjustable or fixed height any type
E0141	Walker rigid wheeled adjustable or fixed height
E0143	Walker folding wheeled adjustable or fixed height
E0144	Walker enclosed four sided framed rigid or folding wheeled with posterior seat
E0147	Walker heavy duty multiple braking system variable wheel resistance
E0148	Walker heavy duty without wheels rigid or folding any type each
E0149	Walker heavy duty wheeled rigid or folding any type
E0152	WALKER BATTERY POWERED WHEELED FOLDING ADJUSTABLE OR FIXED HEIGHT
E0153	Platform attachment forearm crutch each

E0154	Platform attachment walker each
E0155	Wheel attachment rigid pick-up walker per pair
E0156	Seat attachment walker
E0157	Crutch attachment walker each
E0158	Leg extensions for walker per set of four (4)
E0159	Brake attachment for wheeled walker replacement each
E0160	SITZ TYPE BATH OR EQUIPMENT PORTABLE USED W WO COMMODE
E0161	SITZ TYPE BATH OR EQUIPMENT PORTABLE USED W WO COMMODE WITH FAUCET ATTACHMENT S
E0162	Sitz bath chair
E0163	Commode chair mobile or stationary with fixed arms
E0165	Commode chair mobile or stationary with detachable arms
E0167	Pail or pan for use with commode chair replacement only
E0168	COMMODE CHAIR EXTRA WIDE AND OR HEAVY DUTY STATIONARY OR MOBILE W WO ARMS ANY TYPE EACH
E0170	Commode chair with integrated seat lift mechanism electric any type
E0171	Commode chair with integrated seat lift mechanism non-electric any type
E0172	Seat lift mechanism placed over or on top of toilet any type
E0175	Foot rest for use with commode chair each
E0181	Powered pressure reducing mattress overlay pad alternating with pump includes heavy duty
E0182	Pump for alternating pressure pad for replacement only
E0183	POWERED PRESSURE REDUCING UNDERLAY PAD ALTERNATING WITH PUMP INCLUDES HEAVY DUTY
E0184	Dry pressure mattress
E0185	Gel or gel-like pressure pad for mattress standard mattress length and width
E0186	Air pressure mattress
E0187	Water pressure mattress
E0188	Synthetic sheepskin pad
E0189	Lambswool sheepskin pad any size
E0190	Positioning cushion pillow wedge any shape or size includes all components and accessories
E0191	Heel or elbow protector each
E0193	Powered air flotation bed (low air loss therapy)
E0194	Air fluidized bed
E0196	Gel pressure mattress
E0197	Air pressure pad for mattress standard mattress length and width
E0198	Water pressure pad for mattress standard mattress length and width
E0199	Dry pressure pad for mattress standard mattress length and width

E0200	Heat lamp without stand (table model) includes bulb or infrared element
E0201	PENILE CONTRACTURE DEVICE MANUAL GREATER THAN 3 LBS TRACTION FORCE
E0202	Phototherapy (bilirubin) light with photometer
E0203	Therapeutic lightbox minimum 10 000 lux table top model
E0205	Heat lamp with stand includes bulb or infrared element
E0210	Electric heat pad standard
E0215	Electric heat pad moist
E0217	Water circulating heat pad with pump
E0218	FLUID CIRCULATING COLD PAD WITH PUMP ANY TYPE
E0221	Infrared heating pad system
E0225	Hydrocollator unit includes pads
E0231	NON-CONTACT WOUND WARMING DEVICE (TEMPERATURE CONTROL UNIT AC ADAPTER AND POWER CORD) FOR USE WITH W
E0232	WARMING CARD FOR USE WITH THE NON CONTACT WOUND WARMING DEVICE AND NON CONTACT WOUND WARMING WOUND C
E0235	Paraffin bath unit portable (see medical supply code a4265 for paraffin)
E0236	Pump for water circulating pad
E0239	Hydrocollator unit portable
E0240	BATH SHOWER CHAIR W WO WHEELS ANY SIZE
E0241	Bath tub wall rail each
E0242	Bath tub rail floor base
E0243	Toilet rail each
E0244	RAISED TOILET SEAT
E0245	TUB STOOL OR BENCH
E0246	Transfer tub rail attachment
E0247	TRANSFER BENCH FOR TUB OR TOILET W WO COMMODE OPENING
E0248	TRANSFER BENCH HEAVY DUTY FOR TUB OR TOILET W WO COMMODE OPENING
E0249	Pad for water circulating heat unit for replacement only
E0250	Hospital bed fixed height with any type side rails with mattress
E0251	Hospital bed fixed height with any type side rails without mattress
E0255	Hospital bed variable height hi-lo with any type side rails with mattress
E0256	Hospital bed variable height hi-lo with any type side rails without mattress
E0260	Hospital bed semi-electric (head and foot adjustment) with any type side rails with mattress
E0261	Hospital bed semi-electric (head and foot adjustment) with any type side rails without mattress

E0265	HOSPITAL BED TOTAL ELECTRIC (HEAD FOOT AND HEIGHT ADJUSTMENTS) WITH ANY TYPE SIDE RAILS WITH MATTRES
E0266	HOSPITAL BED TOTAL ELECTRIC (HEAD FOOT AND HEIGHT ADJUSTMENTS) WITH ANY TYPE SIDE RAILS WITHOUT MATT
E0270	Hospital bed institutional type includes: oscillating circulating and stryker frame with mattress
E0271	Mattress innerspring
E0272	Mattress foam rubber
E0273	Bed board
E0274	Over-bed table
E0275	Bed pan standard metal or plastic
E0276	Bed pan fracture metal or plastic
E0277	Powered pressure-reducing air mattress
E0280	Bed cradle any type
E0290	Hospital bed fixed height without side rails with mattress
E0291	Hospital bed fixed height without side rails without mattress
E0292	Hospital bed variable height hi-lo without side rails with mattress
E0293	Hospital bed variable height hi-lo without side rails without mattress
E0294	Hospital bed semi-electric (head and foot adjustment) without side rails with mattress
E0295	Hospital bed semi-electric (head and foot adjustment) without side rails without mattress
E0296	HOSPITAL BED TOTAL ELECTRIC (HEAD FOOT AND HEIGHT ADJUSTMENTS) WITHOUT SIDE RAILS WITH MATTRESS
E0297	Hospital bed total electric (head foot and height adjustments) without side rails without mattress
E0300	PEDIATRIC CRIB HOSPITAL GRADE FULLY ENCLOSED W WO TOP ENCLOSURE
E0301	HOSPITAL BED HEAVY DUTY EXTRA WIDE WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS BUT LESS THAN OR EQU
E0302	HOSPITAL BED EXTRA HEAVY DUTY EXTRA WIDE WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS WITH ANY TYPE
E0303	HOSPITAL BED HEAVY DUTY EXTRA WIDE WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS BUT LESS THAN OR EQU
E0304	HOSPITAL BED EXTRA HEAVY DUTY EXTRA WIDE WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS WITH ANY TYPE
E0305	Bed side rails half length
E0310	Bed side rails full length
E0315	Bed accessory: board table or support device any type

E0316	Safety enclosure frame canopy for use with hospital bed any type
E0325	URINAL MALE JUG-TYPE ANY MATERIAL
E0326	URINAL FEMALE JUG-TYPE ANY MATERIAL
E0328	HOSPITAL BED PEDIATRIC MANUAL 360 DEGREE SIDE ENCLOSURES TOP OF HEADBOARD FOOTBOARD AND SIDE RAILS U
E0329	HOSPITAL BED PEDIATRIC ELECTRIC OR SEMI-ELECTRIC 360 DEGREE SIDE ENCLOSURES TOP OF HEADBOARD FOOTBOA
E0350	Control unit for electronic bowel irrigation evacuation system
E0352	DISPOSABLE PACK (WATER RESERVOIR BAG SPECULUM VALVING MECHANISM AND COLLECTION BAG BOX) FOR USE WITH
E0370	Air pressure elevator for heel
E0371	Nonpowered advanced pressure reducing overlay for mattress standard mattress length and width
E0372	Powered air overlay for mattress standard mattress length and width
E0373	Nonpowered advanced pressure reducing mattress
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM RENTAL INCLUDES CONTAINER CONTENTS REGULATOR FLOWMETER H
E0425	STATIONARY COMPRESSED GAS SYSTEM PURCHASE INCLUDES REGULATOR FLOWMETER HUMIDIFIER NEBULIZER CANNULA
E0430	PORTABLE GASEOUS OXYGEN SYSTEM PURCHASE INCLUDES REGULATOR FLOWMETER HUMIDIFIER CANNULA OR MASK AND
E0431	PORTABLE GASEOUS OXYGEN SYSTEM RENTAL INCLUDES PORTABLE CONTAINER REGULATOR FLOWMETER HUMIDIFIER CAN
E0433	PORTABLE LIQUID OXYGEN SYSTEM RENTAL HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS I
E0434	PORTABLE LIQUID OXYGEN SYSTEM RENTAL INCLUDES PORTABLE CONTAINER SUPPLY RESERVOIR HUMIDIFIER FLOWMET
E0435	PORTABLE LIQUID OXYGEN SYSTEM PURCHASE INCLUDES PORTABLE CONTAINER SUPPLY RESERVOIR FLOWMETER HUMIDI
E0439	STATIONARY LIQUID OXYGEN SYSTEM RENTAL INCLUDES CONTAINER CONTENTS REGULATOR FLOWMETER HUMIDIFIER NE
E0440	STATIONARY LIQUID OXYGEN SYSTEM PURCHASE INCLUDES USE OF RESERVOIR CONTENTS INDICATOR REGULATOR FLOW
E0441	Stationary oxygen contents gaseous 1 month s supply = 1 unit
E0442	Stationary oxygen contents liquid 1 month s supply = 1 unit

E0443	Portable oxygen contents gaseous 1 month s supply = 1 unit
E0444	Portable oxygen contents liquid 1 month s supply = 1 unit
E0445	Oximeter device for measuring blood oxygen levels non-invasively
E0446	Topical oxygen delivery system not otherwise specified includes all supplies and accessories
E0447	PORTABLE OXYGEN CONTENTS LIQUID 1 MONTH S SUPPLY = 1 UNIT PRESCRIBED AMOUNT AT REST OR NIGHTTIME EXC
E0455	Oxygen tent excluding croup or pediatric tents
E0457	Chest shell (cuirass)
E0459	Chest wrap
E0462	ROCKING BED W WO SIDE RAILS
E0465	HOME VENTILATOR ANY TYPE USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE)
E0466	HOME VENTILATOR ANY TYPE USED WITH NON-INVASIVE INTERFACE (E.G. MASK CHEST SHELL)
E0467	HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVICE ALSO PERFORMS ANY OR ALL OF THE ADDITIONAL FUNCTIO
E0468	HOME VENTILATOR DUAL-FUNCTION RESPIRATORY DEVICE ALSO PERFORMS ADDITIONAL FUNCTION OF COUGH STIMULAT
E0469	LUNG EXPANSION AIRWAY CLEARANCE CONTINUOUS HIGH FREQUENCY OSCILLATION AND NEBULIZATION DEVICE
E0470	RESPIRATORY ASSIST DEVICE BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE USED WITH NONINVA
E0471	RESPIRATORY ASSIST DEVICE BI-LEVEL PRESSURE CAPABILITY WITH BACK-UP RATE FEATURE USED WITH NONINVASI
E0472	RESPIRATORY ASSIST DEVICE BI-LEVEL PRESSURE CAPABILITY WITH BACKUP RATE FEATURE USED WITH INVASIVE I
E0480	Percussor electric or pneumatic home model
E0481	Intrapulmonary percussive ventilation system and related accessories
E0482	Cough stimulating device alternating positive and negative airway pressure
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM WITH FULL ANTERIOR AND OR POSTERIOR THORACIC REGION REC
E0484	Oscillatory positive expiratory pressure device non-electric any type each
E0485	ORAL DEVICE APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY ADJUSTABLE OR NON-ADJUSTABLE PREFAB
E0486	ORAL DEVICE APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY ADJUSTABLE OR NON-ADJUSTABLE CUSTOM

E0487	Spirometer electronic includes all accessories
E0490	POWER SOURCE AND CONTROL ELECTRONICS UNIT FOR ORAL DEVICE APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STI
E0491	ORAL DEVICE APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONGUE MUSCLE USED IN CONJUNCT
E0492	POWER SOURCE AND CONTROL ELECTRONICS UNIT FOR ORAL DEVICE APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STI
E0493	ORAL DEVICE APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONGUE MUSCLE USED IN CONJUNCT
E0500	IPPB MACHINE ALL TYPES WITH BUILT-IN NEBULIZATION MANUAL OR AUTOMATIC VALVES INTERNAL OR EXTERNAL PO
E0530	ELECTRONIC POSITIONAL OBSTRUCTIVE SLEEP APNEA TREATMENT WITH SENSOR INCLUDES ALL COMPONENTS AND ACCE
E0550	HUMIDIFIER DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVE
E0555	Humidifier durable glass or autoclavable plastic bottle type for use with regulator or flowmeter
E0560	Humidifier durable for supplemental humidification during ippb treatment or oxygen delivery
E0561	Humidifier non-heated used with positive airway pressure device
E0562	Humidifier heated used with positive airway pressure device
E0565	COMPRESSOR AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-CONTAINED OR CYLINDER DRIVEN
E0570	Nebulizer with compressor
E0572	Aerosol compressor adjustable pressure light duty for intermittent use
E0574	Ultrasonic electronic aerosol generator with small volume nebulizer
E0575	Nebulizer ultrasonic large volume
E0580	Nebulizer durable glass or autoclavable plastic bottle type for use with regulator or flowmeter
E0585	Nebulizer with compressor and heater
E0600	Respiratory suction pump home model portable or stationary electric
E0601	Continuous positive airway pressure (cpap) device
E0602	Breast pump manual any type
E0603	Breast pump electric (ac and or dc) any type
E0604	Breast pump hospital grade electric (ac and or dc) any type
E0605	Vaporizer room type
E0606	Postural drainage board
E0607	Home blood glucose monitor

E0610	PACEMAKER MONITOR SELF-CONTAINED (CHECKS BATTERY DEPLETION INCLUDES AUDIBLE AND VISIBLE CHECK SYSTEM
E0615	PACEMAKER MONITOR SELF CONTAINED CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS INCLUDES DI
E0616	Implantable cardiac event recorder with memory activator and programmer
E0617	External defibrillator with integrated electrocardiogram analysis
E0618	Apnea monitor without recording feature
E0619	Apnea monitor with recording feature
E0620	Skin piercing device for collection of capillary blood laser each
E0621	Sling or seat patient lift canvas or nylon
E0625	Patient lift bathroom or toilet not otherwise classified
E0627	SEAT LIFT MECHANISM ELECTRIC ANY TYPE
E0629	SEAT LIFT MECHANISM NON-ELECTRIC ANY TYPE
E0630	Patient lift hydraulic or mechanical includes any seat sling strap(s) or pad(s)
E0635	Patient lift electric with seat or sling
E0636	Multipositional patient support system with integrated lift patient accessible controls
E0637	COMBINATION SIT TO STAND FRAME TABLE SYSTEM ANY SIZE INCLUDING PEDIATRIC WITH SEAT LIFT FEATURE W WO
E0638	STANDING FRAME TABLE SYSTEM ONE POSITION (E.G. UPRIGHT SUPINE OR PRONE STANDER) ANY SIZE INCLUDING P
E0639	PATIENT LIFT MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY INCLUDES ALL COMPONENTS ACCE
E0640	Patient lift fixed system includes all components accessories
E0641	STANDING FRAME TABLE SYSTEM MULTI-POSITION (E.G. THREE-WAY STANDER) ANY SIZE INCLUDING PEDIATRIC W W
E0642	Standing frame table system mobile (dynamic stander) any size including pediatric
E0650	Pneumatic compressor non-segmental home model
E0651	Pneumatic compressor segmental home model without calibrated gradient pressure
E0652	Pneumatic compressor segmental home model with calibrated gradient pressure
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor half arm
E0656	Segmental pneumatic appliance for use with pneumatic compressor trunk
E0657	Segmental pneumatic appliance for use with pneumatic compressor chest
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor full leg
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor full arm

E0666	Non-segmental pneumatic appliance for use with pneumatic compressor half leg
E0667	Segmental pneumatic appliance for use with pneumatic compressor full leg
E0668	Segmental pneumatic appliance for use with pneumatic compressor full arm
E0669	Segmental pneumatic appliance for use with pneumatic compressor half leg
E0670	Segmental pneumatic appliance for use with pneumatic compressor integrated 2 full legs and trunk
E0671	Segmental gradient pressure pneumatic appliance full leg
E0672	Segmental gradient pressure pneumatic appliance full arm
E0673	Segmental gradient pressure pneumatic appliance half leg
E0675	PNEUMATIC COMPRESSION DEVICE HIGH PRESSURE RAPID INFLATION DEFLATION CYCLE FOR ARTERIAL INSUFFICIENC
E0676	Intermittent limb compression device (includes all accessories) not otherwise specified
E0677	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT TRUNK
E0678	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT FULL LEG
E0679	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT HALF LEG
E0680	NON-PNEUMATIC COMPRESSION CONTROLLER WITH SEQUENTIAL CALIBRATED GRADIENT PRESSURE
E0681	NON-PNEUMATIC COMPRESSION CONTROLLER WITHOUT CALIBRATED GRADIENT PRESSURE
E0682	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT FULL ARM
E0683	NON-PNEUMATIC NON-SEQUENTIAL PERISTALTIC WAVE COMPRESSION PUMP
E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM INCLUDES BULBS LAMPS TIMER AND EYE PROTECTION TREATMENT AREA 2 SQUA
E0692	Ultraviolet light therapy system panel includes bulbs lamps timer and eye protection 4 foot panel
E0693	Ultraviolet light therapy system panel includes bulbs lamps timer and eye protection 6 foot panel
E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET INCLUDES BULBS LAMPS TIMER AND E
E0700	Safety equipment device or accessory any type
E0705	Transfer device any type each
E0710	Restraints any type (body chest wrist or ankle)
E0711	UPPER EXTREMITY MEDICAL TUBING LINES ENCLOSURE OR COVERING DEVICE RESTRICTS ELBOW RANGE OF MOTION
E0715	INTRAVAGINAL DEVICE INTENDED TO STRENGTHEN PELVIC FLOOR MUSCLES DURING KEGEL EXERCISES
E0716	SUPPLIES AND ACCESSORIES FOR INTRAVAGINAL DEVICE INTENDED TO STRENGTHEN PELVIC FLOOR MUSCLES DURING
E0720	Transcutaneous electrical nerve stimulation (tens) device two lead localized stimulation
E0721	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORY STIMULATES NERVES IN THE AURICULAR REGION

E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE FOUR OR MORE LEADS FOR MULTIPLE NERVE STIM
E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM
E0732	CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM ANY TYPE
E0733	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR ELECTRICAL STIMULATION OF THE TRIGEMINAL NERVE
E0734	EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST
E0735	NON-INVASIVE VAGUS NERVE STIMULATOR
E0736	TRANSCUTANEOUS TIBIAL NERVE STIMULATOR
E0737	TRANSCUTANEOUS TIBIAL NERVE STIMULATOR CONTROLLED BY PHONE APPLICATION
E0738	UPPER EXTREMITY REHABILITATION SYSTEM PROVIDING ACTIVE ASSISTANCE TO FACILITATE MUSCLE RE-EDUCATION
E0739	REHABILITATION SYSTEM WITH INTERACTIVE INTERFACE PROVIDING ACTIVE ASSISTANCE IN REHABILITATION THERA
E0740	NON-IMPLANTED PELVIC FLOOR ELECTRICAL STIMULATOR COMPLETE SYSTEM
E0743	EXTERNAL LOWER EXTREMITY NERVE STIMULATOR FOR RESTLESS LEGS SYNDROME EACH
E0744	Neuromuscular stimulator for scoliosis
E0745	Neuromuscular stimulator electronic shock unit
E0746	Electromyography (emg) biofeedback device
E0747	Osteogenesis stimulator electrical non-invasive other than spinal applications
E0748	Osteogenesis stimulator electrical non-invasive spinal applications
E0749	Osteogenesis stimulator electrical surgically implanted
E0755	Electronic salivary reflex stimulator (intra-oral non-invasive)
E0760	Osteogenesis stimulator low intensity ultrasound non-invasive
E0761	Non-thermal pulsed high frequency radiowaves high peak power electromagnetic energy treatment device
E0762	Transcutaneous electrical joint stimulation device system includes all accessories
E0764	FUNCTIONAL NEUROMUSCULAR STIMULATION TRANSCUTANEOUS STIMULATION OF SEQUENTIAL MUSCLE GROUPS OF AMBUL
E0765	FDA APPROVED NERVE STIMULATOR FOR TREATMENT OF NAUSEA AND VOMITING
E0766	Electrical stimulation device used for cancer treatment includes all accessories any type
E0767	INTRABUCCAL SYSTEMIC DELIVERY OF AMPLITUDE-MODULATED RADIOFREQUENCY ELECTROMAGNETIC FIELD DEVICE FOR

E0769	Electrical stimulation or electromagnetic wound treatment device not otherwise classified
E0770	FUNCTIONAL ELECTRICAL STIMULATOR TRANSCUTANEOUS STIMULATION OF NERVE AND OR MUSCLE GROUPS ANY TYPE C
E0776	Iv pole
E0779	Ambulatory infusion pump mechanical reusable for infusion 8 hours or greater
E0780	Ambulatory infusion pump mechanical reusable for infusion less than 8 hours
E0781	AMBULATORY INFUSION PUMP SINGLE OR MULTIPLE CHANNELS ELECTRIC OR BATTERY OPERATED WITH ADMINISTRATIV
E0782	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE (INCLUDES ALL COMPONENTS E.G. PUMP CATHETER CONNECTORS ET
E0783	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE (INCLUDES ALL COMPONENTS E.G. PUMP CATHETER CONNECTORS
E0784	External ambulatory infusion pump insulin
E0785	IMPLANTABLE INTRASPINAL (EPIDURAL INTRATHECAL) CATHETER USED WITH IMPLANTABLE INFUSION PUMP REPLACEM
E0786	Implantable programmable infusion pump replacement (excludes implantable intraspinal catheter)
E0787	EXTERNAL AMBULATORY INFUSION PUMP INSULIN DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOS
E0791	Parenteral infusion pump stationary single or multi-channel
E0830	Ambulatory traction device all types each
E0840	Traction frame attached to headboard cervical traction
E0849	TRACTION EQUIPMENT CERVICAL FREE-STANDING STAND FRAME PNEUMATIC APPLYING TRACTION FORCE TO OTHER THA
E0850	Traction stand free standing cervical traction
E0855	Cervical traction equipment not requiring additional stand or frame
E0856	CERVICAL TRACTION DEVICE WITH INFLATABLE AIR BLADDER(S)
E0860	Traction equipment overdoor cervical
E0870	Traction frame attached to footboard extremity traction (e.g. buck s)
E0880	TRACTION STAND FREE STANDING EXTREMITY TRACTION
E0890	Traction frame attached to footboard pelvic traction
E0900	Traction stand free standing pelvic traction (e.g. buck s)
E0910	Trapeze bars a k a patient helper attached to bed with grab bar
E0911	TRAPEZE BAR HEAVY DUTY FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS ATTACHED TO BED WITH GRAB

E0912	TRAPEZE BAR HEAVY DUTY FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS FREE STANDING COMPLETE WI
E0920	Fracture frame attached to bed includes weights
E0930	Fracture frame free standing includes weights
E0935	Continuous passive motion exercise device for use on knee only
E0936	Continuous passive motion exercise device for use other than knee
E0940	Trapeze bar free standing complete with grab bar
E0941	Gravity assisted traction device any type
E0942	Cervical head harness halter
E0944	Pelvic belt harness boot
E0945	Extremity belt harness
E0946	Fracture frame dual with cross bars attached to bed (e.g. balken 4 poster)
E0947	Fracture frame attachments for complex pelvic traction
E0948	Fracture frame attachments for complex cervical traction
E0950	Wheelchair accessory tray each
E0951	HEEL LOOP HOLDER ANY TYPE W WO ANKLE STRAP EACH
E0952	Toe loop holder any type each
E0953	WHEELCHAIR ACCESSORY LATERAL THIGH OR KNEE SUPPORT ANY TYPE INCLUDING FIXED MOUNTING HARDWARE EACH
E0954	WHEELCHAIR ACCESSORY FOOT BOX ANY TYPE INCLUDES ATTACHMENT AND MOUNTING HARDWARE EACH FOOT
E0955	Wheelchair accessory headrest cushioned any type including fixed mounting hardware each
E0956	Wheelchair accessory lateral trunk or hip support any type including fixed mounting hardware each
E0957	Wheelchair accessory medial thigh support any type including fixed mounting hardware each
E0958	Manual wheelchair accessory one-arm drive attachment each
E0959	Manual wheelchair accessory adapter for amputee each
E0960	Wheelchair accessory shoulder harness straps or chest strap including any type mounting hardware
E0961	Manual wheelchair accessory wheel lock brake extension (handle) each
E0966	Manual wheelchair accessory headrest extension each
E0967	MANUAL WHEELCHAIR ACCESSORY HAND RIM WITH PROJECTIONS ANY TYPE REPLACEMENT ONLY EACH
E0968	Commode seat wheelchair
E0969	Narrowing device wheelchair
E0970	NO. 2 FOOTPLATES EXCEPT FOR ELEVATING LEG REST
E0971	Manual wheelchair accessory anti-tipping device each

E0973	Wheelchair accessory adjustable height detachable armrest complete assembly each
E0974	Manual wheelchair accessory anti-rollback device each
E0978	Wheelchair accessory positioning belt safety belt pelvic strap each
E0980	Safety vest wheelchair
E0981	Wheelchair accessory seat upholstery replacement only each
E0982	Wheelchair accessory back upholstery replacement only each
E0983	MANUAL WHEELCHAIR ACCESSORY POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR JOYSTI
E0984	MANUAL WHEELCHAIR ACCESSORY POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR TILLER
E0985	Wheelchair accessory seat lift mechanism
E0986	MANUAL WHEELCHAIR ACCESSORY POWER ASSIST SYSTEM
E0988	Manual wheelchair accessory lever-activated wheel drive pair
E0990	Wheelchair accessory elevating leg rest complete assembly each
E0992	Manual wheelchair accessory solid seat insert
E0994	Arm rest each
E0995	WHEELCHAIR ACCESSORY CALF REST PAD REPLACEMENT ONLY EACH
E1002	Wheelchair accessory power seating system tilt only
E1003	Wheelchair accessory power seating system recline only without shear reduction
E1004	Wheelchair accessory power seating system recline only with mechanical shear reduction
E1005	Wheelchair accessory power seatng system recline only with power shear reduction
E1006	Wheelchair accessory power seating system combination tilt and recline without shear reduction
E1007	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM COMBINATION TILT AND RECLINE WITH MECHANICAL SHEAR REDUCTI
E1008	Wheelchair accessory power seating system combination tilt and recline with power shear reduction
E1009	WHEELCHAIR ACCESSORY ADDITION TO POWER SEATING SYSTEM MECHANICALLY LINKED LEG ELEVATION SYSTEM INCLU
E1010	WHEELCHAIR ACCESSORY ADDITION TO POWER SEATING SYSTEM POWER LEG ELEVATION SYSTEM INCLUDING LEG REST
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL
E1012	WHEELCHAIR ACCESSORY ADDITION TO POWER SEATING SYSTEM CENTER MOUNT POWER ELEVATING LEG REST PLATFORM
E1014	RECLINING BACK ADDITION TO PEDIATRIC SIZE WHEELCHAIR

E1015	Shock absorber for manual wheelchair each
E1016	Shock absorber for power wheelchair each
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair each
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair each
E1020	Residual limb support system for wheelchair any type
E1022	WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM ANY TYPE INCLUDES ALL COMPONENTS AND ACCESSORIES
E1023	WHEELCHAIR TRANSIT SECUREMENT SYSTEM INCLUDES ALL COMPONENTS AND ACCESSORIES
E1028	WHEELCHAIR ACCESSORY MANUAL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWARE OTHER
E1029	Wheelchair accessory ventilator tray fixed
E1030	Wheelchair accessory ventilator tray gimbaled
E1031	ROLLABOUT CHAIR ANY AND ALL TYPES WITH CASTERS 5 OR GREATER
E1032	WHEELCHAIR ACCESSORY MANUAL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWARE USED WITH JOYSTICK
E1033	WHEELCHAIR ACCESSORY MANUAL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR HEADREST CUSHIO
E1034	WHEELCHAIR ACCESSORY MANUAL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR LATERAL TRUNK O
E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM WITH INTEGRATED SEAT OPERATED BY CARE GIVER PATIENT WEIGHT
E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM EXTRA-WIDE WITH INTEGRATED SEAT OPERATED BY CAREGIVER PATIE
E1037	TRANSPORT CHAIR PEDIATRIC SIZE
E1038	TRANSPORT CHAIR ADULT SIZE PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
E1039	TRANSPORT CHAIR ADULT SIZE HEAVY DUTY PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS
E1050	Fully-reclining wheelchair fixed full length arms swing away detachable elevating leg rests
E1060	FULLY-RECLINING WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRE
E1070	Fully-reclining wheelchair detachable arms (desk or full length) swing away detachable footrest
E1083	Hemi-wheelchair fixed full length arms swing away detachable elevating leg rest
E1084	Hemi-wheelchair detachable arms desk or full length arms swing away detachable elevating leg rests
E1085	Hemi-wheelchair fixed full length arms swing away detachable foot rests
E1086	Hemi-wheelchair detachable arms desk or full length swing away detachable footrests

E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACHABLE ELEVATING LEG REST
E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVA
E1089	High strength lightweight wheelchair fixed length arms swing away detachable footrest
E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH SWING AWAY DETACHABLE FOOT
E1092	WIDE HEAVY DUTY WHEEL CHAIR DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LE
E1093	Wide heavy duty wheelchair detachable arms desk or full length arms swing away detachable footrests
E1100	Semi-reclining wheelchair fixed full length arms swing away detachable elevating leg rests
E1110	Semi-reclining wheelchair detachable arms (desk or full length) elevating leg rest
E1130	Standard wheelchair fixed full length arms fixed or swing away detachable footrests
E1140	Wheelchair detachable arms desk or full length swing away detachable footrests
E1150	Wheelchair detachable arms desk or full length swing away detachable elevating legrests
E1160	Wheelchair fixed full length arms swing away detachable elevating legrests
E1161	Manual adult size wheelchair includes tilt in space
E1170	Amputee wheelchair fixed full length arms swing away detachable elevating legrests
E1171	Amputee wheelchair fixed full length arms without footrests or legrest
E1172	Amputee wheelchair detachable arms (desk or full length) without footrests or legrest
E1180	Amputee wheelchair detachable arms (desk or full length) swing away detachable footrests
E1190	Amputee wheelchair detachable arms (desk or full length) swing away detachable elevating legrests
E1195	Heavy duty wheelchair fixed full length arms swing away detachable elevating legrests
E1200	Amputee wheelchair fixed full length arms swing away detachable footrest
E1220	WHEELCHAIR SPECIALLY SIZED OR CONSTRUCTED (INDICATE BRAND NAME MODEL NUMBER IF ANY) AND JUSTIFICATIO
E1221	Wheelchair with fixed arm footrests
E1222	Wheelchair with fixed arm elevating legrests
E1223	Wheelchair with detachable arms footrests
E1224	Wheelchair with detachable arms elevating legrests
E1225	WHEELCHAIR ACCESSORY MANUAL SEMI-RECLINING BACK (RECLINE GREATER THAN 15 DEGREES BUT LESS THAN 80 DE
E1226	Wheelchair accessory manual fully reclining back (recline greater than 80 degrees) each
E1227	Special height arms for wheelchair

E1228	Special back height for wheelchair
E1229	Wheelchair pediatric size not otherwise specified
E1230	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number
E1231	WHEELCHAIR PEDIATRIC SIZE TILT-IN-SPACE RIGID ADJUSTABLE WITH SEATING SYSTEM
E1232	WHEELCHAIR PEDIATRIC SIZE TILT-IN-SPACE FOLDING ADJUSTABLE WITH SEATING SYSTEM
E1233	WHEELCHAIR PEDIATRIC SIZE TILT-IN-SPACE RIGID ADJUSTABLE WITHOUT SEATING SYSTEM
E1234	WHEELCHAIR PEDIATRIC SIZE TILT-IN-SPACE FOLDING ADJUSTABLE WITHOUT SEATING SYSTEM
E1235	WHEELCHAIR PEDIATRIC SIZE RIGID ADJUSTABLE WITH SEATING SYSTEM
E1236	WHEELCHAIR PEDIATRIC SIZE FOLDING ADJUSTABLE WITH SEATING SYSTEM
E1237	WHEELCHAIR PEDIATRIC SIZE RIGID ADJUSTABLE WITHOUT SEATING SYSTEM
E1238	WHEELCHAIR PEDIATRIC SIZE FOLDING ADJUSTABLE WITHOUT SEATING SYSTEM
E1239	POWER WHEELCHAIR PEDIATRIC SIZE NOT OTHERWISE SPECIFIED
E1240	Lightweight wheelchair detachable arms (desk or full length) swing away detachable elevating legrest
E1250	Lightweight wheelchair fixed full length arms swing away detachable footrest
E1260	Lightweight wheelchair detachable arms (desk or full length) swing away detachable footrest
E1270	Lightweight wheelchair fixed full length arms swing away detachable elevating legrests
E1280	Heavy duty wheelchair detachable arms (desk or full length) elevating legrests
E1285	Heavy duty wheelchair fixed full length arms swing away detachable footrest
E1290	Heavy duty wheelchair detachable arms (desk or full length) swing away detachable footrest
E1295	Heavy duty wheelchair fixed full length arms elevating legrest
E1296	Special wheelchair seat height from floor
E1297	Special wheelchair seat depth by upholstery
E1298	Special wheelchair seat depth and or width by construction
E1300	Whirlpool portable (overtub type)
E1301	WHIRLPOOL TUB WALK-IN PORTABLE
E1310	Whirlpool non-portable (built-in type)
E1352	Oxygen accessory flow regulator capable of positive inspiratory pressure
E1353	Regulator
E1354	OXYGEN ACCESSORY WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR ANY TYPE REPLACEMENT ON
E1355	Stand rack
E1356	Oxygen accessory battery pack cartridge for portable concentrator any type replacement only each
E1357	Oxygen accessory battery charger for portable concentrator any type replacement only each
E1358	Oxygen accessory dc power adapter for portable concentrator any type replacement only each

E1372	Immersion external heater for nebulizer
E1390	OXYGEN CONCENTRATOR SINGLE DELIVERY PORT CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTR
E1391	OXYGEN CONCENTRATOR DUAL DELIVERY PORT CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRAT
E1392	Portable oxygen concentrator rental
E1399	Durable medical equipment miscellaneous
E1405	Oxygen and water vapor enriching system with heated delivery
E1406	Oxygen and water vapor enriching system without heated delivery
E1500	Centrifuge for dialysis
E1510	KIDNEY DIALYSATE DELIVERY SYST KIDNEY MACHINE PUMP RECIRCULATING AIR REMOVAL SYST FLOWRATE METER POW
E1520	Heparin infusion pump for hemodialysis
E1530	Air bubble detector for hemodialysis each replacement
E1540	Pressure alarm for hemodialysis each replacement
E1550	Bath conductivity meter for hemodialysis each
E1560	Blood leak detector for hemodialysis each replacement
E1570	Adjustable chair for esrd patients
E1575	Transducer protectors fluid barriers for hemodialysis any size per 10
E1580	Unipuncture control system for hemodialysis
E1590	Hemodialysis machine
E1592	AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM
E1594	Cycler dialysis machine for peritoneal dialysis
E1600	Delivery and or installation charges for hemodialysis equipment
E1610	Reverse osmosis water purification system for hemodialysis
E1615	Deionizer water purification system for hemodialysis
E1620	Blood pump for hemodialysis replacement
E1625	Water softening system for hemodialysis
E1629	TABLO HEMODIALYSIS SYSTEM FOR THE BILLABLE DIALYSIS SERVICE
E1630	Reciprocating peritoneal dialysis system
E1632	Wearable artificial kidney each
E1634	Peritoneal dialysis clamps each
E1635	Compact (portable) travel hemodialyzer system
E1636	Sorbent cartridges for hemodialysis per 10

E1637	Hemostats each
E1639	Scale each
E1699	Dialysis equipment not otherwise specified
E1700	Jaw motion rehabilitation system
E1701	Replacement cushions for jaw motion rehabilitation system pkg. of 6
E1702	Replacement measuring scales for jaw motion rehabilitation system pkg. of 200
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION AND FLEXION DEVICE INCLUDES SOFT INTERFACE MATERIAL
E1801	STATIC PROGRESSIVE STRETCH PATIENT ACTUALIZED SERIAL STRETCH ELBOW DEVICE EXTENSION AND OR FLEXION W
E1802	Dynamic adjustable forearm pronation supination device includes soft interface material
E1803	DYNAMIC ADJUSTABLE ELBOW EXTENSION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL
E1804	DYNAMIC ADJUSTABLE ELBOW FLEXION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION AND FLEXION DEVICE INCLUDES SOFT INTERFACE MATERIAL
E1806	STATIC PROGRESSIVE STRETCH WRIST DEVICE FLEXION AND OR EXTENSION W WO RANGE OF MOTION ADJUSTMENT INC
E1807	DYNAMIC ADJUSTABLE WRIST EXTENSION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL
E1808	DYNAMIC ADJUSTABLE WRIST FLEXION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION AND FLEXION DEVICE INCLUDES SOFT INTERFACE MATERIAL
E1811	STATIC PROGRESSIVE STRETCH PATIENT ACTUALIZED SERIAL STRETCH KNEE DEVICE EXTENSION AND OR FLEXION W
E1812	Dynamic knee extension flexion device with active resistance control
E1813	DYNAMIC ADJUSTABLE KNEE EXTENSION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL
E1814	DYNAMIC ADJUSTABLE KNEE FLEXION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION AND FLEXION DEVICE INCLUDES SOFT INTERFACE MATERIAL
E1816	STATIC PROGRESSIVE STRETCH PATIENT ACTUALIZED SERIAL STRETCH ANKLE DEVICE FLEXION AND OR EXTENSION W
E1818	STATIC PROGRESSIVE STRETCH PATIENT ACTUALIZED SERIAL STRETCH FOREARM PRONATION SUPINATION DEVICE W W
E1820	Replacement soft interface material dynamic adjustable extension flexion device
E1821	Replacement soft interface material cuffs for bi-directional static progressive stretch device
E1822	DYNAMIC ADJUSTABLE ANKLE EXTENSION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL
E1823	DYNAMIC ADJUSTABLE ANKLE FLEXION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION AND FLEXION DEVICE INCLUDES SOFT INTERFACE MATERIAL
E1826	DYNAMIC ADJUSTABLE FINGER EXTENSION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL

E1827	DYNAMIC ADJUSTABLE FINGER FLEXION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL
E1828	DYNAMIC ADJUSTABLE TOE EXTENSION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL
E1829	DYNAMIC ADJUSTABLE TOE FLEXION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL
E1830	DYNAMIC ADJUSTABLE TOE EXTENSION AND FLEXION DEVICE INCLUDES SOFT INTERFACE MATERIAL
E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE EXTENSION AND OR FLEXION W WO RANGE OF MOTION ADJUSTMENT INCLU
E1832	STATIC PROGRESSIVE STRETCH FINGER DEVICE EXTENSION AND OR FLEXION W WO RANGE OF MOTION ADJUSTMENT IN
E1840	Dynamic adjustable shoulder flexion abduction rotation device includes soft interface material
E1841	STATIC PROGRESSIVE STRETCH PATIENT ACTUALIZED SERIAL STRETCH SHOULDER DEVICE W WO RANGE OF MOTION AD
E1902	Communication board non-electronic augmentative or alternative communication device
E1905	VIRTUAL REALITY COGNITIVE BEHAVIORAL THERAPY DEVICE (CBT) INCLUDING PRE-PROGRAMMED THERAPY SOFTWARE
E2000	Gastric suction pump home model portable or stationary electric
E2001	SUCTION PUMP HOME MODEL PORTABLE OR STATIONARY ELECTRIC ANY TYPE FOR USE WITH EXTERNAL URINE AND OR
E2100	Blood glucose monitor with integrated voice synthesizer
E2101	Blood glucose monitor with integrated lancing blood sample
E2102	ADJUNCTIVE NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER
E2103	NON-ADJUNCTIVE NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER
E2104	HOME BLOOD GLUCOSE MONITOR FOR USE WITH INTEGRATED LANCING BLOOD SAMPLE TESTING CARTRIDGE
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid
E2201	MANUAL WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS
E2202	Manual wheelchair accessory nonstandard seat frame width 24-27 inches
E2203	Manual wheelchair accessory nonstandard seat frame depth 20 to less than 22 inches
E2204	Manual wheelchair accessory nonstandard seat frame depth 22 to 25 inches
E2205	MANUAL WHEELCHAIR ACCESSORY HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED) ANY TYPE R
E2206	MANUAL WHEELCHAIR ACCESSORY WHEEL LOCK ASSEMBLY COMPLETE REPLACEMENT ONLY EACH
E2207	Wheelchair accessory crutch and cane holder each
E2208	Wheelchair accessory cylinder tank carrier each

E2209	ACCESSORY ARM TROUGH W WO HAND SUPPORT EACH
E2210	Wheelchair accessory bearings any type replacement only each
E2211	Manual wheelchair accessory pneumatic propulsion tire any size each
E2212	Manual wheelchair accessory tube for pneumatic propulsion tire any size each
E2213	Manual wheelchair accessory insert for pneumatic propulsion tire (removable) any type any size each
E2214	Manual wheelchair accessory pneumatic caster tire any size each
E2215	Manual wheelchair accessory tube for pneumatic caster tire any size each
E2216	Manual wheelchair accessory foam filled propulsion tire any size each
E2217	Manual wheelchair accessory foam filled caster tire any size each
E2218	Manual wheelchair accessory foam propulsion tire any size each
E2219	Manual wheelchair accessory foam caster tire any size each
E2220	MANUAL WHEELCHAIR ACCESSORY SOLID (RUBBER PLASTIC) PROPULSION TIRE ANY SIZE REPLACEMENT ONLY EACH
E2221	MANUAL WHEELCHAIR ACCESSORY SOLID (RUBBER PLASTIC) CASTER TIRE (REMOVABLE) ANY SIZE REPLACEMENT ONLY
E2222	MANUAL WHEELCHAIR ACCESSORY SOLID (RUBBER PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL ANY SIZE REPLAC
E2224	MANUAL WHEELCHAIR ACCESSORY PROPULSION WHEEL EXCLUDES TIRE ANY SIZE REPLACEMENT ONLY EACH
E2225	Manual wheelchair accessory caster wheel excludes tire any size replacement only each
E2226	Manual wheelchair accessory caster fork any size replacement only each
E2227	Manual wheelchair accessory gear reduction drive wheel each
E2228	Manual wheelchair accessory wheel braking system and lock complete each
E2230	Manual wheelchair accessory manual standing system
E2231	MANUAL WHEELCHAIR ACCESSORY SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT) INCLUDES ANY TYPE MOUNTING
E2291	BACK PLANAR FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE
E2292	SEAT PLANAR FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE
E2293	BACK CONTOURED FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE
E2294	SEAT CONTOURED FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE
E2295	MANUAL WHEELCHAIR ACCESSORY FOR PEDIATRIC SIZE WHEELCHAIR DYNAMIC SEATING FRAME ALLOWS COORDINATED M
E2298	COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY POWER SEAT ELEVATION SYSTEM ANY TYPE
E2300	WHEELCHAIR ACCESSORY POWER SEAT ELEVATION SYSTEM ANY TYPE
E2301	Wheelchair accessory power standing system any type

E2310	POWER WHEELCHAIR ACCESSORY ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING
E2311	POWER WHEELCHAIR ACCESSORY ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER
E2312	POWER WHEELCHAIR ACCESSORY HAND OR CHIN CONTROL INTERFACE MINI-PROPORTIONAL REMOTE JOYSTICK PROPORTI
E2313	POWER WHEELCHAIR ACCESSORY HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER INCLUDING ALL FASTENERS CONN
E2321	POWER WHEELCHAIR ACCESSORY HAND CONTROL INTERFACE REMOTE JOYSTICK NONPROPORTIONAL INCLUDING ALL RELA
E2322	POWER WHEELCHAIR ACCESSORY HAND CONTROL INTERFACE MULTIPLE MECHANICAL SWITCHES NONPROPORTIONAL INCLU
E2323	Power wheelchair accessory specialty joystick handle for hand control interface prefabricated
E2324	Power wheelchair accessory chin cup for chin control interface
E2325	POWER WHEELCHAIR ACCESSORY SIP AND PUFF INTERFACE NONPROPORTIONAL INCLUDING ALL RELATED ELECTRONICS
E2326	Power wheelchair accessory breath tube kit for sip and puff interface
E2327	POWER WHEELCHAIR ACCESSORY HEAD CONTROL INTERFACE MECHANICAL PROPORTIONAL INCLUDING ALL RELATED ELEC
E2328	POWER WHEELCHAIR ACCESSORY HEAD CONTROL OR EXTREMITY CONTROL INTERFACE ELECTRONIC PROPORTIONAL INCLU
E2329	POWER WHEELCHAIR ACCESSORY HEAD CONTROL INTERFACE CONTACT SWITCH MECHANISM NONPROPORTIONAL INCLUDING
E2330	POWER WHEELCHAIR ACCESSORY HEAD CONTROL INTERFACE PROXIMITY SWITCH MECHANISM NONPROPORTIONAL INCLUDI
E2331	POWER WHEELCHAIR ACCESSORY ATTENDANT CONTROL PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS AND FIXE
E2340	Power wheelchair accessory nonstandard seat frame width 20-23 inches
E2341	Power wheelchair accessory nonstandard seat frame width 24-27 inches
E2342	Power wheelchair accessory nonstandard seat frame depth 20 or 21 inches
E2343	Power wheelchair accessory nonstandard seat frame depth 22-25 inches
E2351	POWER WHEELCHAIR ACCESSORY ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEE
E2358	Power wheelchair accessory group 34 non-sealed lead acid battery each

E2359	Power wheelchair accessory group 34 sealed lead acid battery each (e.g. gel cell absorbed glassmat)
E2360	POWER WHEELCHAIR ACCESSORY 22NF NON-SEALED LEAD ACID BATTERY EACH
E2361	Power wheelchair accessory 22nf sealed lead acid battery each (e.g. gel cell absorbed glassmat)
E2362	Power wheelchair accessory group 24 non-sealed lead acid battery each
E2363	Power wheelchair accessory group 24 sealed lead acid battery each (e.g. gel cell absorbed glassmat)
E2364	Power wheelchair accessory u-1 non-sealed lead acid battery each
E2365	Power wheelchair accessory u-1 sealed lead acid battery each (e.g. gel cell absorbed glassmat)
E2366	POWER WHEELCHAIR ACCESSORY BATTERY CHARGER SINGLE MODE FOR USE WITH ONLY ONE BATTERY TYPE SEALED OR
E2367	POWER WHEELCHAIR ACCESSORY BATTERY CHARGER DUAL MODE FOR USE WITH EITHER BATTERY TYPE SEALED OR NON-
E2368	Power wheelchair component drive wheel motor replacement only
E2369	Power wheelchair component drive wheel gear box replacement only
E2370	Power wheelchair component integrated drive wheel motor and gear box combination replacement only
E2371	Power wheelchair accessory group 27 sealed lead acid battery (e.g. gel cell absorbed glassmat) each
E2372	Power wheelchair accessory group 27 non-sealed lead acid battery each
E2373	POWER WHEELCHAIR ACCESSORY HAND OR CHIN CONTROL INTERFACE COMPACT REMOTE JOYSTICK PROPORTIONAL INCLU
E2374	POWER WHEELCHAIR ACCESSORY HAND OR CHIN CONTROL INTERFACE STANDARD REMOTE JOYSTICK (NOT INCLUDING CO
E2375	POWER WHEELCHAIR ACCESSORY NON-EXPANDABLE CONTROLLER INCLUDING ALL RELATED ELECTRONICS AND MOUNTING
E2376	POWER WHEELCHAIR ACCESSORY EXPANDABLE CONTROLLER INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARD
E2377	POWER WHEELCHAIR ACCESSORY EXPANDABLE CONTROLLER INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARD
E2378	Power wheelchair component actuator replacement only
E2381	Power wheelchair accessory pneumatic drive wheel tire any size replacement only each
E2382	Power wheelchair accessory tube for pneumatic drive wheel tire any size replacement only each
E2383	POWER WHEELCHAIR ACCESSORY INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE) ANY TYPE ANY SIZE REPLA
E2384	Power wheelchair accessory pneumatic caster tire any size replacement only each
E2385	Power wheelchair accessory tube for pneumatic caster tire any size replacement only each
E2386	Power wheelchair accessory foam filled drive wheel tire any size replacement only each

E2387	Power wheelchair accessory foam filled caster tire any size replacement only each
E2388	Power wheelchair accessory foam drive wheel tire any size replacement only each
E2389	Power wheelchair accessory foam caster tire any size replacement only each
E2390	Power wheelchair accessory solid (rubber plastic) drive wheel tire any size replacement only each
E2391	POWER WHEELCHAIR ACCESSORY SOLID (RUBBER PLASTIC) CASTER TIRE (REMOVABLE) ANY SIZE REPLACEMENT ONLY
E2392	POWER WHEELCHAIR ACCESSORY SOLID (RUBBER PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL ANY SIZE REPLACE
E2394	Power wheelchair accessory drive wheel excludes tire any size replacement only each
E2395	Power wheelchair accessory caster wheel excludes tire any size replacement only each
E2396	Power wheelchair accessory caster fork any size replacement only each
E2397	Power wheelchair accessory lithium-based battery each
E2398	WHEELCHAIR ACCESSORY DYNAMIC POSITIONING HARDWARE FOR BACK
E2402	Negative pressure wound therapy electrical pump stationary or portable
E2500	SPEECH GENERATING DEVICE DIGITIZED SPEECH USING PRE-RECORDED MESSAGES LESS THAN OR EQUAL TO 8 MINUTE
E2502	SPEECH GENERATING DEVICE DIGITIZED SPEECH USING PRE-RECORDED MESSAGES GREATER THAN 8 MINUTES BUT LES
E2504	SPEECH GENERATING DEVICE DIGITIZED SPEECH USING PRE-RECORDED MESSAGES GREATER THAN 20 MINUTES BUT LE
E2506	SPEECH GENERATING DEVICE DIGITIZED SPEECH USING PRE-RECORDED MESSAGES GREATER THAN 40 MINUTES RECORD
E2508	SPEECH GENERATING DEVICE SYNTHESIZED SPEECH REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY
E2510	SPEECH GENERATING DEVICE SYNTHESIZED SPEECH PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND M
E2511	Speech generating software program for personal computer or personal digital assistant
E2512	Accessory for speech generating device mounting system
E2513	ACCESSORY FOR SPEECH GENERATING DEVICE ELECTROMYOGRAPHIC SENSOR
E2599	Accessory for speech generating device not otherwise classified
E2601	General use wheelchair seat cushion width less than 22 inches any depth
E2602	General use wheelchair seat cushion width 22 inches or greater any depth
E2603	Skin protection wheelchair seat cushion width less than 22 inches any depth
E2604	Skin protection wheelchair seat cushion width 22 inches or greater any depth

E2605	Positioning wheelchair seat cushion width less than 22 inches any depth
E2606	Positioning wheelchair seat cushion width 22 inches or greater any depth
E2607	Skin protection and positioning wheelchair seat cushion width less than 22 inches any depth
E2608	Skin protection and positioning wheelchair seat cushion width 22 inches or greater any depth
E2609	Custom fabricated wheelchair seat cushion any size
E2610	Wheelchair seat cushion powered
E2611	GENERAL USE WHEELCHAIR BACK CUSHION WIDTH LESS THAN 22 INCHES ANY HEIGHT INCLUDING ANY TYPE MOUNTING
E2612	GENERAL USE WHEELCHAIR BACK CUSHION WIDTH 22 INCHES OR GREATER ANY HEIGHT INCLUDING ANY TYPE MOUNTIN
E2613	POSITIONING WHEELCHAIR BACK CUSHION POSTERIOR WIDTH LESS THAN 22 INCHES ANY HEIGHT INCLUDING ANY TYP
E2614	POSITIONING WHEELCHAIR BACK CUSHION POSTERIOR WIDTH 22 INCHES OR GREATER ANY HEIGHT INCLUDING ANY TY
E2615	POSITIONING WHEELCHAIR BACK CUSHION POSTERIOR-LATERAL WIDTH LESS THAN 22 INCHES ANY HEIGHT INCLUDING
E2616	POSITIONING WHEELCHAIR BACK CUSHION POSTERIOR-LATERAL WIDTH 22 INCHES OR GREATER ANY HEIGHT INCLUDIN
E2617	Custom fabricated wheelchair back cushion any size including any type mounting hardware
E2619	Replacement cover for wheelchair seat cushion or back cushion each
E2620	POSITIONING WHEELCHAIR BACK CUSHION PLANAR BACK WITH LATERAL SUPPORTS WIDTH LESS THAN 22 INCHES ANY
E2621	POSITIONING WHEELCHAIR BACK CUSHION PLANAR BACK WITH LATERAL SUPPORTS WIDTH 22 INCHES OR GREATER ANY
E2622	Skin protection wheelchair seat cushion adjustable width less than 22 inches any depth
E2623	Skin protection wheelchair seat cushion adjustable width 22 inches or greater any depth
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION ADJUSTABLE WIDTH LESS THAN 22 INCHES ANY DEP
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION ADJUSTABLE WIDTH 22 INCHES OR GREATER ANY DE
E2626	Wheelchair accessory shoulder elbow mobile arm support attached to wheelchair balanced adjustable
E2627	WHEELCHAIR ACCESSORY SHOULDER ELBOW MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR BALANCED ADJUSTABLE RA
E2628	Wheelchair accessory shoulder elbow mobile arm support attached to wheelchair balanced reclining

E2629	WHEELCHAIR ACCESSORY SHOULDER ELBOW MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR BALANCED FRICTION ARM
E2630	WHEELCHAIR ACCESSORY SHOULDER ELBOW MOBILE ARM SUPPORT MONOSUSPENSION ARM AND HAND SUPPORT OVERHEAD
E2631	Wheelchair accessory addition to mobile arm support elevating proximal arm
E2632	WHEELCHAIR ACCESSORY ADDITION TO MOBILE ARM SUPPORT OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANC
E2633	Wheelchair accessory addition to mobile arm support supinator
E3000	SPEECH VOLUME MODULATION SYSTEM ANY TYPE INCLUDING ALL COMPONENTS AND ACCESSORIES
E3200	GAIT MODULATION SYSTEM RHYTHMIC AUDITORY STIMULATION INCLUDING RESTRICTED THERAPY SOFTWARE ALL COMPO
E8000	GAIT TRAINER PEDIATRIC SIZE POSTERIOR SUPPORT INCLUDES ALL ACCESSORIES AND COMPONENTS
E8001	GAIT TRAINER PEDIATRIC SIZE UPRIGHT SUPPORT INCLUDES ALL ACCESSORIES AND COMPONENTS
E8002	GAIT TRAINER PEDIATRIC SIZE ANTERIOR SUPPORT INCLUDES ALL ACCESSORIES AND COMPONENTS
G0008	Administration of influenza virus vaccine
G0009	Administration of pneumococcal vaccine
G0010	Administration of hepatitis b vaccine
G0011	INDIVIDUAL COUNSELING FOR PRE-EXPOSURE PROPHYLAXIS (PREP) BY PHYSICIAN OR QUALIFIED HEALTH CARE PROF
G0012	INJECTION OF PRE-EXPOSURE PROPHYLAXIS (PREP) DRUG FOR HIV PREVENTION UNDER SKIN OR INTO MUSCLE
G0013	INDIVIDUAL COUNSELING FOR PRE-EXPOSURE PROPHYLAXIS (PREP) BY CLINICAL STAFF TO PREVENT HUMAN IMMUNOD
G0017	PSYCHOTHERAPY FOR CRISIS FURNISHED IN AN APPLICABLE SITE OF SERVICE (ANY PLACE OF SERVICE AT WHICH T
G0018	PSYCHOTHERAPY FOR CRISIS FURNISHED IN AN APPLICABLE SITE OF SERVICE (ANY PLACE OF SERVICE AT WHICH T
G0019	COMMUNITY HEALTH INTEGRATION SERVICES PERFORMED BY CERTIFIED OR TRAINED AUXILIARY PERSONNEL INCLUDIN
G0022	COMMUNITY HEALTH INTEGRATION SERVICES EACH ADDITIONAL 30 MINUTES PER CALENDAR MONTH (LIST SEPARATELY
G0023	PRINCIPAL ILLNESS NAVIGATION SERVICES BY CERTIFIED OR TRAINED AUXILIARY PERSONNEL UNDER THE DIRECTIO

G0024	PRINCIPAL ILLNESS NAVIGATION SERVICES ADDITIONAL 30 MINUTES PER CALENDAR MONTH (LIST SEPARATELY IN A
G0027	SEMEN ANALYSIS PRESENCE AND OR MOTILITY OF SPERM EXCLUDING HUHNER
G0029	TOBACCO SCREENING NOT PERFORMED OR TOBACCO CESSATION INTERVENTION NOT PROVIDED DURING THE MEASUREMEN
G0030	PATIENT SCREENED FOR TOBACCO USE AND RECEIVED TOBACCO CESSATION INTERVENTION DURING THE MEASUREMENT
G0031	PALLIATIVE CARE SERVICES GIVEN TO PATIENT ANY TIME DURING THE MEASUREMENT PERIOD
G0032	TWO OR MORE ANTIPSYCHOTIC PRESCRIPTIONS ORDERED FOR PATIENTS WHO HAD A DIAGNOSIS OF SCHIZOPHRENIA SC
G0033	TWO OR MORE BENZODIAZEPINE PRESCRIPTIONS ORDERED FOR PATIENTS WHO HAD A DIAGNOSIS OF SEIZURE DISORDE
G0034	PATIENTS RECEIVING PALLIATIVE CARE DURING THE MEASUREMENT PERIOD
G0035	PATIENT HAS ANY EMERGENCY DEPARTMENT ENCOUNTER DURING THE PERFORMANCE PERIOD WITH PLACE OF SERVICE I
G0036	PATIENT OR CARE PARTNER DECLINE ASSESSMENT
G0037	ON DATE OF ENCOUNTER PATIENT IS NOT ABLE TO PARTICIPATE IN ASSESSMENT OR SCREENING INCLUDING NON-VER
G0038	CLINICIAN DETERMINES PATIENT DOES NOT REQUIRE REFERRAL
G0039	PATIENT NOT REFERRED REASON NOT OTHERWISE SPECIFIED
G0040	PATIENT ALREADY RECEIVING PHYSICAL OCCUPATIONAL SPEECH RECREATIONAL THERAPY DURING THE MEASUREMENT P
G0041	PATIENT AND OR CARE PARTNER DECLINE REFERRAL
G0042	REFERRAL TO PHYSICAL OCCUPATIONAL SPEECH OR RECREATIONAL THERAPY
G0043	PATIENTS WITH MECHANICAL PROSTHETIC HEART VALVE
G0044	PATIENTS WITH MODERATE OR SEVERE MITRAL STENOSIS
G0045	CLINICAL FOLLOW-UP AND MRS SCORE ASSESSED AT 90 DAYS FOLLOWING ENDOVASCULAR STROKE INTERVENTION
G0046	CLINICAL FOLLOW-UP AND MRS SCORE NOT ASSESSED AT 90 DAYS FOLLOWING ENDOVASCULAR STROKE INTERVENTION
G0047	PEDIATRIC PATIENT WITH MINOR BLUNT HEAD TRAUMA AND PECARN PREDICTION CRITERIA ARE NOT ASSESSED
G0048	PATIENTS WHO RECEIVE PALLIATIVE CARE SERVICES ANY TIME DURING THE INTAKE PERIOD THROUGH THE END OF T

G0049	WITH MAINTENANCE HEMODIALYSIS (IN-CENTER AND HOME HD) FOR THE COMPLETE REPORTING MONTH
G0050	PATIENTS WITH A CATHETER THAT HAVE LIMITED LIFE EXPECTANCY
G0051	PATIENTS UNDER HOSPICE CARE IN THE CURRENT REPORTING MONTH
G0052	PATIENTS ON PERITONEAL DIALYSIS FOR ANY PORTION OF THE REPORTING MONTH
G0053	ADVANCING RHEUMATOLOGY PATIENT CARE MIPS VALUE PATHWAYS
G0054	COORDINATING STROKE CARE TO PROMOTE PREVENTION AND CULTIVATE POSITIVE OUTCOMES MIPS VALUE PATHWAYS
G0055	ADVANCING CARE FOR HEART DISEASE MIPS VALUE PATHWAYS
G0057	PROPOSED ADOPTING BEST PRACTICES AND PROMOTING PATIENT SAFETY WITHIN EMERGENCY MEDICINE MIPS VALUE P
G0058	IMPROVING CARE FOR LOWER EXTREMITY JOINT REPAIR MIPS VALUE PATHWAYS
G0059	PATIENT SAFETY AND SUPPORT OF POSITIVE EXPERIENCES WITH ANESTHESIA MIPS VALUE PATHWAYS
G0060	ALLERGY IMMUNOLOGY MIPS SPECIALTY SET
G0061	ANESTHESIOLOGY MIPS SPECIALTY SET
G0062	AUDIOLOGY MIPS SPECIALTY SET
G0063	CARDIOLOGY MIPS SPECIALTY SET
G0064	CERTIFIED NURSE MIDWIFE MIPS SPECIALTY SET
G0065	CHIROPRACTIC MEDICINE MIPS SPECIALTY SET
G0066	CLINICAL SOCIAL WORK MIPS SPECIALTY SET
G0067	DENTISTRY MIPS SPECIALTY SET
G0068	PROFESSIONAL SERVICES FOR THE ADMINISTRATION OF ANTI-INFECTIVE PAIN MANAGEMENT CHELATION PULMONARY H
G0069	PROFESSIONAL SERVICES FOR THE ADMINISTRATION OF SUBCUTANEOUS IMMUNOTHERAPY OR OTHER SUBCUTANEOUS INF
G0070	PROFESSIONAL SERVICES FOR THE ADMINISTRATION OF INTRAVENOUS CHEMOTHERAPY OR OTHER INTRAVENOUS HIGHLY
G0071	PAYMENT FOR COMMUNICATION TECHNOLOGY-BASED SERVICES FOR 5 MINUTES OR MORE OF A VIRTUAL (NON-FACE-TO-
G0076	BRIEF (20 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY IN A MEDICARE-APPROVED
G0077	LIMITED (30 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY IN A MEDICARE-APPROV
G0078	MODERATE (45 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY IN A MEDICARE-APPRO

G0079	COMPREHENSIVE (60 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY IN A MEDICARE-
G0080	EXTENSIVE (75 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY IN A MEDICARE-APPR
G0081	BRIEF (20 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR USE ONLY IN A MEDICARE-AP
G0082	LIMITED (30 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR USE ONLY IN A MEDICARE-
G0083	MODERATE (45 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR USE ONLY IN A MEDICARE
G0084	COMPREHENSIVE (60 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR USE ONLY IN A MED
G0085	EXTENSIVE (75 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR USE ONLY IN A MEDICAR
G0086	LIMITED (30 MINUTES) CARE MANAGEMENT HOME CARE PLAN OVERSIGHT. FOR USE ONLY IN A MEDICARE-APPROVED C
G0087	COMPREHENSIVE (60 MINUTES) CARE MANAGEMENT HOME CARE PLAN OVERSIGHT. FOR USE ONLY IN A MEDICARE-APPR
G0088	PROFESSIONAL SERVICES INITIAL VISIT FOR THE ADMINISTRATION OF ANTI-INFECTIVE PAIN MANAGEMENT CHELATI
G0089	PROFESSIONAL SERVICES INITIAL VISIT FOR THE ADMINISTRATION OF SUBCUTANEOUS IMMUNOTHERAPY OR OTHER SU
G0090	PROFESSIONAL SERVICES INITIAL VISIT FOR THE ADMINISTRATION OF INTRAVENOUS CHEMOTHERAPY OR OTHER HIGH
G0101	CERVICAL OR VAGINAL CANCER SCREENING PELVIC AND CLINICAL BREAST EXAMINATION
G0102	PROSTATE CANCER SCREENING DIGITAL RECTAL EXAMINATION
G0103	PROSTATE CANCER SCREENING PROSTATE SPECIFIC ANTIGEN TEST (PSA)
G0104	COLORECTAL CANCER SCREENING FLEXIBLE SIGMOIDOSCOPY
G0105	COLORECTAL CANCER SCREENING COLONOSCOPY ON INDIVIDUAL AT HIGH RISK
G0106	COLORECTAL CANCER SCREENING ALTERNATIVE TO G0104 SCREENING SIGMOIDOSCOPY BARIUM ENEMA
G0108	Diabetes outpatient self-management training services individual per 30 minutes
G0109	Diabetes outpatient self-management training services group session (2 or more) per 30 minutes
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist

G0118	GLAUCOMA SCREENING FOR HIGH RISK PATIENT FURNISHED UNDER THE DIRECT SUPERVISION OF AN OPTOMETRIST OR
G0120	COLORECTAL CANCER SCREENING ALTERNATIVE TO G0105 SCREENING COLONOSCOPY BARIUM ENEMA.
G0121	COLORECTAL CANCER SCREENING COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK
G0122	COLORECTAL CANCER SCREENING BARIUM ENEMA
G0123	SCREENING CYTOPATHOLOGY CERVICAL OR VAGINAL (ANY REPORTING SYSTEM) COLLECTED IN PRESERVATIVE FLUID A
G0124	SCREENING CYTOPATHOLOGY CERVICAL OR VAGINAL (ANY REPORTING SYSTEM) COLLECTED IN PRESERVATIVE FLUID A
G0127	Trimming of dystrophic nails any number
G0128	DIRECT (FACE-TO-FACE WITH PATIENT) SKILLED NURSING SERVICES OF A REGISTERED NURSE PROVIDED IN A COMP
G0129	OCCUPATIONAL THERAPY SERVICES REQUIRING THE SKILLS OF A QUALIFIED OCCUPATIONAL THERAPIST FURNISHED A
G0130	SINGLE ENERGY X-RAY ABSORPTIOMETRY (SEXA) BONE DENSITY STUDY ONE OR MORE SITES APPENDICULAR SKELETON
G0136	ADMINISTRATION OF A STANDARDIZED EVIDENCE-BASED ASSESSMENT OF PHYSICAL ACTIVITY AND NUTRITION 5-15 M
G0137	INTENSIVE OUTPATIENT SERVICES WEEKLY BUNDLE MINIMUM OF 9 SERVICES OVER A 7 CONTIGUOUS DAY PERIOD WHI
G0138	INTRAVENOUS INFUSION OF CIPAGLUCOSIDASE ALFA-ATGA INCLUDING PROVIDER SUPPLIER ACQUISITION AND CLINIC
G0140	PRINCIPAL ILLNESS NAVIGATION - PEER SUPPORT BY CERTIFIED OR TRAINED AUXILIARY PERSONNEL UNDER THE DI
G0141	SCREENING CYTOPATHOLOGY SMEARS CERVICAL OR VAGINAL PERFORMED BY AUTOMATED SYSTEM WITH MANUAL RESCREE
G0143	SCREENING CYTOPATHOLOGY CERVICAL OR VAGINAL (ANY REPORTING SYSTEM) COLLECTED IN PRESERVATIVE FLUID A
G0144	SCREENING CYTOPATHOLOGY CERVICAL OR VAGINAL (ANY REPORTING SYSTEM) COLLECTED IN PRESERVATIVE FLUID A
G0145	SCREENING CYTOPATHOLOGY CERVICAL OR VAGINAL (ANY REPORTING SYSTEM) COLLECTED IN PRESERVATIVE FLUID A
G0146	PRINCIPAL ILLNESS NAVIGATION - PEER SUPPORT ADDITIONAL 30 MINUTES PER CALENDAR MONTH (LIST SEPARATEL

G0147	SCREENING CYTOPATHOLOGY SMEARS CERVICAL OR VAGINAL PERFORMED BY AUTOMATED SYSTEM UNDER PHYSICIAN SUP
G0148	SCREENING CYTOPATHOLOGY SMEARS CERVICAL OR VAGINAL PERFORMED BY AUTOMATED SYSTEM WITH MANUAL RESCREE
G0151	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING EACH 15 M
G0152	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING EACH
G0153	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING
G0155	Services of clinical social worker in home health or hospice settings each 15 minutes
G0156	Services of home health hospice aide in home health or hospice settings each 15 minutes
G0157	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING
G0158	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SET
G0159	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH SETTING IN THE ESTABLISHMENT
G0160	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST IN THE HOME HEALTH SETTING IN THE ESTABLISH
G0161	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH SETTING IN THE ESTA
G0162	SKILLED SERVICES BY A REGISTERED NURSE (RN) FOR MANAGEMENT AND EVALUATION OF THE PLAN OF CARE EACH 1
G0166	External counterpulsation per treatment session
G0168	Wound closure utilizing tissue adhesive(s) only
G0175	SCHEDULED INTERDISCIPLINARY TEAM CONFERENCE (MINIMUM OF THREE EXCLUSIVE OF PATIENT CARE NURSING STAF
G0176	ACTIVITY THERAPY SUCH AS MUSIC DANCE ART OR PLAY THERAPIES NOT FOR RECREATION RELATED TO THE CARE AN
G0177	TRAINING AND EDUCATIONAL SERVICES RELATED TO THE CARE AND TREATMENT OF PATIENT S DISABLING MENTAL HE
G0179	PHYSICIAN OR ALLOWED PRACTITIONER RE-CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A

G0180	PHYSICIAN OR ALLOWED PRACTITIONER CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A HO
G0181	PHYSICIAN OR ALLOWED PRACTITIONER SUPERVISION OF A PATIENT RECEIVING MEDICARE-COVERED SERVICES PROVI
G0182	PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE-APPROVED HOSPICE (PATIENT NOT PRESENT) REQUIRING
G0183	QUANTITATIVE SOFTWARE MEASUREMENTS OF CARDIAC VOLUME CARDIAC CHAMBERS VOLUMES AND LEFT VENTRICULAR W
G0186	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE CHOROIDAL NEOVASCULARIZATION) PHOTOCOAGULATI
G0219	PET IMAGING WHOLE BODY MELANOMA FOR NON-COVERED INDICATIONS
G0235	Pet imaging any site not otherwise specified
G0237	THERAPEUTIC PROCEDURES TO INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES FACE TO FACE ONE ON
G0238	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION OTHER THAN DESCRIBED BY G0237 ONE ON ONE FACE
G0239	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION OR INCREASE STRENGTH OR ENDURANCE OF RESPIRAT
G0245	INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEUROPATHY R
G0246	FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEUROPATHY
G0247	ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEUROPATHY RESULTING IN
G0248	DEMONSTRATION PRIOR TO INITIATION OF HOME INR MONITORING FOR PATIENT WITH EITHER MECHANICAL HEART VA
G0249	PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING OF PATIENT WITH EITHER MECHANICAL
G0250	PHYSICIAN REVIEW INTERPRETATION AND PATIENT MANAGEMENT OF HOME INR TESTING FOR PATIENT WITH EITHER M
G0252	PET IMAGING FULL AND PARTIAL-RING PET SCANNERS ONLY FOR INITIAL DIAGNOSIS OF BREAST CANCER AND OR SU
G0255	Current perception threshold sensory nerve conduction test (snct) per limb any nerve

G0257	UNSCHEDULED OR EMERGENCY DIALYSIS TREATMENT FOR AN ESRD PATIENT IN A HOSPITAL OUTPATIENT DEPARTMENT
G0259	INJECTION PROCEDURE FOR SACROILIAC JOINT ARTHROGRAPHY
G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT PROVISION OF ANESTHETIC STEROID AND OR OTHER THERAPEUTIC AG
G0268	REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON SAME DATE OF SERVICE AS AUDIOLOGIC FU
G0269	PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR ARTERIAL ACCESS SITE POST SURGICAL OR INTERVEN
G0270	MEDICAL NUTRITION THERAPY REASSESSMENT AND SUBSEQUENT INTERVENTION(S) FOLLOWING SECOND REFERRAL IN S
G0271	MEDICAL NUTRITION THERAPY REASSESSMENT AND SUBSEQUENT INTERVENTION(S) FOLLOWING SECOND REFERRAL IN S
G0276	BLINDED PROCEDURE FOR LUMBAR STENOSIS PERCUTANEOUS IMAGE-GUIDED LUMBAR DECOMPRESSION (PILD) OR PLACE
G0277	HYPERBARIC OXYGEN UNDER PRESSURE FULL BODY CHAMBER PER 30 MINUTE INTERVAL
G0278	ILIAC AND OR FEMORAL ARTERY ANGIOGRAPHY NON-SELECTIVE BILATERAL OR IPSILATERAL TO CATHETER INSERTION
G0279	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS UNILATERAL OR BILATERAL (LIST SEPARATELY IN ADDITION TO 7706
G0281	ELECTRICAL STIMULATION (UNATTENDED) TO ONE OR MORE AREAS FOR CHRONIC STAGE III AND STAGE IV PRESSURE
G0282	ELECTRICAL STIMULATION (UNATTENDED) TO ONE OR MORE AREAS FOR WOUND CARE OTHER THAN DESCRIBED IN G028
G0283	ELECTRICAL STIMULATION (UNATTENDED) TO ONE OR MORE AREAS FOR INDICATION(S) OTHER THAN WOUND CARE AS
G0288	Reconstruction computed tomographic angiography of aorta for surgical planning for vascular surgery
G0289	ARTHROSCOPY KNEE SURGICAL FOR REMOVAL OF LOOSE BODY FOREIGN BODY DEBRIDEMENT SHAVING OF ARTICULAR CA
G0293	NONCOVERED SURGICAL PROCEDURE(S) USING CONSCIOUS SEDATION REGIONAL GENERAL OR SPINAL ANESTHESIA IN A
G0294	NONCOVERED PROCEDURE(S) USING EITHER NO ANESTHESIA OR LOCAL ANESTHESIA ONLY IN A MEDICARE QUALIFYING

G0295	ELECTROMAGNETIC THERAPY TO ONE OR MORE AREAS FOR WOUND CARE OTHER THAN DESCRIBED IN G0329 OR FOR OTH
G0296	COUNSELING VISIT TO DISCUSS NEED FOR LUNG CANCER SCREENING USING LOW DOSE CT SCAN (LDCT) (SERVICE IS
G0299	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SETTING EAC
G0300	DIRECT SKILLED NURSING SERVICES OF A LICENSED PRACTICAL NURSE (LPN) IN THE HOME HEALTH OR HOSPICE SE
G0302	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS COMPLETE COURSE OF SERVICES TO INC
G0303	Pre-operative pulmonary surgery services for preparation for lvrs 10 to 15 days of services
G0304	Pre-operative pulmonary surgery services for preparation for lvrs 1 to 9 days of services
G0305	Post-discharge pulmonary surgery services after lvrs minimum of 6 days of services
G0306	Complete cbc automated (hgb hct rbc wbc without platelet count) and automated wbc differential count
G0307	COMPLETE (CBC) AUTOMATED (HGB HCT RBC WBC WITHOUT PLATELET COUNT)
G0310	IMMUNIZATION COUNSELING BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHEN THE VACCINE(
G0311	IMMUNIZATION COUNSELING BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHEN THE VACCINE(
G0312	IMMUNIZATION COUNSELING BY A PHYSICIAN OR OTHER QUALIFY ED HEALTH CARE PROFESSIONAL WHEN THE VACCINE
G0313	IMMUNIZATION COUNSELING BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHEN THE VACCINE(
G0314	IMMUNIZATION COUNSELING BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL FOR COVID-19 AGES
G0315	IMMUNIZATION COUNSELING BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL FOR COVID-19 AGES
G0316	PROLONGED HOSPITAL INPATIENT OR OBSERVATION CARE EVALUATION AND MANAGEMENT SERVICE(S) BEYOND THE TOT
G0317	PROLONGED NURSING FACILITY EVALUATION AND MANAGEMENT SERVICE(S) BEYOND THE TOTAL TIME FOR THE PRIMAR
G0318	PROLONGED HOME OR RESIDENCE EVALUATION AND MANAGEMENT SERVICE(S) BEYOND THE TOTAL TIME FOR THE PRIMA

G0320	HOME HEALTH SERVICES FURNISHED USING SYNCHRONOUS TELEMEDICINE RENDERED VIA A REAL-TIME TWO-WAY AUDIO
G0321	HOME HEALTH SERVICES FURNISHED USING SYNCHRONOUS TELEMEDICINE RENDERED VIA TELEPHONE OR OTHER REAL-T
G0322	THE COLLECTION OF PHYSIOLOGIC DATA DIGITALLY STORED AND OR TRANSMITTED BY THE PATIENT TO THE HOME HE
G0323	CARE MANAGEMENT SERVICES FOR BEHAVIORAL HEALTH CONDITIONS AT LEAST 20 MINUTES OF CLINICAL PSYCHOLOGI
G0327	COLORECTAL CANCER SCREENING BLOOD-BASED BIOMARKER
G0328	COLORECTAL CANCER SCREENING FECAL OCCULT BLOOD TEST IMMUNOASSAY 1-3 SIMULTANEOUS
G0329	ELECTROMAGNETIC THERAPY TO ONE OR MORE AREAS FOR CHRONIC STAGE III AND STAGE IV PRESSURE ULCERS ARTE
G0330	FACILITY SERVICES FOR DENTAL REHABILITATION PROCEDURE(S) PERFORMED ON A PATIENT WHO REQUIRES MONITOR
G0333	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S) INITIAL 30-DAY SUPPLY AS A BENEFICIARY
G0337	Hospice evaluation and counseling services pre-election
G0339	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY COMPLETE COURSE OF THERAPY I
G0340	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY DELIVERY INCLUDING COLLIMATO
G0341	Percutaneous islet cell transplant includes portal vein catheterization and infusion
G0342	Laparoscopy for islet cell transplant includes portal vein catheterization and infusion
G0343	Laparotomy for islet cell transplant includes portal vein catheterization and infusion
G0372	Physician service required to establish and document the need for a power mobility device
G0375	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT INTERMEDIATE GREATER THAN 3 MINUTES UP TO 10 MINU
G0376	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT INTENSIVE GREATER THAN 10 MINUTES
G0378	Hospital observation service per hour
G0379	Direct admission of patient for hospital observation care
G0380	LEVEL 1 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT (THE ED MUST M
G0381	LEVEL 2 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT (THE ED MUST M

G0382	LEVEL 3 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT (THE ED MUST M
G0383	LEVEL 4 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT (THE ED MUST M
G0384	LEVEL 5 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT (THE ED MUST M
G0390	Trauma response team associated with hospital critical care service
G0396	ALCOHOL AND OR SUBSTANCE (OTHER THAN TOBACCO) MISUSE STRUCTURED ASSESSMENT (E.G. AUDIT DAST) AND BRI
G0397	ALCOHOL AND OR SUBSTANCE (OTHER THAN TOBACCO) MISUSE STRUCTURED ASSESSMENT (E.G. AUDIT DAST) AND INT
G0398	HOME SLEEP STUDY TEST (HST) WITH TYPE II PORTABLE MONITOR UNATTENDED MINIMUM OF 7 CHANNELS: EEG EOG
G0399	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR UNATTENDED MINIMUM OF 4 CHANNELS: 2 RESPIRATORY
G0400	HOME SLEEP TEST (HST) WITH TYPE IV PORTABLE MONITOR UNATTENDED MINIMUM OF 3 CHANNELS
G0402	INITIAL PREVENTIVE PHYSICAL EXAMINATION FACE-TO-FACE VISIT SERVICES LIMITED TO NEW BENEFICIARY DURIN
G0403	ELECTROCARDIOGRAM ROUTINE ECG WITH 12 LEADS PERFORMED AS A SCREENING FOR THE INITIAL PREVENTIVE PHYS
G0404	ELECTROCARDIOGRAM ROUTINE ECG WITH 12 LEADS TRACING ONLY WITHOUT INTERPRETATION AND REPORT PERFORMED
G0405	ELECTROCARDIOGRAM ROUTINE ECG WITH 12 LEADS INTERPRETATION AND REPORT ONLY PERFORMED AS A SCREENING
G0406	FOLLOW-UP INPATIENT CONSULTATION LIMITED PHYSICIANS TYPICALLY SPEND 15 MINUTES COMMUNICATING WITH TH
G0407	FOLLOW-UP INPATIENT CONSULTATION INTERMEDIATE PHYSICIANS TYPICALLY SPEND 25 MINUTES COMMUNICATING WI
G0408	FOLLOW-UP INPATIENT CONSULTATION COMPLEX PHYSICIANS TYPICALLY SPEND 35 MINUTES COMMUNICATING WITH TH
G0409	SOCIAL WORK AND PSYCHOLOGICAL SERVICES DIRECTLY RELATING TO AND OR FURTHERING THE PATIENT S REHABILI
G0410	GROUP PSYCHOTHERAPY OTHER THAN OF A MULTIPLE-FAMILY GROUP IN A PARTIAL HOSPITALIZATION OR INTENSIVE

G0411	INTERACTIVE GROUP PSYCHOTHERAPY IN A PARTIAL HOSPITALIZATION OR INTENSIVE OUTPATIENT SETTING APPROXI
G0412	OPEN TREATMENT OF ILIAC SPINE(S) TUBEROSITY AVULSION OR ILIAC WING FRACTURE(S) UNILATERAL OR BILATER
G0413	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC BONE FRACTURE AND OR DISLOCATION FOR FRACTURE PAT
G0414	OPEN TREATMENT OF ANTERIOR PELVIC BONE FRACTURE AND OR DISLOCATION FOR FRACTURE PATTERNS WHICH DISRU
G0415	OPEN TREATMENT OF POSTERIOR PELVIC BONE FRACTURE AND OR DISLOCATION FOR FRACTURE PATTERNS WHICH DISR
G0416	SURGICAL PATHOLOGY GROSS AND MICROSCOPIC EXAMINATIONS FOR PROSTATE NEEDLE BIOPSY ANY METHOD
G0420	FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY DISEASE INDIVIDUAL PER SESSI
G0421	FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY DISEASE GROUP PER SESSION PE
G0422	INTENSIVE CARDIAC REHABILITATION W WO CONTINUOUS ECG MONITORING WITH EXERCISE PER SESSION
G0423	INTENSIVE CARDIAC REHABILITATION W WO CONTINUOUS ECG MONITORING WITHOUT EXERCISE PER SESSION
G0425	TELEHEALTH CONSULTATION EMERGENCY DEPARTMENT OR INITIAL INPATIENT TYPICALLY 30 MINUTES COMMUNICATING
G0426	TELEHEALTH CONSULTATION EMERGENCY DEPARTMENT OR INITIAL INPATIENT TYPICALLY 50 MINUTES COMMUNICATING
G0427	TELEHEALTH CONSULTATION EMERGENCY DEPARTMENT OR INITIAL INPATIENT TYPICALLY 70 MINUTES OR MORE COMMU
G0428	COLLAGEN MENISCUS IMPLANT PROCEDURE FOR FILLING MENISCAL DEFECTS (E.G. CMI COLLAGEN SCAFFOLD MENAFLE
G0429	DERMAL FILLER INJECTION(S) FOR THE TREATMENT OF FACIAL LIPODYSTROPHY SYNDROME (LDS) (E.G. AS A RESUL
G0432	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME IMMUNOASSAY (EIA) TECHNIQUE HIV-1 AND OR HIV-2 SCREENI
G0433	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA) TECHNIQUE HIV-1 AND
G0435	Infectious agent antibody detection by rapid antibody test hiv-1 and or hiv-2 screening

G0438	ANNUAL WELLNESS VISIT INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS) INITIAL VISIT
G0439	Annual wellness visit includes a personalized prevention plan of service (pps) subsequent visit
G0442	ANNUAL ALCOHOL MISUSE SCREENING 5 TO 15 MINUTES
G0443	Brief face-to-face behavioral counseling for alcohol misuse 15 minutes
G0444	ANNUAL DEPRESSION SCREENING 5 TO 15 MINUTES
G0445	HIGH INTENSITY BEHAVIORAL COUNSELING TO PREVENT SEXUALLY TRANSMITTED INFECTION FACE-TO-FACE INDIVIDU
G0446	Annual face-to-face intensive behavioral therapy for cardiovascular disease individual 15 minutes
G0447	Face-to-face behavioral counseling for obesity 15 minutes
G0448	INSERTION OR REPLACEMENT OF A PERMANENT PACING CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH TRANSVENOUS LE
G0449	ANNUAL FACE-TO-FACE OBESITY SCREENING 15 MINUTES
G0450	SCREENING FOR SEXUALLY TRANSMITTED INFECTIONS INCLUDES LABORATORY TESTS FOR CHLAMYDIA GONORRHEA SYPH
G0451	Development testing with interpretation and report per standardized instrument form
G0452	MOLECULAR PATHOLOGY PROCEDURE PHYSICIAN INTERPRETATION AND REPORT
G0453	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEAR
G0454	PHYSICIAN DOCUMENTATION OF FACE-TO-FACE VISIT FOR DURABLE MEDICAL EQUIPMENT DETERMINATION PERFORMED
G0455	PREPARATION WITH INSTILLATION OF FECAL MICROBIOTA BY ANY METHOD INCLUDING ASSESSMENT OF DONOR SPECIM
G0458	Low dose rate (ldr) prostate brachytherapy services composite rate
G0459	INPATIENT TELEHEALTH PHARMACOLOGIC MANAGEMENT INCLUDING PRESCRIPTION USE AND REVIEW OF MEDICATION WI
G0460	AUTOLOGOUS PLATELET RICH PLASMA OR OTHER BLOOD-DERIVED PRODUCT FOR NON-DIABETIC CHRONIC WOUNDS ULCER
G0463	Hospital outpatient clinic visit for assessment and management of a patient
G0465	AUTOLOGOUS PLATELET RICH PLASMA (PRP) OR OTHER BLOOD-DERIVED PRODUCT FOR DIABETIC CHRONIC WOUNDS ULC
G0466	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT NEW PATIENT A MEDICALLY-NECESSARY FACE-TO-FACE ENCOUN
G0467	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT ESTABLISHED PATIENT A MEDICALLY-NECESSARY FACE-TO-FAC

G0468	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT IPPE OR AWV A FQHC VISIT THAT INCLUDES AN INITIAL PRE
G0469	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT MENTAL HEALTH NEW PATIENT A MEDICALLY-NECESSARY FACE-
G0470	FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT MENTAL HEALTH ESTABLISHED PATIENT A MEDICALLY-NECESSA
G0471	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE OR URINE SAMPLE BY CATHETERIZATION FROM AN INDIVIDUAL IN
G0472	HEPATITIS C ANTIBODY SCREENING FOR INDIVIDUAL AT HIGH RISK AND OTHER COVERED INDICATION(S)
G0473	FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY GROUP (2-10) 30 MINUTES
G0475	HIV ANTIGEN ANTIBODY COMBINATION ASSAY SCREENING
G0476	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HUMAN PAPILLOMAVIRUS (HPV) HIGH-RISK TYPES (
G0480	DRUG TEST(S) DEFINITIVE UTILIZING (1) DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS
G0481	DRUG TEST(S) DEFINITIVE UTILIZING (1) DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS
G0482	DRUG TEST(S) DEFINITIVE UTILIZING (1) DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS
G0483	DRUG TEST(S) DEFINITIVE UTILIZING (1) DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS
G0490	FACE-TO-FACE HOME HEALTH NURSING VISIT BY A RURAL HEALTH CLINIC (RHC) OR FEDERALLY QUALIFIED HEALTH
G0491	DIALYSIS PROCEDURE AT A MEDICARE CERTIFIED ESRD FACILITY FOR ACUTE KIDNEY INJURY WITHOUT ESRD
G0492	DIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
G0493	SKILLED SERVICES OF A REGISTERED NURSE (RN) FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT S COND
G0494	SKILLED SERVICES OF A LICENSED PRACTICAL NURSE (LPN) FOR THE OBSERVATION AND ASSESSMENT OF THE PATIE
G0495	SKILLED SERVICES OF A REGISTERED NURSE (RN) IN THE TRAINING AND OR EDUCATION OF A PATIENT OR FAMILY
G0496	SKILLED SERVICES OF A LICENSED PRACTICAL NURSE (LPN) IN THE TRAINING AND OR EDUCATION OF A PATIENT O

G0498	CHEMOTHERAPY ADMINISTRATION INTRAVENOUS INFUSION TECHNIQUE INITIATION OF INFUSION IN THE OFFICE CLIN
G0499	HEPATITIS B SCREENING IN NON-PREGNANT HIGH RISK INDIVIDUAL INCLUDES HEPATITIS B SURFACE ANTIGEN (HBS
G0500	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONA
G0501	RESOURCE-INTENSIVE SERVICES FOR PATIENTS FOR WHOM THE USE OF SPECIALIZED MOBILITY-ASSISTIVE TECHNOLO
G0506	COMPREHENSIVE ASSESSMENT OF AND CARE PLANNING FOR PATIENTS REQUIRING CHRONIC CARE MANAGEMENT SERVICE
G0508	TELEHEALTH CONSULTATION CRITICAL CARE INITIAL PHYSICIANS TYPICALLY SPEND 60 MINUTES COMMUNICATING WI
G0509	TELEHEALTH CONSULTATION CRITICAL CARE SUBSEQUENT PHYSICIANS TYPICALLY SPEND 50 MINUTES COMMUNICATING
G0511	RURAL HEALTH CLINIC OR FEDERALLY QUALIFIED HEALTH CENTER (RHC OR FQHC) ONLY GENERAL CARE MANAGEMENT
G0512	RURAL HEALTH CLINIC OR FEDERALLY QUALIFIED HEALTH CENTER (RHC FQHC) ONLY PSYCHIATRIC COLLABORATIVE C
G0513	PROLONGED PREVENTIVE SERVICE(S) (BEYOND THE TYPICAL SERVICE TIME OF THE PRIMARY PROCEDURE) IN THE OF
G0514	PROLONGED PREVENTIVE SERVICE(S) (BEYOND THE TYPICAL SERVICE TIME OF THE PRIMARY PROCEDURE) IN THE OF
G0516	INSERTION OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS 4 OR MORE (SERVICES FOR SUBDERMAL ROD IMPLANT)
G0517	REMOVAL OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS 4 OR MORE (SERVICES FOR SUBDERMAL IMPLANTS)
G0518	REMOVAL WITH REINSERTION NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS 4 OR MORE (SERVICES FOR SUBDERMAL
G0519	MANAGEMENT OF NEW PATIENT-CAREGIVER DYAD WITH DEMENTIA LOW COMPLEXITY FOR USE IN CMMI MODEL
G0520	MANAGEMENT OF NEW PATIENT-CAREGIVER DYAD WITH DEMENTIA MODERATE COMPLEXITY FOR USE IN CMMI MODEL
G0521	MANAGEMENT OF NEW PATIENT-CAREGIVER DYAD WITH DEMENTIA HIGH COMPLEXITY FOR USE IN CMMI MODEL

G0522	MANAGEMENT OF A NEW PATIENT WITH DEMENTIA LOW COMPLEXITY FOR USE IN CMMI MODEL
G0523	MANAGEMENT OF A NEW PATIENT WITH DEMENTIA MODERATE TO HIGH COMPLEXITY FOR USE IN CMMI MODEL
G0524	MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH DEMENTIA LOW COMPLEXITY FOR USE IN CMMI MODEL
G0525	MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH DEMENTIA MODERATE COMPLEXITY FOR USE IN CMMI M
G0526	MANAGEMENT OF ESTABLISHED PATIENT-CAREGIVER DYAD WITH DEMENTIA HIGH COMPLEXITY FOR USE IN CMMI MODEL
G0527	MANAGEMENT OF ESTABLISHED PATIENT WITH DEMENTIA LOW COMPLEXITY FOR USE IN CMMI MODEL
G0528	MANAGEMENT OF ESTABLISHED PATIENT WITH DEMENTIA MODERATE TO HIGH COMPLEXITY FOR USE IN CMMI MODEL
G0529	IN-HOME RESPITE CARE 4-HOUR UNIT FOR USE IN CMMI MODEL
G0530	ADULT DAY CENTER 8-HOUR UNIT FOR USE IN CMMI MODEL
G0531	FACILITY-BASED RESPITE 24-HOUR UNIT FOR USE IN CMMI MODEL
G0532	TAKE-HOME SUPPLY OF NASAL NALMEFENE HYDROCHLORIDE ONE CARTON OF TWO 2.7 MG PER 0.1 ML NASAL SPRAYS (
G0533	MEDICATION ASSISTED TREATMENT BUPRENORPHINE (INJECTABLE) ADMINISTERED ON A WEEKLY BASIS WEEKLY BUNDL
G0534	COORDINATED CARE AND OR REFERRAL SERVICES SUCH AS TO ADEQUATE AND ACCESSIBLE COMMUNITY RESOURCES TO
G0535	PATIENT NAVIGATIONAL SERVICES PROVIDED DIRECTLY OR BY REFERRAL INCLUDING HELPING THE PATIENT TO NAVI
G0536	PEER RECOVERY SUPPORT SERVICES PROVIDED DIRECTLY OR BY REFERRAL INCLUDING LEVERAGING KNOWLEDGE OF TH
G0537	ADMINISTRATION OF A STANDARDIZED EVIDENCE-BASED ATHEROSCLEROTIC CARDIOVASCULAR DISEASE (ASCVD) RISK
G0538	ATHEROSCLEROTIC CARDIOVASCULAR DISEASE (ASCVD) RISK MANAGEMENT SERVICES CLINICAL STAFF TIME PER CALE
G0539	CAREGIVER TRAINING IN BEHAVIOR MANAGEMENT MODIFICATION FOR CAREGIVER(S) OF PATIENTS WITH A MENTAL OR
G0540	CAREGIVER TRAINING IN BEHAVIOR MANAGEMENT MODIFICATION FOR PARENT(S) GUARDIAN(S) CAREGIVER(S) OF PAT

G0541	CAREGIVER TRAINING IN DIRECT CARE STRATEGIES AND TECHNIQUES TO SUPPORT CARE FOR PATIENTS WITH AN ONG
G0542	CAREGIVER TRAINING IN DIRECT CARE STRATEGIES AND TECHNIQUES TO SUPPORT CARE FOR PATIENTS WITH AN ONG
G0543	GROUP CAREGIVER TRAINING IN DIRECT CARE STRATEGIES AND TECHNIQUES TO SUPPORT CARE FOR PATIENTS WITH
G0544	POST DISCHARGE TELEPHONIC FOLLOW-UP CONTACTS PERFORMED IN CONJUNCTION WITH A DISCHARGE FROM THE EMER
G0545	VISIT COMPLEXITY INHERENT TO HOSPITAL INPATIENT OR OBSERVATION CARE ASSOCIATED WITH A CONFIRMED OR S
G0546	INTERPROFESSIONAL TELEPHONE INTERNET ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT SERVICE PROV
G0547	INTERPROFESSIONAL TELEPHONE INTERNET ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT SERVICE PROV
G0548	INTERPROFESSIONAL TELEPHONE INTERNET ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT SERVICE PROV
G0549	INTERPROFESSIONAL TELEPHONE INTERNET ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT SERVICE PROV
G0550	INTERPROFESSIONAL TELEPHONE INTERNET ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT SERVICE PROV
G0551	INTERPROFESSIONAL TELEPHONE INTERNET ELECTRONIC HEALTH RECORD REFERRAL SERVICE(S) PROVIDED BY A TREA
G0552	SUPPLY OF DIGITAL MENTAL HEALTH TREATMENT DEVICE AND INITIAL EDUCATION AND ONBOARDING PER COURSE OF
G0553	FIRST 20 MINUTES OF MONTHLY TREATMENT MANAGEMENT SERVICES DIRECTLY RELATED TO THE PATIENT S THERAPEU
G0554	EACH ADDITIONAL 20 MINUTES OF MONTHLY TREATMENT MANAGEMENT SERVICES DIRECTLY RELATED TO THE PATIENT
G0555	PROVISION OF REPLACEMENT PATIENT ELECTRONICS SYSTEM (E.G. SYSTEM PILLOW HANDHELD READER) FOR HOME PU
G0556	ADVANCED PRIMARY CARE MANAGEMENT SERVICES FOR A PATIENT WITH ONE CHRONIC CONDITION [EXPECTED TO LAST
G0557	ADVANCED PRIMARY CARE MANAGEMENT SERVICES FOR A PATIENT WITH MULTIPLE (TWO OR MORE) CHRONIC CONDITIO

G0558	ADVANCED PRIMARY CARE MANAGEMENT SERVICES FOR A PATIENT THAT IS A QUALIFIED MEDICARE BENEFICIARY WIT
G0559	POST-OPERATIVE FOLLOW-UP VISIT COMPLEXITY INHERENT TO EVALUATION AND MANAGEMENT SERVICES ADDRESSING
G0560	SAFETY PLANNING INTERVENTIONS EACH 20 MINUTES PERSONALLY PERFORMED BY THE BILLING PRACTITIONER INCLU
G0561	TYMPANOSTOMY WITH LOCAL OR TOPICAL ANESTHESIA AND INSERTION OF A VENTILATING TUBE WHEN PERFORMED WIT
G0562	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING COMPLEX INCLUDING ACQUISITION OF PET AND CT IMA
G0563	STEREOTACTIC BODY RADIATION THERAPY TREATMENT DELIVERY PER FRACTION TO 1 OR MORE LESIONS INCLUDING I
G0564	CREATION OF SUBCUTANEOUS POCKET WITH INSERTION OF 365 DAY IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR IN
G0565	REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR WITH CREATION OF SUBCUTANEOUS POCKET AT DIFFERENT
G0566	3D RADIODENSITY-VALUE BONE IMAGING ALGORITHM DERIVED FROM PREVIOUS MAGNETIC RESONANCE EXAMINATION OF
G0567	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) HEPATITIS C SCREENING AMPLIFIED PROBE TECHNI
G0568	INITIAL PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT IN THE FIRST CALENDAR MONTH OF BEHAVIORAL HEALTH C
G0569	SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT IN A SUBSEQUENT MONTH OF BEHAVIORAL HEALTH CARE
G0570	CARE MANAGEMENT SERVICES FOR BEHAVIORAL HEALTH CONDITIONS DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED
G0659	DRUG TEST(S) DEFINITIVE UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND
G0913	Improvement in visual function achieved within 90 days following cataract surgery
G0914	Patient care survey was not completed by patient
G0915	Improvement in visual function not achieved within 90 days following cataract surgery
G0916	Satisfaction with care achieved within 90 days following cataract surgery
G0917	PATIENT CARE SURVEY WAS NOT COMPLETED BY PATIENT
G0918	Satisfaction with care not achieved within 90 days following cataract surgery

G1001	CLINICAL DECISION SUPPORT MECHANISM EVICORE AS DEFINED BY THE MEDICARE APPROPRIATE USE CRITERIA PROG
G1002	CLINICAL DECISION SUPPORT MECHANISM MEDCURRENT AS DEFINED BY THE MEDICARE APPROPRIATE USE CRITERIA P
G1003	CLINICAL DECISION SUPPORT MECHANISM MEDICALIS AS DEFINED BY THE MEDICARE APPROPRIATE USE CRITERIA PR
G1004	CLINICAL DECISION SUPPORT MECHANISM NATIONAL DECISION SUPPORT COMPANY AS DEFINED BY THE MEDICARE APP
G1007	CLINICAL DECISION SUPPORT MECHANISM AIM SPECIALTY HEALTH AS DEFINED BY THE MEDICARE APPROPRIATE USE
G1008	CLINICAL DECISION SUPPORT MECHANISM CRANBERRY PEAK AS DEFINED BY THE MEDICARE APPROPRIATE USE CRITER
G1009	CLINICAL DECISION SUPPORT MECHANISM SAGE HEALTH MANAGEMENT SOLUTIONS AS DEFINED BY THE MEDICARE APPR
G1010	CLINICAL DECISION SUPPORT MECHANISM STANSON AS DEFINED BY THE MEDICARE APPROPRIATE USE CRITERIA PROG
G1011	CLINICAL DECISION SUPPORT MECHANISM QUALIFIED TOOL NOT OTHERWISE SPECIFIED AS DEFINED BY THE MEDICAR
G1012	CLINICAL DECISION SUPPORT MECHANISM AGILEMD AS DEFINED BY THE MEDICARE APPROPRIATE USE CRITERIA PROG
G1013	CLINICAL DECISION SUPPORT MECHANISM EVIDENCECARE IMAGINGCARE AS DEFINED BY THE MEDICARE APPROPRIATE
G1014	CLINICAL DECISION SUPPORT MECHANISM INVENIQA SEMANTIC ANSWERS IN MEDICINE AS DEFINED BY THE MEDICARE
G1015	CLINICAL DECISION SUPPORT MECHANISM RELIANT MEDICAL GROUP AS DEFINED BY THE MEDICARE APPROPRIATE USE
G1016	CLINICAL DECISION SUPPORT MECHANISM SPEED OF CARE AS DEFINED BY THE MEDICARE APPROPRIATE USE CRITERI
G1017	CLINICAL DECISION SUPPORT MECHANISM HEALTHHELP AS DEFINED BY THE MEDICARE APPROPRIATE USE CRITERIA P
G1018	CLINICAL DECISION SUPPORT MECHANISM INFINX AS DEFINED BY THE MEDICARE APPROPRIATE USE CRITERIA PROGR
G1019	CLINICAL DECISION SUPPORT MECHANISM LOGICNETS AS DEFINED BY THE MEDICARE APPROPRIATE USE CRITERIA PR

G1020	CLINICAL DECISION SUPPORT MECHANISM CURBSIDE CLINICAL AUGMENTED WORKFLOW AS DEFINED BY THE MEDICARE
G1021	CLINICAL DECISION SUPPORT MECHANISM EHEALTHLINE CLINICAL DECISION SUPPORT MECHANISM AS DEFINED BY TH
G1022	CLINICAL DECISION SUPPORT MECHANISM INTERMOUNTAIN CLINICAL DECISION SUPPORT MECHANISM AS DEFINED BY
G1023	CLINICAL DECISION SUPPORT MECHANISM PERSIVIA CLINICAL DECISION SUPPORT AS DEFINED BY THE MEDICARE AP
G1024	CLINICAL DECISION SUPPORT MECHANISM RADRITE AS DEFINED BY THE MEDICARE APPROPRIATE USE CRITERIA PROG
G1025	PATIENT-MONTHS WHERE THERE ARE MORE THAN ONE MEDICARE CAPITATED PAYMENT (MCP) PROVIDER LISTED FOR TH
G1026	THE NUMBER OF ADULT PATIENT-MONTHS IN THE DENOMINATOR WHO WERE ON MAINTENANCE HEMODIALYSIS USING A C
G1027	THE NUMBER OF ADULT PATIENT-MONTHS IN THE DENOMINATOR WHO WERE ON MAINTENANCE HEMODIALYSIS UNDER THE
G1028	TAKE-HOME SUPPLY OF NASAL NALOXONE 2-PACK OF 8MG PER 0.1 ML NASAL SPRAY (PROVISION OF THE SERVICES B
G2000	BLINDED ADMINISTRATION OF CONVULSIVE THERAPY PROCEDURE EITHER ELECTROCONVULSIVE THERAPY (ECT CURRENT
G2001	BRIEF (20 MINUTES) IN-HOME VISIT FOR A NEW PATIENT POST-DISCHARGE. FOR USE ONLY IN A MEDICARE-APPROV
G2002	LIMITED (30 MINUTES) IN-HOME VISIT FOR A NEW PATIENT POST-DISCHARGE. FOR USE ONLY IN A MEDICARE-APPR
G2003	MODERATE (45 MINUTES) IN-HOME VISIT FOR A NEW PATIENT POST-DISCHARGE. FOR USE ONLY IN A MEDICARE-APP
G2004	COMPREHENSIVE (60 MINUTES) IN-HOME VISIT FOR A NEW PATIENT POST-DISCHARGE. FOR USE ONLY IN A MEDICAR
G2005	EXTENSIVE (75 MINUTES) IN-HOME VISIT FOR A NEW PATIENT POST-DISCHARGE. FOR USE ONLY IN A MEDICARE-AP
G2006	BRIEF (20 MINUTES) IN-HOME VISIT FOR AN EXISTING PATIENT POST-DISCHARGE. FOR USE ONLY IN A MEDICARE-
G2007	LIMITED (30 MINUTES) IN-HOME VISIT FOR AN EXISTING PATIENT POST-DISCHARGE. FOR USE ONLY IN A MEDICAR

G2008	MODERATE (45 MINUTES) IN-HOME VISIT FOR AN EXISTING PATIENT POST-DISCHARGE. FOR USE ONLY IN A MEDICA
G2009	COMPREHENSIVE (60 MINUTES) IN-HOME VISIT FOR AN EXISTING PATIENT POST-DISCHARGE. FOR USE ONLY IN A M
G2010	REMOTE EVALUATION OF RECORDED VIDEO AND OR IMAGES SUBMITTED BY AN ESTABLISHED PATIENT (E.G. STORE AN
G2011	ALCOHOL AND OR SUBSTANCE (OTHER THAN TOBACCO) MISUSE STRUCTURED ASSESSMENT (E.G. AUDIT DAST) AND BRI
G2012	BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE E.G. VIRTUAL CHECK-IN BY A PHYSICIAN OR OTHER QUALIFIED
G2013	EXTENSIVE (75 MINUTES) IN-HOME VISIT FOR AN EXISTING PATIENT POST-DISCHARGE. FOR USE ONLY IN A MEDIC
G2014	LIMITED (30 MINUTES) CARE PLAN OVERSIGHT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES
G2015	COMPREHENSIVE (60 MINS) HOME CARE PLAN OVERSIGHT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (S
G2020	SERVICES FOR HIGH INTENSITY CLINICAL SERVICES ASSOCIATED WITH THE INITIAL ENGAGEMENT AND OUTREACH OF
G2021	HEALTH CARE PRACTITIONERS RENDERING TREATMENT IN PLACE (TIP)
G2022	A MODEL PARTICIPANT (AMBULANCE SUPPLIER PROVIDER) THE BENEFICIARY REFUSES SERVICES COVERED UNDER THE
G2023	SPECIMEN COLLECTION FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DI
G2024	SPECIMEN COLLECTION FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DI
G2025	PAYMENT FOR A TELEHEALTH DISTANT SITE SERVICE FURNISHED BY A RURAL HEALTH CLINIC (RHC) OR FEDERALLY
G2061	QUALIFIED NONPHYSICIAN HEALTHCARE PROFESSIONAL ONLINE ASSESSMENT AND MANAGEMENT SERVICE FOR AN ESTAB
G2062	QUALIFIED NONPHYSICIAN HEALTHCARE PROFESSIONAL ONLINE ASSESSMENT AND MANAGEMENT SERVICE FOR AN ESTAB
G2063	QUALIFIED NONPHYSICIAN QUALIFIED HEALTHCARE PROFESSIONAL ASSESSMENT AND MANAGEMENT SERVICE FOR AN ES

G2067	MEDICATION ASSISTED TREATMENT METHADONE WEEKLY BUNDLE INCLUDING DISPENSING AND OR ADMINISTRATION SUB
G2068	MEDICATION ASSISTED TREATMENT BUPRENORPHINE (ORAL) WEEKLY BUNDLE INCLUDING DISPENSING AND OR ADMINIS
G2069	MEDICATION ASSISTED TREATMENT BUPRENORPHINE (INJECTABLE) ADMINISTERED ON A MONTHLY BASIS BUNDLE INCL
G2070	MEDICATION ASSISTED TREATMENT BUPRENORPHINE (IMPLANT INSERTION) WEEKLY BUNDLE INCLUDING DISPENSING A
G2071	MEDICATION ASSISTED TREATMENT BUPRENORPHINE (IMPLANT REMOVAL) WEEKLY BUNDLE INCLUDING DISPENSING AND
G2072	MEDICATION ASSISTED TREATMENT BUPRENORPHINE (IMPLANT INSERTION AND REMOVAL) WEEKLY BUNDLE INCLUDING
G2073	MEDICATION ASSISTED TREATMENT NALTREXONE WEEKLY BUNDLE INCLUDING DISPENSING AND OR ADMINISTRATION SU
G2074	MEDICATION ASSISTED TREATMENT WEEKLY BUNDLE NOT INCLUDING THE DRUG INCLUDING SUBSTANCE USE COUNSELIN
G2075	MEDICATION ASSISTED TREATMENT MEDICATION NOT OTHERWISE SPECIFIED WEEKLY BUNDLE INCLUDING DISPENSING
G2076	INTAKE ACTIVITIES INCLUDING INITIAL MEDICAL EXAMINATION THAT IS CONDUCTED BY AN APPROPRIATELY LICENS
G2077	PERIODIC ASSESSMENT ASSESSING PERIODICALLY BY AN OTP PRACTITIONER AND INCLUDES A REVIEW OF MOUD DOSI
G2078	TAKE-HOME SUPPLY OF METHADONE UP TO 7 ADDITIONAL DAY SUPPLY (PROVISION OF THE SERVICES BY A MEDICARE
G2079	TAKE-HOME SUPPLY OF BUPRENORPHINE (ORAL) UP TO 7 ADDITIONAL DAY SUPPLY (PROVISION OF THE SERVICES BY
G2080	EACH ADDITIONAL 30 MINUTES OF COUNSELING IN A WEEK OF MEDICATION ASSISTED TREATMENT (PROVISION OF TH
G2081	PATIENTS AGE 66 AND OLDER IN INSTITUTIONAL SPECIAL NEEDS PLANS (SNP) OR RESIDING IN LONG-TERM CARE W
G2082	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT THAT RE
G2083	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT THAT RE

G2086	OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER INCLUDING DEVELOPMENT OF THE TREATMENT PLAN CARE COOR
G2087	OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER INCLUDING CARE COORDINATION INDIVIDUAL THERAPY AND GR
G2088	OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER INCLUDING CARE COORDINATION INDIVIDUAL THERAPY AND GR
G2090	PATIENTS 66 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM ENCOUNTER FOR FRAILTY DURING THE MEASUREM
G2091	PATIENTS 66 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM ENCOUNTER FOR FRAILTY DURING THE MEASUREM
G2092	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) OR ANGIOTENSIN R
G2093	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PRESCRIBING ACE INHIBITOR OR ARB OR ARNI THERAPY (E.G. HY
G2094	DOCUMENTATION OF PATIENT REASON(S) FOR NOT PRESCRIBING ACE INHIBITOR OR ARB OR ARNI THERAPY (E.G. PA
G2095	DOCUMENTATION OF SYSTEM REASON(S) FOR NOT PRESCRIBING ACE INHIBITOR OR ARB OR ARNI THERAPY (E.G. OTH
G2096	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) OR ANGIOTENSIN R
G2097	EPISODES WHERE THE PATIENT HAD A COMPETING DIAGNOSIS ON OR WITHIN THREE DAYS AFTER THE EPISODE DATE
G2098	PATIENTS 66 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM ENCOUNTER FOR FRAILTY DURING THE MEASUREM
G2099	PATIENTS 66 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM ENCOUNTER FOR FRAILTY DURING THE MEASUREM
G2100	PATIENTS 66 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM ENCOUNTER FOR FRAILTY DURING THE MEASUREM
G2101	PATIENTS 66 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM ENCOUNTER FOR FRAILTY DURING THE MEASUREM
G2105	PATIENT AGE 66 OR OLDER IN INSTITUTIONAL SPECIAL NEEDS PLANS (SNP) OR RESIDING IN LONG-TERM CARE WIT
G2106	PATIENTS 66 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM ENCOUNTER FOR FRAILTY DURING THE MEASUREM

G2107	PATIENTS 66 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM ENCOUNTER FOR FRAILTY DURING THE MEASUREM
G2112	PATIENT RECEIVING =5 MG DAILY PREDNISONE (OR EQUIVALENT) OR RA ACTIVITY IS WORSENING OR GLUCOCORTICO
G2113	PATIENT RECEIVING 5 MG DAILY PREDNISONE (OR EQUIVALENT) FOR LONGER THAN 6 MONTHS AND IMPROVEMENT OR
G2115	PATIENTS 66 - 80 YEARS OF AGE WITH AT LEAST ONE CLAIM ENCOUNTER FOR FRAILTY DURING THE MEASUREMENT P
G2116	PATIENTS 66 - 80 YEARS OF AGE WITH AT LEAST ONE CLAIM ENCOUNTER FOR FRAILTY DURING THE MEASUREMENT P
G2118	PATIENTS 81 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM ENCOUNTER FOR FRAILTY DURING THE MEASUREM
G2121	DEPRESSION ANXIETY APATHY AND PSYCHOSIS ASSESSED
G2122	DEPRESSION ANXIETY APATHY AND PSYCHOSIS NOT ASSESSED
G2125	PATIENTS 81 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM ENCOUNTER FOR FRAILTY DURING THE SIX MONT
G2126	PATIENTS 66-80 YEARS OF AGE WITH AT LEAST ONE CLAIM ENCOUNTER FOR FRAILTY DURING THE MEASUREMENT PER
G2127	PATIENTS 66 80 YEARS OF AGE WITH AT LEAST ONE CLAIM ENCOUNTER FOR FRAILTY DURING THE MEASUREMENT PER
G2128	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT ON A DAILY ASPIRIN OR OTHER ANTIPLATELET (E.G. HISTORY OF
G2129	PROCEDURE-RELATED BP S NOT TAKEN DURING AN OUTPATIENT VISIT. EXAMPLES INCLUDE SAME DAY SURGERY AMBUL
G2136	BACK PAIN MEASURED BY THE VISUAL ANALOG SCALE (VAS) OR NUMERIC PAIN SCALE AT THREE MONTHS (6 - 20 WE
G2137	BACK PAIN MEASURED BY THE VISUAL ANALOG SCALE (VAS) OR NUMERIC PAIN SCALE AT THREE MONTHS (6 - 20 WE
G2138	BACK PAIN AS MEASURED BY THE VISUAL ANALOG SCALE (VAS) OR NUMERIC PAIN SCALE AT ONE YEAR (9 TO 15 MO
G2139	BACK PAIN MEASURED BY THE VISUAL ANALOG SCALE (VAS) OR NUMERIC PAIN SCALE AT ONE YEAR (9 TO 15 MONTH
G2140	LEG PAIN MEASURED BY THE VISUAL ANALOG SCALE (VAS) OR NUMERIC PAIN SCALE AT THREE MONTHS (6 - 20 WEE

G2141	LEG PAIN MEASURED BY THE VISUAL ANALOG SCALE (VAS) OR NUMERIC PAIN SCALE AT THREE MONTHS (6 - 20 WEE
G2142	FUNCTIONAL STATUS MEASURED BY THE OSWESTRY DISABILITY INDEX (ODI VERSION 2.1A) AT ONE YEAR (9 TO 15
G2143	FUNCTIONAL STATUS MEASURED BY THE OSWESTRY DISABILITY INDEX (ODI VERSION 2.1A) AT ONE YEAR (9 TO 15
G2144	FUNCTIONAL STATUS MEASURED BY THE OSWESTRY DISABILITY INDEX (ODI VERSION 2.1A) AT THREE MONTHS (6 20
G2145	FUNCTIONAL STATUS MEASURED BY THE OSWESTRY DISABILITY INDEX (ODI VERSION 2.1A) AT THREE MONTHS (6 -
G2146	LEG PAIN AS MEASURED BY THE VISUAL ANALOG SCALE (VAS) OR NUMERIC PAIN SCALE AT ONE YEAR (9 TO 15 MON
G2147	LEG PAIN MEASURED BY THE VISUAL ANALOG SCALE (VAS) OR NUMERIC PAIN SCALE AT ONE YEAR (9 TO 15 MONTHS
G2148	MULTIMODAL PAIN MANAGEMENT WAS USED
G2149	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT USING MULTIMODAL PAIN MANAGEMENT (E.G. ALLERGY TO MULTIPL
G2150	MULTIMODAL PAIN MANAGEMENT WAS NOT USED
G2151	DOCUMENTATION STATING PATIENT HAS A DIAGNOSIS OF A DEGENERATIVE NEUROLOGICAL CONDITION SUCH AS ALS M
G2152	RESIDUAL SCORE FOR THE NECK IMPAIRMENT SUCCESSFULLY CALCULATED AND THE SCORE WAS EQUAL TO ZERO (0) O
G2167	RESIDUAL SCORE FOR THE NECK IMPAIRMENT SUCCESSFULLY CALCULATED AND THE SCORE WAS LESS THAN ZERO (0)
G2168	SERVICES PERFORMED BY A PHYSICAL THERAPIST ASSISTANT IN THE HOME HEALTH SETTING IN THE DELIVERY OF A
G2169	SERVICES PERFORMED BY AN OCCUPATIONAL THERAPIST ASSISTANT IN THE HOME HEALTH SETTING IN THE DELIVERY
G2172	ALL INCLUSIVE PAYMENT FOR SERVICES RELATED TO HIGHLY COORDINATED AND INTEGRATED OPIOID USE DISORDER
G2173	URI EPISODES WHERE THE PATIENT HAD A COMORBID CONDITION DURING THE 12 MONTHS PRIOR TO OR ON THE EPIS
G2174	URI EPISODES WHERE THE PATIENT IS TAKING ANTIBIOTICS (TABLE 1) IN THE 30 DAYS PRIOR TO THE EPISODE D

G2175	EPISODES WHERE THE PATIENT HAD A COMORBID CONDITION DURING THE 12 MONTHS PRIOR TO OR ON THE EPISODE
G2176	OUTPATIENT ED OR OBSERVATION VISITS THAT RESULT IN AN INPATIENT ADMISSION
G2177	ACUTE BRONCHITIS BRONCHIOLITIS EPISODES WHEN THE PATIENT HAD A NEW OR REFILL PRESCRIPTION OF ANTIBIO
G2178	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR LOWER EXTREMITY NEUROLOGICAL EXA
G2179	CLINICIAN DOCUMENTED THAT PATIENT HAD MEDICAL REASON FOR NOT PERFORMING LOWER EXTREMITY NEUROLOGICAL
G2180	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR EVALUATION OF FOOTWEAR AS PATIEN
G2181	BMI NOT DOCUMENTED DUE TO MEDICAL REASON OR PATIENT REFUSAL OF HEIGHT OR WEIGHT MEASUREMENT
G2182	PATIENT RECEIVING FIRST-TIME BIOLOGIC AND OR IMMUNE RESPONSE MODIFIER THERAPY
G2183	DOCUMENTATION PATIENT UNABLE TO COMMUNICATE AND INFORMANT NOT AVAILABLE
G2184	PATIENT DOES NOT HAVE A CAREGIVER
G2185	DOCUMENTATION CAREGIVER IS TRAINED AND CERTIFIED IN DEMENTIA CARE
G2186	PATIENT CAREGIVER DYAD HAS BEEN REFERRED TO APPROPRIATE RESOURCES AND CONNECTION TO THOSE RESOURCES
G2187	PATIENTS WITH CLINICAL INDICATIONS FOR IMAGING OF THE HEAD: HEAD TRAUMA
G2188	PATIENTS WITH CLINICAL INDICATIONS FOR IMAGING OF THE HEAD: NEW OR CHANGE IN HEADACHE ABOVE 50 YEARS
G2189	PATIENTS WITH CLINICAL INDICATIONS FOR IMAGING OF THE HEAD: ABNORMAL NEUROLOGIC EXAM
G2190	PATIENTS WITH CLINICAL INDICATIONS FOR IMAGING OF THE HEAD: HEADACHE RADIATING TO THE NECK
G2191	PATIENTS WITH CLINICAL INDICATIONS FOR IMAGING OF THE HEAD: POSITIONAL HEADACHES
G2192	PATIENTS WITH CLINICAL INDICATIONS FOR IMAGING OF THE HEAD: TEMPORAL HEADACHES IN PATIENTS OVER 55 Y
G2193	PATIENTS WITH CLINICAL INDICATIONS FOR IMAGING OF THE HEAD: NEW ONSET HEADACHE IN PRE-SCHOOL CHILDRE
G2194	PATIENTS WITH CLINICAL INDICATIONS FOR IMAGING OF THE HEAD: NEW ONSET HEADACHE IN PEDIATRIC PATIENTS
G2195	PATIENTS WITH CLINICAL INDICATIONS FOR IMAGING OF THE HEAD: OCCIPITAL HEADACHE IN CHILDREN
G2196	PATIENT IDENTIFIED AS AN UNHEALTHY ALCOHOL USER WHEN SCREENED FOR UNHEALTHY ALCOHOL USE USING A SYST

G2197	PATIENT SCREENED FOR UNHEALTHY ALCOHOL USE USING A SYSTEMATIC SCREENING METHOD AND NOT IDENTIFIED AS
G2198	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT SCREENING FOR UNHEALTHY ALCOHOL USE USING A SYSTEMATIC SC
G2199	PATIENT NOT SCREENED FOR UNHEALTHY ALCOHOL USE USING A SYSTEMATIC SCREENING METHOD
G2200	PATIENT IDENTIFIED AS AN UNHEALTHY ALCOHOL USER RECEIVED BRIEF COUNSELING
G2201	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PROVIDING BRIEF COUNSELING (E.G. LIMITED LIFE EXPECTANCY
G2202	PATIENT DID NOT RECEIVE BRIEF COUNSELING IF IDENTIFIED AS AN UNHEALTHY ALCOHOL USER
G2203	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PROVIDING BRIEF COUNSELING IF IDENTIFIED AS AN UNHEALTHY
G2204	PATIENTS BETWEEN 45 AND 85 YEARS OF AGE WHO RECEIVED A SCREENING COLONOSCOPY DURING THE PERFORMANCE
G2205	PATIENTS WITH PREGNANCY DURING ADJUVANT TREATMENT COURSE
G2206	PATIENT RECEIVED ADJUVANT TREATMENT COURSE INCLUDING BOTH CHEMOTHERAPY AND HER2-TARGETED THERAPY
G2207	REASON FOR NOT ADMINISTERING ADJUVANT TREATMENT COURSE INCLUDING BOTH CHEMOTHERAPY AND HER2-TARGETED
G2208	PATIENT DID NOT RECEIVE ADJUVANT TREATMENT COURSE INCLUDING BOTH CHEMOTHERAPY AND HER2-TARGETED THER
G2209	PATIENT REFUSED TO PARTICIPATE
G2210	RESIDUAL SCORE FOR THE NECK IMPAIRMENT NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE THE NECK FS
G2211	VISIT COMPLEXITY INHERENT TO EVALUATION AND MANAGEMENT ASSOCIATED WITH MEDICAL CARE SERVICES THAT SE
G2212	PROLONGED OFFICE OR OTHER OUTPATIENT EVALUATION AND MANAGEMENT SERVICE(S) BEYOND THE MAXIMUM REQUIRE
G2213	INITIATION OF MEDICATION FOR THE TREATMENT OF OPIOID USE DISORDER IN THE EMERGENCY DEPARTMENT SETTIN
G2214	INITIAL OR SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT FIRST 30 MINUTES IN A MONTH OF BEHAV
G2215	TAKE-HOME SUPPLY OF NASAL NALOXONE 2-PACK OF 4MG PER 0.1 ML NASAL SPRAY (PROVISION OF THE SERVICES B

G2216	TAKE-HOME SUPPLY OF INJECTABLE NALOXONE (PROVISION OF THE SERVICES BY A MEDICARE-ENROLLED OPIOID TRE
G2250	REMOTE ASSESSMENT OF RECORDED VIDEO AND OR IMAGES SUBMITTED BY AN ESTABLISHED PATIENT (E.G. STORE AN
G2251	BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE E.G. VIRTUAL CHECK-IN BY A QUALIFIED HEALTH CARE PROFES
G2252	BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE E.G. VIRTUAL CHECK-IN BY A PHYSICIAN OR OTHER QUALIFIED
G3002	CHRONIC PAIN MANAGEMENT AND TREATMENT MONTHLY BUNDLE INCLUDING DIAGNOSIS ASSESSMENT AND MONITORING A
G3003	EACH ADDITIONAL 15 MINUTES OF CHRONIC PAIN MANAGEMENT AND TREATMENT BY A PHYSICIAN OR OTHER QUALIFIE
G4000	DERMATOLOGY MIPS SPECIALTY SET
G4001	DIAGNOSTIC RADIOLOGY MIPS SPECIALTY SET
G4002	ELECTROPHYSIOLOGY CARDIAC SPECIALIST MIPS SPECIALTY SET
G4003	EMERGENCY MEDICINE MIPS SPECIALTY SET
G4004	ENDOCRINOLOGY MIPS SPECIALTY SET
G4005	FAMILY MEDICINE MIPS SPECIALTY SET
G4006	GASTRO-ENTEROLOGY MIPS SPECIALTY SET
G4007	GENERAL SURGERY MIPS SPECIALTY SET
G4008	GERIATRICS MIPS SPECIALTY SET
G4009	HOSPITALISTS MIPS SPECIALTY SET
G4010	INFECTIOUS DISEASE MIPS SPECIALTY SET
G4011	INTERNAL MEDICINE MIPS SPECIALTY SET
G4012	INTERVENTIONAL RADIOLOGY MIPS SPECIALTY SET
G4013	MENTAL BEHAVIORAL AND PSYCHIATRY MIPS SPECIALTY SET
G4014	NEPHROLOGY MIPS SPECIALTY SET
G4015	NEUROLOGY MIPS SPECIALTY SET
G4016	NEUROSURGICAL MIPS SPECIALTY SET
G4017	NUTRITION DIETICIAN MIPS SPECIALTY SET
G4018	OBSTETRICS GYNECOLOGY MIPS SPECIALTY SET
G4019	ONCOLOGY HEMATOLOGY MIPS SPECIALTY SET
G4020	OPHTHALMOLOGY OPTOMETRY MIPS SPECIALTY SET
G4021	ORTHOPEDIC SURGERY MIPS SPECIALTY SET

G4022	OTOLARYNGOLOGY MIPS SPECIALTY SET
G4023	PATHOLOGY MIPS SPECIALTY SET
G4024	PEDIATRICS MIPS SPECIALTY SET
G4025	PHYSICAL MEDICINE MIPS SPECIALTY SET
G4026	PHYSICAL THERAPY OCCUPATIONAL THERAPY MIPS SPECIALTY SET
G4027	PLASTIC SURGERY MIPS SPECIALTY SET
G4028	PODIATRY MIPS SPECIALTY SET
G4029	PREVENTIVE MEDICINE MIPS SPECIALTY SET
G4030	PULMONOLOGY MIPS SPECIALTY SET
G4031	RADIATION ONCOLOGY MIPS SPECIALTY SET
G4032	RHEUMATOLOGY MIPS SPECIALTY SET
G4033	SKILLED NURSING FACILITY MIPS SPECIALTY SET
G4034	SPEECH LANGUAGE PATHOLOGY MIPS SPECIALTY SET
G4035	THORACIC SURGERY MIPS SPECIALTY SET
G4036	URGENT CARE MIPS SPECIALTY SET
G4037	UROLOGY MIPS SPECIALTY SET
G4038	VASCULAR SURGERY MIPS SPECIALTY SET
G6001	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS
G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY
G6003	RADIATION TREATMENT DELIVERY SINGLE TREATMENT AREA SINGLE PORT OR PARALLEL OPPOSED PORTS SIMPLE BLOC
G6004	RADIATION TREATMENT DELIVERY SINGLE TREATMENT AREA SINGLE PORT OR PARALLEL OPPOSED PORTS SIMPLE BLOC
G6005	RADIATION TREATMENT DELIVERY SINGLE TREATMENT AREA SINGLE PORT OR PARALLEL OPPOSED PORTS SIMPLE BLOC
G6006	RADIATION TREATMENT DELIVERY SINGLE TREATMENT AREA SINGLE PORT OR PARALLEL OPPOSED PORTS SIMPLE BLOC
G6007	RADIATION TREATMENT DELIVERY 2 SEPARATE TREATMENT AREAS 3 OR MORE PORTS ON A SINGLE TREATMENT AREA U
G6008	RADIATION TREATMENT DELIVERY 2 SEPARATE TREATMENT AREAS 3 OR MORE PORTS ON A SINGLE TREATMENT AREA U
G6009	RADIATION TREATMENT DELIVERY 2 SEPARATE TREATMENT AREAS 3 OR MORE PORTS ON A SINGLE TREATMENT AREA U

G6010	RADIATION TREATMENT DELIVERY 2 SEPARATE TREATMENT AREAS 3 OR MORE PORTS ON A SINGLE TREATMENT AREA U
G6011	RADIATION TREATMENT DELIVERY 3 OR MORE SEPARATE TREATMENT AREAS CUSTOM BLOCKING TANGENTIAL PORTS WED
G6012	RADIATION TREATMENT DELIVERY 3 OR MORE SEPARATE TREATMENT AREAS CUSTOM BLOCKING TANGENTIAL PORTS WED
G6013	RADIATION TREATMENT DELIVERY 3 OR MORE SEPARATE TREATMENT AREAS CUSTOM BLOCKING TANGENTIAL PORTS WED
G6014	RADIATION TREATMENT DELIVERY 3 OR MORE SEPARATE TREATMENT AREAS CUSTOM BLOCKING TANGENTIAL PORTS WED
G6015	INTENSITY MODULATED TREATMENT DELIVERY SINGLE OR MULTIPLE FIELDS ARCS VIA NARROW SPATIALLY AND TEMPO
G6016	COMPENSATOR-BASED BEAM MODULATION TREATMENT DELIVERY OF INVERSE PLANNED TREATMENT USING 3 OR MORE HI
G6017	INTRA-FRACTION LOCALIZATION AND TRACKING OF TARGET OR PATIENT MOTION DURING DELIVERY OF RADIATION TH
G8395	LEFT VENTRICULAR EJECTION FRACTION (LVEF) = 40% OR DOCUMENTATION AS NORMAL OR MILDLY DEPRESSED LEFT
G8396	Left ventricular ejection fraction (lvef) not performed or documented
G8397	DILATED MACULAR OR FUNDUS EXAM PERFORMED INCLUDING DOCUMENTATION OF THE PRESENCE OR ABSENCE OF MACUL
G8399	PATIENT WITH DOCUMENTED RESULTS OF A CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) EVER BEING PERFO
G8400	PATIENT WITH CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) RESULTS NOT DOCUMENTED REASON NOT GIVEN
G8404	Lower extremity neurological exam performed and documented
G8405	Lower extremity neurological exam not performed
G8410	Footwear evaluation performed and documented
G8415	Footwear evaluation was not performed
G8416	Clinician documented that patient was not an eligible candidate for footwear evaluation measure
G8417	Bmi is documented above normal parameters and a follow-up plan is documented
G8418	Bmi is documented below normal parameters and a follow-up plan is documented
G8419	Bmi documented outside normal parameters no follow-up plan documented no reason given
G8420	Bmi is documented within normal parameters and no follow-up plan is required

G8421	Bmi not documented and no reason is given
G8422	BMI NOT DOCUMENTED DOCUMENTATION THE PATIENT IS NOT ELIGIBLE FOR BMI CALCULATION
G8427	ELIGIBLE CLINICIAN ATTESTS TO DOCUMENTING IN THE MEDICAL RECORD THEY OBTAINED UPDATED OR REVIEWED TH
G8428	CURRENT LIST OF MEDICATIONS NOT DOCUMENTED AS OBTAINED UPDATED OR REVIEWED BY THE ELIGIBLE CLINICIAN
G8430	DOCUMENTATION OF A MEDICAL REASON(S) FOR NOT DOCUMENTING UPDATING OR REVIEWING THE PATIENT S CURRENT
G8431	SCREENING FOR DEPRESSION IS DOCUMENTED AS BEING POSITIVE AND A FOLLOW-UP PLAN IS DOCUMENTED
G8432	DEPRESSION SCREENING NOT DOCUMENTED REASON NOT GIVEN
G8433	SCREENING FOR DEPRESSION NOT COMPLETED DOCUMENTED PATIENT OR MEDICAL REASON
G8450	Beta-blocker therapy prescribed
G8451	BETA-BLOCKER THERAPY FOR LVEF =40% NOT PRESCRIBED FOR REASONS DOCUMENTED BY THE CLINICIAN (E.G. LOW
G8452	Beta-blocker therapy not prescribed
G8465	HIGH OR VERY HIGH RISK OF RECURRENCE OF PROSTATE CANCER
G8473	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY PRESCRIB
G8474	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY NOT PRES
G8475	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY NOT PRES
G8476	MOST RECENT BLOOD PRESSURE HAS A SYSTOLIC MEASUREMENT OF 140 MMHG AND A DIASTOLIC MEASUREMENT OF 90
G8477	MOST RECENT BLOOD PRESSURE HAS A SYSTOLIC MEASUREMENT OF = 140 MMHG AND OR A DIASTOLIC MEASUREMENT O
G8478	Blood pressure measurement not performed or documented reason not given
G8482	INFLUENZA IMMUNIZATION ADMINISTERED OR PREVIOUSLY RECEIVED
G8483	INFLUENZA IMMUNIZATION WAS NOT ADMINISTERED FOR REASONS DOCUMENTED BY CLINICIAN (E.G. PATIENT ALLERG
G8484	INFLUENZA IMMUNIZATION WAS NOT ADMINISTERED REASON NOT GIVEN
G8503	DOCUMENTATION THAT PROPHYLACTIC ANTIBIOTIC WAS GIVEN WITHIN ONE HOUR (IF FLUOROQUINOLONE OR VANCOMYC

G8504	DOCUMENTATION OF ORDER FOR PROPHYLACTIC ANTIBIOTICS TO BE GIVEN WITHIN ONE HOUR (IF FLUOROQUINOLONE
G8505	DOCUMENTATION THAT PROPHYLACTIC ANTIBIOTIC WAS NOT GIVEN WITHIN ONE HOUR (IF FLUOROQUINOLONE OR VANC
G8510	SCREENING FOR DEPRESSION IS DOCUMENTED AS NEGATIVE A FOLLOW-UP PLAN IS NOT REQUIRED
G8511	SCREENING FOR DEPRESSION DOCUMENTED AS POSITIVE FOLLOW-UP PLAN NOT DOCUMENTED REASON NOT GIVEN
G8512	PAIN SEVERITY QUANTIFIED PAIN PRESENT
G8513	AB1 MEASURED AND DOCUMENTED
G8514	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR AB1 MEASUREMENT MEASURE
G8515	AB1 MEASUREMENT WAS NOT OBTAINED
G8516	PATIENT SCREENED FOR FUTURE FALLS RISK DOCUMENTATION OF TWO OR MORE FALLS IN THE PAST YEAR OR ANY FA
G8517	PATIENT SCREENED FOR FUTURE FALL RISK DOCUMENTATION OF NO FALLS IN THE PAST YEAR OR ONLY ONE FALL WI
G8521	ANTIPLATELET THERAPHY RECEIVED (ASA [81-325 MG DAY] AND OR CLOPIDOGREL [75 MG DAY]) WITHIN 48 HOURS
G8522	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ANTIPLATELET THERAPHY
G8523	ANTIPLATELET THERAPHY NOT RECEIVED 48 HOURS PRIOR TO CEA AND AT DISCHARGE REASON NOT SPECIFIED
G8527	DOCUMENTATION OF ORDER FOR CEFAZLIN OR CEFUROXINE FOR ANTIMICROBIAL PROPHYLAXIS
G8528	CLINICIAN DOCUMENTED THAT PATIENT WAS INELIGIBLE FOR PROPHYLACTIC ANTIBIOTIC SELECTION MEASURE
G8529	ORDER FOR CEFAZOLIN OR CEFUROXIME FOR ANTIMICROBIAL PROPHYLAXIS NOT DOCUMENTED REASON NOT SPECIFIED
G8533	PARTICIPATION BY A PHYSICIAN OR OTHER CLINICIAN IN SYSTEMATIC CLINICAL DATABASE REGISTRY THAT INCLUD
G8535	ELDER MALTREATMENT SCREEN NOT DOCUMENTED DOCUMENTATION THAT PATIENT IS NOT ELIGIBLE FOR THE ELDER MA
G8536	NO DOCUMENTATION OF AN ELDER MALTREATMENT SCREEN REASON NOT GIVEN
G8539	FUNCTIONAL OUTCOME ASSESSMENT DOCUMENTED AS POSITIVE USING A STANDARDIZED TOOL AND A CARE PLAN BASED

G8540	FUNCTIONAL OUTCOME ASSESSMENT NOT DOCUMENTED AS BEING PERFORMED DOCUMENTATION THE PATIENT IS NOT ELI
G8541	Functional outcome assessment using a standardized tool not documented reason not given
G8542	FUNCTIONAL OUTCOME ASSESSMENT USING A STANDARDIZED TOOL IS DOCUMENTED NO FUNCTIONAL DEFICIENCIES IDE
G8543	DOCUMENTATION OF A POSITIVE FUNCTIONAL OUTCOME ASSESSMENT USING A STANDARDIZED TOOL CARE PLAN NOT DO
G8559	PATIENT REFERRED TO A PHYSICIAN (PREFERABLY A PHYSICIAN WITH TRAINING IN DISORDERS OF THE EAR) FOR A
G8560	Patient has a history of active drainage from the ear within the previous 90 days
G8561	PATIENT IS NOT ELIGIBLE FOR THE REFERRAL FOR OTOLOGIC EVALUATION FOR PATIENTS WITH A HISTORY OF ACTI
G8562	Patient does not have a history of active drainage from the ear within the previous 90 days
G8563	PATIENT NOT REFERRED TO A PHYSICIAN (PREFERABLY A PHYSICIAN WITH TRAINING IN DISORDERS OF THE EAR) F
G8564	PATIENT WAS REFERRED TO A PHYSICIAN (PREFERABLY A PHYSICIAN WITH TRAINING IN DISORDERS OF THE EAR) F
G8565	Verification and documentation of sudden or rapidly progressive hearing loss
G8566	PATIENT IS NOT ELIGIBLE FOR THE REFERRAL FOR OTOLOGIC EVALUATION FOR SUDDEN OR RAPIDLY PROGRESSIVE H
G8567	Patient does not have verification and documentation of sudden or rapidly progressive hearing loss
G8568	PATIENT WAS NOT REFERRED TO A PHYSICIAN (PREFERABLY A PHYSICIAN WITH TRAINING IN DISORDERS OF THE EA
G8569	Prolonged postoperative intubation (24 hrs) required
G8570	Prolonged postoperative intubation (24 hrs) not required
G8575	Developed postoperative renal failure or required dialysis
G8576	No postoperative renal failure dialysis not required
G8577	RE-EXPLORATION REQUIRED DUE TO MEDIASTINAL BLEEDING W WO TAMPONADE UNPLANNED CORONARY ARTERY INTERVE
G8578	RE-EXPLORATION NOT REQUIRED DUE TO MEDIASTINAL BLEEDING W WO TAMPONADE UNPLANNED CORONARY ARTERY INT
G8598	ASPIRIN OR ANOTHER ANTIPLATELET THERAPY USED
G8599	ASPIRIN OR ANOTHER ANTIPLATELET THERAPY NOT USED REASON NOT GIVEN
G8600	IV THROMBOLYTIC THERAPY INITIATED WITHIN 4.5 HOURS (= 270 MINUTES) OF TIME LAST KNOWN WELL

G8601	IV THROMBOLYTIC THERAPY NOT INITIATED WITHIN 4.5 HOURS (= 270 MINUTES) OF TIME LAST KNOWN WELL FOR
G8602	IV THROMBOLYTIC THERAPY NOT INITIATED WITHIN 4.5 HOURS (= 270 MINUTES) OF TIME LAST KNOWN WELL REAS
G8633	PHARMACOLOGIC THERAPY (OTHER THAN MINERALS VITAMINS) FOR OSTEOPOROSIS PRESCRIBED
G8635	Pharmacologic therapy for osteoporosis was not prescribed reason not given
G8647	RESIDUAL SCORE FOR THE KNEE IMPAIRMENT SUCCESSFULLY CALCULATED AND THE SCORE WAS EQUAL TO ZERO (0) O
G8648	RESIDUAL SCORE FOR THE KNEE IMPAIRMENT SUCCESSFULLY CALCULATED AND THE SCORE WAS LESS THAN ZERO (0)
G8650	RESIDUAL SCORE FOR THE KNEE IMPAIRMENT NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE THE LEPF PR
G8651	RESIDUAL SCORE FOR THE HIP IMPAIRMENT SUCCESSFULLY CALCULATED AND THE SCORE WAS EQUAL TO ZERO (0) OR
G8652	RESIDUAL SCORE FOR THE HIP IMPAIRMENT SUCCESSFULLY CALCULATED AND THE SCORE WAS LESS THAN ZERO (0)
G8654	RESIDUAL SCORE FOR THE HIP IMPAIRMENT NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE THE LEPF PRO
G8655	RESIDUAL SCORE FOR THE LOWER LEG FOOT OR ANKLE IMPAIRMENT SUCCESSFULLY CALCULATED AND THE SCORE WAS
G8656	RESIDUAL SCORE FOR THE LOWER LEG FOOT OR ANKLE IMPAIRMENT SUCCESSFULLY CALCULATED AND THE SCORE WAS
G8658	RESIDUAL SCORE FOR THE LOWER LEG FOOT OR ANKLE IMPAIRMENT NOT MEASURED BECAUSE THE PATIENT DID NOT C
G8659	RESIDUAL SCORE FOR THE LOW BACK IMPAIRMENT SUCCESSFULLY CALCULATED AND THE SCORE WAS EQUAL TO ZERO (
G8660	RESIDUAL SCORE FOR THE LOW BACK IMPAIRMENT SUCCESSFULLY CALCULATED AND THE SCORE WAS LESS THAN ZERO
G8661	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE LOW BACK IMPAIRMENT NOT MEASURED BECAU
G8662	RESIDUAL SCORE FOR THE LOW BACK IMPAIRMENT NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE THE LOW
G8663	RESIDUAL SCORE FOR THE SHOULDER IMPAIRMENT SUCCESSFULLY CALCULATED AND THE SCORE WAS EQUAL TO ZERO (

G8664	RESIDUAL SCORE FOR THE SHOULDER IMPAIRMENT SUCCESSFULLY CALCULATED AND THE SCORE WAS LESS THAN ZERO
G8666	RESIDUAL SCORE FOR THE SHOULDER IMPAIRMENT NOT MEASURED BECAUSE THE PATIENT DID NOT COMPLETE THE SHO
G8667	RESIDUAL SCORE FOR THE ELBOW WRIST OR HAND IMPAIRMENT SUCCESSFULLY CALCULATED AND THE SCORE WAS EQUA
G8668	RESIDUAL SCORE FOR THE ELBOW WRIST OR HAND IMPAIRMENT SUCCESSFULLY CALCULATED AND THE SCORE WAS LESS
G8670	RESIDUAL SCORE FOR THE ELBOW WRIST OR HAND IMPAIRMENT NOT MEASURED BECAUSE THE PATIENT DID NOT COMPL
G8694	CURRENT OR PRIOR LEFT VENTRICULAR EJECTION FRACTION (LVEF) = 40% OR DOCUMENTATION OF MODERATE OR SEV
G8708	PATIENT NOT PRESCRIBED ANTIBIOTIC
G8709	URI EPISODES WHEN THE PATIENT HAD COMPETING DIAGNOSES ON OR THREE DAYS AFTER THE EPISODE DATE (E.G.
G8710	PATIENT PRESCRIBED ANTIBIOTIC
G8711	PRESCRIBED ANTIBIOTIC ON OR WITHIN 3 DAYS AFTER THE EPISODE DATE
G8712	Antibiotic not prescribed or dispensed
G8721	PT CATEGORY (PRIMARY TUMOR) PN CATEGORY (REGIONAL LYMPH NODES) AND HISTOLOGIC GRADE WERE DOCUMENTED
G8722	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT INCLUDING THE PT CATEGORY THE PN CATEGORY OR THE HISTOLOG
G8723	Specimen site is other than anatomic location of primary tumor
G8724	PT CATEGORY PN CATEGORY AND HISTOLOGIC GRADE WERE NOT DOCUMENTED IN THE PATHOLOGY REPORT REASON NOT
G8733	ELDER MALTREATMENT SCREEN DOCUMENTED AS POSITIVE AND A FOLLOW-UP PLAN IS DOCUMENTED
G8734	ELDER MALTREATMENT SCREEN DOCUMENTED AS NEGATIVE FOLLOW-UP IS NOT REQUIRED
G8735	ELDER MALTREATMENT SCREEN DOCUMENTED AS POSITIVE FOLLOW-UP PLAN NOT DOCUMENTED REASON NOT GIVEN
G8749	ABSENCE OF SIGNS OF MELANOMA (TENDERNESS JAUNDICE LOCALIZED NEUROLOGIC SIGNS SUCH AS WEAKNESS OR ANY
G8752	MOST RECENT SYSTOLIC BLOOD PRESSURE 140 MMHG
G8753	MOST RECENT SYSTOLIC BLOOD PRESSURE = 140 MMHG
G8754	MOST RECENT DIASTOLIC BLOOD PRESSURE 90 MMHG

G8755	MOST RECENT DIASTOLIC BLOOD PRESSURE = 90 MMHG
G8756	No documentation of blood pressure measurement reason not given
G8783	Normal blood pressure reading documented follow-up not required
G8785	Blood pressure reading not documented reason not given
G8797	Specimen site other than anatomic location of esophagus
G8798	Specimen site other than anatomic location of prostate
G8806	PERFORMANCE OF TRANS-ABDOMINAL OR TRANS-VAGINAL ULTRASOUND AND PREGNANCY LOCATION DOCUMENTED
G8807	TRANS-ABDOMINAL OR TRANS-VAGINAL ULTRASOUND NOT PERFORMED FOR REASONS DOCUMENTED BY CLINICIAN (E.G.
G8808	TRANS-ABDOMINAL OR TRANS-VAGINAL ULTRASOUND NOT PERFORMED REASON NOT GIVEN
G8815	DOCUMENTED REASON IN THE MEDICAL RECORDS FOR WHY THE STATIN THERAPY WAS NOT PRESCRIBED (I.E. LOWER E
G8816	Statin medication prescribed at discharge
G8817	Statin therapy not prescribed at discharge reason not given
G8826	PATIENT DISCHARGED TO HOME NO LATER THAN POST-OPERATIVE DAY #2 FOLLOWING EVAR
G8833	Patient not discharged to home by post-operative day #2 following evar
G8834	Patient discharged to home no later than post-operative day #2 following cea
G8838	Patient not discharged to home by post-operative day #2 following cea
G8839	Sleep apnea symptoms assessed including presence or absence of snoring and daytime sleepiness
G8840	DOCUMENTATION OF REASON(S) FOR NOT DOCUMENTING AN ASSESSMENT OF SLEEP SYMPTOMS (E.G. PATIENT DIDN T
G8841	Sleep apnea symptoms not assessed reason not given
G8842	APNEA HYPOPNEA INDEX (AHI) RESPIRATORY DISTURBANCE INDEX (RDI) OR RESPIRATORY EVENT INDEX (REI) DOCU
G8843	DOCUMENTATION OF REASON(S) FOR NOT MEASURING AN APNEA HYPOPNEA INDEX (AHI) A RESPIRATORY DISTURBANCE
G8844	APNEA HYPOPNEA INDEX (AHI) RESPIRATORY DISTURBANCE INDEX (RDI) OR RESPIRATORY EVENT INDEX (REI) NOT
G8845	Positive airway pressure therapy prescribed
G8846	MODERATE OR SEVERE OBSTRUCTIVE SLEEP APNEA (APNEA HYPOPNEA INDEX (AHI) OR RESPIRATORY DISTURBANCE IN
G8849	DOCUMENTATION OF REASON(S) FOR NOT PRESCRIBING POSITIVE AIRWAY PRESSURE THERAPY (E.G. PATIENT UNABLE

G8850	Positive airway pressure therapy not prescribed reason not given
G8851	ADHERENCE TO THERAPY WAS ASSESSED AT LEAST ANNUALLY THROUGH AN OBJECTIVE INFORMATICS SYSTEM OR THROU
G8854	DOCUMENTATION OF REASON(S) FOR NOT OBJECTIVELY REPORTING ADHERENCE TO EVIDENCE-BASED THERAPY (E.G. P
G8855	ADHERENCE TO THERAPY WAS NOT ASSESSED AT LEAST ANNUALLY THROUGH AN OBJECTIVE INFORMATICS SYSTEM OR T
G8856	Referral to a physician for an otologic evaluation performed
G8857	PATIENT IS NOT ELIGIBLE FOR THE REFERRAL FOR OTOLOGIC EVALUATION MEASURE (E.G. PATIENTS WHO ARE ALRE
G8858	Referral to a physician for an otologic evaluation not performed reason not given
G8863	Patients not assessed for risk of bone loss reason not given
G8864	Pneumococcal vaccine administered or previously received
G8865	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT ADMINISTERING OR PREVIOUSLY RECEIVING PNEUMOCOCCAL VACCIN
G8866	DOCUMENTATION OF PATIENT REASON(S) FOR NOT ADMINISTERING OR PREVIOUSLY RECEIVING PNEUMOCOCCAL VACCIN
G8867	Pneumococcal vaccine not administered or previously received reason not given
G8869	PATIENT HAS DOCUMENTED IMMUNITY TO HEPATITIS B AND INITIATING ANTI-TNF THERAPY
G8875	Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method
G8876	DOCUMENTATION OF REASON(S) FOR NOT PERFORMING MINIMALLY INVASIVE BIOPSY TO DIAGNOSE BREAST CANCER PR
G8877	CLINICIAN DID NOT ATTEMPT TO ACHIEVE THE DIAGNOSIS OF BREAST CANCER PREOPERATIVELY BY A MINIMALLY IN
G8878	Sentinel lymph node biopsy procedure performed
G8880	DOCUMENTATION OF REASON(S) SENTINEL LYMPH NODE BIOPSY NOT PERFORMED (E.G. REASONS COULD INCLUDE BUT
G8881	Stage of breast cancer is greater than t1n0m0 or t2n0m0
G8882	Sentinel lymph node biopsy procedure not performed reason not given
G8907	PATIENT DOCUMENTED NOT TO HAVE EXPERIENCED ANY OF THE FOLLOWING EVENTS: A BURN PRIOR TO DISCHARGE A
G8908	Patient documented to have received a burn prior to discharge
G8909	Patient documented not to have received a burn prior to discharge
G8910	Patient documented to have experienced a fall within asc

G8911	Patient documented not to have experienced a fall within ambulatory surgical center
G8912	PATIENT DOCUMENTED TO HAVE EXPERIENCED A WRONG SITE WRONG SIDE WRONG PATIENT WRONG PROCEDURE OR WRON
G8913	PATIENT DOCUMENTED NOT TO HAVE EXPERIENCED A WRONG SITE WRONG SIDE WRONG PATIENT WRONG PROCEDURE OR
G8914	PATIENT DOCUMENTED TO HAVE EXPERIENCED A HOSPITAL TRANSFER OR HOSPITAL ADMISSION UPON DISCHARGE FROM
G8915	PATIENT DOCUMENTED NOT TO HAVE EXPERIENCED A HOSPITAL TRANSFER OR HOSPITAL ADMISSION UPON DISCHARGE
G8916	PATIENT WITH PREOPERATIVE ORDER FOR IV ANTIBIOTIC SURGICAL SITE INFECTION (SSI) PROPHYLAXIS ANTIBIOT
G8917	PATIENT WITH PREOPERATIVE ORDER FOR IV ANTIBIOTIC SURGICAL SITE INFECTION (SSI) PROPHYLAXIS ANTIBIOT
G8918	Patient without preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis
G8923	CURRENT OR PRIOR LEFT VENTRICULAR EJECTION FRACTION (LVEF) = 40% OR DOCUMENTATION OF MODERATELY OR S
G8924	SPIROMETRY RESULTS DOCUMENTED (FEV1 FVC 70%)
G8925	SPIROMETRY TEST RESULTS DEMONSTRATE FEV1 = 60% FEV1 FVC = 70% PREDICTED OR PATIENT DOES NOT HAVE COP
G8926	SPIROMETRY TEST NOT PERFORMED OR DOCUMENTED REASON NOT GIVEN
G8934	CURRENT OR PRIOR LEFT VENTRICULAR EJECTION FRACTION (LVEF) =40% OR DOCUMENTATION OF MODERATELY OR SE
G8935	CLINICIAN PRESCRIBED ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (
G8936	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ANGIOTENSIN CONVERTING ENZYME (A
G8937	CLINICIAN DID NOT PRESCRIBE ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BL
G8938	BMI IS DOCUMENTED AS BEING OUTSIDE OF NORMAL PARAMETERS FOLLOW-UP PLAN IS NOT DOCUMENTED DOCUMENTATI
G8942	FUNCTIONAL OUTCOME ASSESSMENT USING A STANDARDIZED TOOL IS DOCUMENTED WITHIN THE PREVIOUS 30 DAYS AN
G8944	Ajcc melanoma cancer stage 0 through iic melanoma

G8946	MINIMALLY INVASIVE BIOPSY METHOD ATTEMPTED BUT NOT DIAGNOSTIC OF BREAST CANCER (E.G. HIGH RISK LESIO
G8950	ELEVATED OR HYPERTENSIVE BLOOD PRESSURE READING DOCUMENTED AND THE INDICATED FOLLOW-UP IS DOCUMENTED
G8952	ELEVATED OR HYPERTENSIVE BLOOD PRESSURE READING DOCUMENTED INDICATED FOLLOW-UP NOT DOCUMENTED REASON
G8955	MOST RECENT ASSESSMENT OF ADEQUACY OF VOLUME MANAGEMENT DOCUMENTED
G8956	Patient receiving maintenance hemodialysis in an outpatient dialysis facility
G8958	Assessment of adequacy of volume management not documented reason not given
G8961	CARDIAC STRESS IMAGING TEST PRIMARILY PERFORMED ON LOW-RISK SURGERY PATIENT FOR PREOPERATIVE EVALUAT
G8962	CARDIAC STRESS IMAGING TEST PERFORMED ON PATIENT FOR ANY REASON INCLUDING THOSE WHO DID NOT HAVE LOW
G8965	CARDIAC STRESS IMAGING TEST PRIMARILY PERFORMED ON LOW CHD RISK PATIENT FOR INITIAL DETECTION AND RI
G8966	CARDIAC STRESS IMAGING TEST PERFORMED ON SYMPTOMATIC OR HIGHER THAN LOW CHD RISK PATIENT OR FOR ANY
G8967	FDA APPROVED ORAL ANTICOAGULANT IS PRESCRIBED
G8968	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PRESCRIBING AN FDA-APPROVED ANTICOAGULANT (E.G. PRESENT O
G8969	DOCUMENTATION OF PATIENT REASON(S) FOR NOT PRESCRIBING AN ORAL ANTICOAGULANT THAT IS FDA APPROVED FO
G8970	No risk factors or one moderate risk factor for thromboembolism
G9001	Coordinated care fee initial rate
G9002	Coordinated care fee maintenance rate
G9003	Coordinated care fee risk adjusted high initial
G9004	Coordinated care fee risk adjusted low initial
G9005	Coordinated care fee risk adjusted maintenance
G9006	Coordinated care fee home monitoring
G9007	Coordinated care fee scheduled team conference
G9008	Coordinated care fee physician coordinated care oversight services
G9009	Coordinated care fee risk adjusted maintenance level 3
G9010	Coordinated care fee risk adjusted maintenance level 4
G9011	Coordinated care fee risk adjusted maintenance level 5

G9012	Other specified case management service not elsewhere classified
G9013	Esrd demo basic bundle level i
G9014	Esrd demo expanded bundle including venous access and related services
G9016	SMOKING CESSATION COUNSELING INDIVIDUAL IN THE ABSENCE OF OR IN ADDITION TO ANY OTHER EVALUATION AND
G9037	INTERPROFESSIONAL TELEPHONE INTERNET ELECTRONIC HEALTH RECORD CLINICAL QUESTION REQUEST FOR SPECIALT
G9038	CO-MANAGEMENT SERVICES WITH THE FOLLOWING ELEMENTS: NEW DIAGNOSIS OR ACUTE EXACERBATION AND STABILIZ
G9050	ONCOLOGY PRIMARY FOCUS OF VISIT WORK-UP EVALUATION OR STAGING AT THE TIME OF CANCER DIAGNOSIS OR REC
G9051	ONCOLOGY PRIMARY FOCUS OF VISIT TREATMENT DECISION-MAKING AFTER DISEASE IS STAGED OR RESTAGED DISCUS
G9052	ONCOLOGY PRIMARY FOCUS OF VISIT SURVEILLANCE FOR DISEASE RECURRENCE FOR PATIENT WHO HAS COMPLETED DE
G9053	ONCOLOGY PRIMARY FOCUS OF VISIT EXPECTANT MANAGEMENT OF PATIENT WITH EVIDENCE OF CANCER FOR WHOM NO
G9054	ONCOLOGY PRIMARY FOCUS OF VISIT SUPERVISING COORDINATING OR MANAGING CARE OF PATIENT WITH TERMINAL C
G9055	ONCOLOGY PRIMARY FOCUS OF VISIT OTHER UNSPECIFIED SERVICE NOT OTHERWISE LISTED (FOR USE IN A MEDICAR
G9056	ONCOLOGY PRACTICE GUIDELINES MANAGEMENT ADHERES TO GUIDELINES (FOR USE IN A MEDICARE-APPROVED DEMONS
G9057	ONCOLOGY PRACTICE GUIDELINES MANAGEMENT DIFFERS FROM GUIDELINES AS A RESULT OF PATIENT ENROLLMENT IN
G9058	ONCOLOGY PRACTICE GUIDELINES MANAGEMENT DIFFERS FROM GUIDELINES BECAUSE THE TREATING PHYSICIAN DISAG
G9059	ONCOLOGY PRACTICE GUIDELINES MANAGEMENT DIFFERS FROM GUIDELINES BECAUSE THE PATIENT AFTER BEING OFFE
G9060	ONCOLOGY PRACTICE GUIDELINES MANAGEMENT DIFFERS FROM GUIDELINES FOR REASON(S) ASSOCIATED WITH PATIEN
G9061	ONCOLOGY PRACTICE GUIDELINES PATIENT S CONDITION NOT ADDRESSED BY AVAILABLE GUIDELINES (FOR USE IN A

G9062	ONCOLOGY PRACTICE GUIDELINES MANAGEMENT DIFFERS FROM GUIDELINES FOR OTHER REASON(S) NOT LISTED (FOR
G9063	ONCOLOGY DISEASE STATUS LIMITED TO NON-SMALL CELL LUNG CANCER EXTENT OF DISEASE INITIALLY ESTABLISHE
G9064	ONCOLOGY DISEASE STATUS LIMITED TO NON-SMALL CELL LUNG CANCER EXTENT OF DISEASE INITIALLY ESTABLISHE
G9065	ONCOLOGY DISEASE STATUS LIMITED TO NON-SMALL CELL LUNG CANCER EXTENT OF DISEASE INITIALLY ESTABLISHE
G9066	ONCOLOGY DISEASE STATUS LIMITED TO NON-SMALL CELL LUNG CANCER STAGE III B- IV AT DIAGNOSIS METASTATI
G9067	ONCOLOGY DISEASE STATUS LIMITED TO NON-SMALL CELL LUNG CANCER EXTENT OF DISEASE UNKNOWN STAGING IN P
G9068	ONCOLOGY DISEASE STATUS LIMITED TO SMALL CELL AND COMBINED SMALL CELL NON-SMALL CELL EXTENT OF DISEA
G9069	ONCOLOGY DISEASE STATUS SMALL CELL LUNG CANCER LIMITED TO SMALL CELL AND COMBINED SMALL CELL NON-SMA
G9070	ONCOLOGY DISEASE STATUS SMALL CELL LUNG CANCER LIMITED TO SMALL CELL AND COMBINED SMALL CELL NON-SMA
G9071	ONCOLOGY DISEASE STATUS INVASIVE FEMALE BREAST CANCER (DOES NOT INCLUDE DUCTAL CARCINOMA IN SITU) AD
G9072	ONCOLOGY DISEASE STATUS INVASIVE FEMALE BREAST CANCER (DOES NOT INCLUDE DUCTAL CARCINOMA IN SITU) AD
G9073	ONCOLOGY DISEASE STATUS INVASIVE FEMALE BREAST CANCER (DOES NOT INCLUDE DUCTAL CARCINOMA IN SITU) AD
G9074	ONCOLOGY DISEASE STATUS INVASIVE FEMALE BREAST CANCER (DOES NOT INCLUDE DUCTAL CARCINOMA IN SITU) AD
G9075	ONCOLOGY DISEASE STATUS INVASIVE FEMALE BREAST CANCER (DOES NOT INCLUDE DUCTAL CARCINOMA IN SITU) AD
G9077	ONCOLOGY DISEASE STATUS PROSTATE CANCER LIMITED TO ADENOCARCINOMA AS PREDOMINANT CELL TYPE T1-T2C AN
G9078	ONCOLOGY DISEASE STATUS PROSTATE CANCER LIMITED TO ADENOCARCINOMA AS PREDOMINANT CELL TYPE T2 OR T3A
G9079	ONCOLOGY DISEASE STATUS PROSTATE CANCER LIMITED TO ADENOCARCINOMA AS PREDOMINANT CELL TYPE T3B-T4 AN

G9080	ONCOLOGY DISEASE STATUS PROSTATE CANCER LIMITED TO ADENOCARCINOMA AFTER INITIAL TREATMENT WITH RISIN
G9083	ONCOLOGY DISEASE STATUS PROSTATE CANCER LIMITED TO ADENOCARCINOMA EXTENT OF DISEASE UNKNOWN STAGING
G9084	ONCOLOGY DISEASE STATUS COLON CANCER LIMITED TO INVASIVE CANCER ADENOCARCINOMA AS PREDOMINANT CELL T
G9085	ONCOLOGY DISEASE STATUS COLON CANCER LIMITED TO INVASIVE CANCER ADENOCARCINOMA AS PREDOMINANT CELL T
G9086	ONCOLOGY DISEASE STATUS COLON CANCER LIMITED TO INVASIVE CANCER ADENOCARCINOMA AS PREDOMINANT CELL T
G9087	ONCOLOGY DISEASE STATUS COLON CANCER LIMITED TO INVASIVE CANCER ADENOCARCINOMA AS PREDOMINANT CELL T
G9088	ONCOLOGY DISEASE STATUS COLON CANCER LIMITED TO INVASIVE CANCER ADENOCARCINOMA AS PREDOMINANT CELL T
G9089	ONCOLOGY DISEASE STATUS COLON CANCER LIMITED TO INVASIVE CANCER ADENOCARCINOMA AS PREDOMINANT CELL T
G9090	ONCOLOGY DISEASE STATUS RECTAL CANCER LIMITED TO INVASIVE CANCER ADENOCARCINOMA AS PREDOMINANT CELL
G9091	ONCOLOGY DISEASE STATUS RECTAL CANCER LIMITED TO INVASIVE CANCER ADENOCARCINOMA AS PREDOMINANT CELL
G9092	ONCOLOGY DISEASE STATUS RECTAL CANCER LIMITED TO INVASIVE CANCER ADENOCARCINOMA AS PREDOMINANT CELL
G9093	ONCOLOGY DISEASE STATUS RECTAL CANCER LIMITED TO INVASIVE CANCER ADENOCARCINOMA AS PREDOMINANT CELL
G9094	ONCOLOGY DISEASE STATUS RECTAL CANCER LIMITED TO INVASIVE CANCER ADENOCARCINOMA AS PREDOMINANT CELL
G9095	ONCOLOGY DISEASE STATUS RECTAL CANCER LIMITED TO INVASIVE CANCER ADENOCARCINOMA AS PREDOMINANT CELL
G9096	ONCOLOGY DISEASE STATUS ESOPHAGEAL CANCER LIMITED TO ADENOCARCINOMA OR SQUAMOUS CELL CARCINOMA AS PR
G9097	ONCOLOGY DISEASE STATUS ESOPHAGEAL CANCER LIMITED TO ADENOCARCINOMA OR SQUAMOUS CELL CARCINOMA AS PR
G9098	ONCOLOGY DISEASE STATUS ESOPHAGEAL CANCER LIMITED TO ADENOCARCINOMA OR SQUAMOUS CELL CARCINOMA AS PR

G9099	ONCOLOGY DISEASE STATUS ESOPHAGEAL CANCER LIMITED TO ADENOCARCINOMA OR SQUAMOUS CELL CARCINOMA AS PR
G9100	ONCOLOGY DISEASE STATUS GASTRIC CANCER LIMITED TO ADENOCARCINOMA AS PREDOMINANT CELL TYPE POST R0 RE
G9101	ONCOLOGY DISEASE STATUS GASTRIC CANCER LIMITED TO ADENOCARCINOMA AS PREDOMINANT CELL TYPE POST R1 OR
G9102	ONCOLOGY DISEASE STATUS GASTRIC CANCER LIMITED TO ADENOCARCINOMA AS PREDOMINANT CELL TYPE CLINICAL O
G9103	ONCOLOGY DISEASE STATUS GASTRIC CANCER LIMITED TO ADENOCARCINOMA AS PREDOMINANT CELL TYPE CLINICAL O
G9104	ONCOLOGY DISEASE STATUS GASTRIC CANCER LIMITED TO ADENOCARCINOMA AS PREDOMINANT CELL TYPE EXTENT OF
G9105	ONCOLOGY DISEASE STATUS PANCREATIC CANCER LIMITED TO ADENOCARCINOMA AS PREDOMINANT CELL TYPE POST R0
G9106	ONCOLOGY DISEASE STATUS PANCREATIC CANCER LIMITED TO ADENOCARCINOMA POST R1 OR R2 RESECTION WITH NO
G9107	ONCOLOGY DISEASE STATUS PANCREATIC CANCER LIMITED TO ADENOCARCINOMA UNRESECTABLE AT DIAGNOSIS M1 AT
G9108	ONCOLOGY DISEASE STATUS PANCREATIC CANCER LIMITED TO ADENOCARCINOMA EXTENT OF DISEASE UNKNOWN STAGIN
G9109	ONCOLOGY DISEASE STATUS HEAD AND NECK CANCER LIMITED TO CANCERS OF ORAL CAVITY PHARYNX AND LARYNX WI
G9110	ONCOLOGY DISEASE STATUS HEAD AND NECK CANCER LIMITED TO CANCERS OF ORAL CAVITY PHARYNX AND LARYNX WI
G9111	ONCOLOGY DISEASE STATUS HEAD AND NECK CANCER LIMITED TO CANCERS OF ORAL CAVITY PHARYNX AND LARYNX WI
G9112	ONCOLOGY DISEASE STATUS HEAD AND NECK CANCER LIMITED TO CANCERS OF ORAL CAVITY PHARYNX AND LARYNX WI
G9113	ONCOLOGY DISEASE STATUS OVARIAN CANCER LIMITED TO EPITHELIAL CANCER PATHOLOGIC STAGE IA-B (GRADE 1)
G9114	ONCOLOGY DISEASE STATUS OVARIAN CANCER LIMITED TO EPITHELIAL CANCER PATHOLOGIC STAGE IA-B (GRADE 2-3
G9115	ONCOLOGY DISEASE STATUS OVARIAN CANCER LIMITED TO EPITHELIAL CANCER PATHOLOGIC STAGE III-IV WITHOUT

G9116	ONCOLOGY DISEASE STATUS OVARIAN CANCER LIMITED TO EPITHELIAL CANCER EVIDENCE OF DISEASE PROGRESSION
G9117	ONCOLOGY DISEASE STATUS OVARIAN CANCER LIMITED TO EPITHELIAL CANCER EXTENT OF DISEASE UNKNOWN STAGIN
G9123	ONCOLOGY DISEASE STATUS CHRONIC MYELOGENOUS LEUKEMIA LIMITED TO PHILADELPHIA CHROMOSOME POSITIVE AND
G9124	ONCOLOGY DISEASE STATUS CHRONIC MYELOGENOUS LEUKEMIA LIMITED TO PHILADELPHIA CHROMOSOME POSITIVE AND
G9125	ONCOLOGY DISEASE STATUS CHRONIC MYELOGENOUS LEUKEMIA LIMITED TO PHILADELPHIA CHROMOSOME POSITIVE AND
G9126	ONCOLOGY DISEASE STATUS CHRONIC MYELOGENOUS LEUKEMIA LIMITED TO PHILADELPHIA CHROMOSOME POSITIVE AND
G9128	ONCOLOGY DISEASE STATUS LIMITED TO MULTIPLE MYELOMA SYSTEMIC DISEASE SMOLDERING STAGE I (FOR USE IN
G9129	ONCOLOGY DISEASE STATUS LIMITED TO MULTIPLE MYELOMA SYSTEMIC DISEASE STAGE II OR HIGHER (FOR USE IN
G9130	ONCOLOGY DISEASE STATUS LIMITED TO MULTIPLE MYELOMA SYSTEMIC DISEASE EXTENT OF DISEASE UNKNOWN STAGI
G9131	ONCOLOGY DISEASE STATUS INVASIVE FEMALE BREAST CANCER (DOES NOT INCLUDE DUCTAL CARCINOMA IN SITU) AD
G9132	ONCOLOGY DISEASE STATUS PROSTATE CANCER LIMITED TO ADENOCARCINOMA HORMONE-REFRACTORY ANDROGEN-INDEPE
G9133	ONCOLOGY DISEASE STATUS PROSTATE CANCER LIMITED TO ADENOCARCINOMA HORMONE-RESPONSIVE CLINICAL METAST
G9134	ONCOLOGY DISEASE STATUS NON-HODGKIN S LYMPHOMA ANY CELLULAR CLASSIFICATION STAGE I II AT DIAGNOSIS N
G9135	ONCOLOGY DISEASE STATUS NON-HODGKIN S LYMPHOMA ANY CELLULAR CLASSIFICATION STAGE III IV NOT RELAPSED
G9136	ONCOLOGY DISEASE STATUS NON-HODGKIN S LYMPHOMA TRANSFORMED FROM ORIGINAL CELLULAR DIAGNOSIS TO A SEC
G9137	ONCOLOGY DISEASE STATUS NON-HODGKIN S LYMPHOMA ANY CELLULAR CLASSIFICATION RELAPSED REFRACTORY (FOR
G9138	ONCOLOGY DISEASE STATUS NON-HODGKIN S LYMPHOMA ANY CELLULAR CLASSIFICATION DIAGNOSTIC EVALUATION STA

G9139	ONCOLOGY DISEASE STATUS CHRONIC MYELOGENOUS LEUKEMIA LIMITED TO PHILADELPHIA CHROMOSOME POSITIVE AND
G9140	FRONTIER EXTENDED STAY CLINIC DEMONSTRATION FOR A PATIENT STAY IN A CLINIC APPROVED FOR THE CMS DEMO
G9143	Warfarin responsiveness testing by genetic technique using any method any number of specimen(s)
G9147	OUTPATIENT INTRAVENOUS INSULIN TREATMENT (OIVIT) EITHER PULSATILE OR CONTINUOUS BY ANY MEANS GUIDED
G9148	National committee for quality assurance - level 1 medical home
G9149	National committee for quality assurance - level 2 medical home
G9150	National committee for quality assurance - level 3 medical home
G9151	Mapcp demonstration - state provided services
G9152	Mapcp demonstration - community health teams
G9153	Mapcp demonstration - physician incentive pool
G9156	Evaluation for wheelchair requiring face to face visit with physician
G9157	TRANSESOPHAGEAL DOPPLER MEASUREMENT OF CARDIAC OUTPUT (INCLUDING PROBE PLACEMENT IMAGE ACQUISITION A
G9187	BUNDLED PAYMENTS FOR CARE IMPROVEMENT INITIATIVE HOME VISIT FOR PATIENT ASSESSMENT PERFORMED BY A QU
G9188	Beta-blocker therapy not prescribed reason not given
G9189	Beta-blocker therapy prescribed or currently being taken
G9190	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PRESCRIBING BETA-BLOCKER THERAPY (EG ALLERGY INTOLERANCE
G9191	DOCUMENTATION OF PATIENT REASON(S) FOR NOT PRESCRIBING BETA-BLOCKER THERAPY (EG PATIENT DECLINED OTH
G9196	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT ORDERING A FIRST OR SECOND GENERATION CEPHALOSPORIN FOR A
G9197	DOCUMENTATION OF ORDER FOR FIRST OR SECOND GENERATION CEPHALOSPORIN FOR ANTIMICROBIAL PROPHYLAXIS
G9198	ORDER FOR FIRST OR SECOND GENERATION CEPHALOSPORIN FOR ANTIMICROBIAL PROPHYLAXIS WAS NOT DOCUMENTED
G9212	Dsm-ivtm criteria for major depressive disorder documented at the initial evaluation
G9213	DSM-IV-TR CRITERIA FOR MAJOR DEPRESSIVE DISORDER NOT DOCUMENTED AT THE INITIAL EVALUATION REASON NOT

G9223	PNEUMOCYSTIS JIROVECI PNEUMONIA PROPHYLAXIS PRESCRIBED WITHIN 3 MONTHS OF LOW CD4+ CELL COUNT BELOW
G9225	Foot exam was not performed reason not given
G9226	FOOT EXAMINATION PERFORMED (INCLUDES EXAMINATION THROUGH VISUAL INSPECTION SENSORY EXAM WITH 10-G MO
G9227	FUNCTIONAL OUTCOME ASSESSMENT DOCUMENTED CARE PLAN NOT DOCUMENTED DOCUMENTATION THE PATIENT IS NOT E
G9228	CHLAMYDIA GONORRHEA AND SYPHILIS SCREENING RESULTS DOCUMENTED (REPORT WHEN RESULTS ARE PRESENT FOR A
G9230	Chlamydia gonorrhea and syphilis not screened reason not given
G9231	DOCUMENTATION OF END STAGE RENAL DISEASE (ESRD) DIALYSIS RENAL TRANSPLANT BEFORE OR DURING THE MEASU
G9242	DOCUMENTATION OF VIRAL LOAD EQUAL TO OR GREATER THAN 200 COPIES ML OR VIRAL LOAD NOT PERFORMED
G9243	Documentation of viral load less than 200 copies ml
G9246	PATIENT DID NOT HAVE TWO ELIGIBLE ENCOUNTERS AT LEAST 90 DAYS APART OR ONE ELIGIBLE ENCOUNTER AND ON
G9247	PATIENT HAD TWO ELIGIBLE ENCOUNTERS AT LEAST 90 DAYS APART OR ONE ELIGIBLE ENCOUNTER AND ONE HIV VIR
G9250	DOCUMENTATION OF PATIENT PAIN BROUGHT TO A COMFORTABLE LEVEL WITHIN 48 HOURS FROM INITIAL ASSESSMENT
G9251	DOCUMENTATION OF PATIENT WITH PAIN NOT BROUGHT TO A COMFORTABLE LEVEL WITHIN 48 HOURS FROM INITIAL A
G9254	DOCUMENTATION OF PATIENT DISCHARGED TO HOME LATER THAN POST-OPERATIVE DAY 2 FOLLOWING CEA OR CAS
G9255	DOCUMENTATION OF PATIENT DISCHARGED TO HOME NO LATER THAN POST OPERATIVE DAY 2 FOLLOWING CEA OR CAS
G9267	DOCUMENTATION OF PATIENT WITH ONE OR MORE COMPLICATIONS OR MORTALITY WITHIN 30 DAYS
G9268	DOCUMENTATION OF PATIENT WITH ONE OR MORE COMPLICATIONS WITHIN 90 DAYS
G9269	DOCUMENTATION OF PATIENT WITHOUT ONE OR MORE COMPLICATIONS AND WITHOUT MORTALITY WITHIN 30 DAYS
G9270	DOCUMENTATION OF PATIENT WITHOUT ONE OR MORE COMPLICATIONS WITHIN 90 DAYS
G9273	Blood pressure has a systolic value of 140 and a diastolic value of 90

G9274	BLOOD PRESSURE HAS A SYSTOLIC VALUE OF =140 AND A DIASTOLIC VALUE OF = 90 OR SYSTOLIC VALUE 140 AND
G9275	Documentation that patient is a current non-tobacco user
G9276	Documentation that patient is a current tobacco user
G9277	DOCUMENTATION THAT THE PATIENT IS ON DAILY ASPIRIN OR ANTI-PLATELET OR HAS DOCUMENTATION OF A VALID
G9278	DOCUMENTATION THAT THE PATIENT IS NOT ON DAILY ASPIRIN OR ANTI-PLATELET REGIMEN
G9279	Pneumococcal screening performed and documentation of vaccination received prior to discharge
G9280	Pneumococcal vaccination not administered prior to discharge reason not specified
G9281	Screening performed and documentation that vaccination not indicated patient refusal
G9282	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT REPORTING THE HISTOLOGICAL TYPE OR NSCLC-NOS CLASSIFICATI
G9283	NON SMALL CELL LUNG CANCER BIOPSY AND CYTOLOGY SPECIMEN REPORT DOCUMENTS CLASSIFICATION INTO SPECIFI
G9284	NON SMALL CELL LUNG CANCER BIOPSY AND CYTOLOGY SPECIMEN REPORT DOES NOT DOCUMENT CLASSIFICATION INTO
G9285	SPECIMEN SITE OTHER THAN ANATOMIC LOCATION OF LUNG OR IS NOT CLASSIFIED AS NON SMALL CELL LUNG CANCE
G9286	ANTIBIOTIC REGIMEN PRESCRIBED WITHIN 10 DAYS AFTER ONSET OF SYMPTOMS
G9287	ANTIBIOTIC REGIMEN NOT PRESCRIBED WITHIN 10 DAYS AFTER ONSET OF SYMPTOMS
G9288	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT REPORTING THE HISTOLOGICAL TYPE OR NSCLC-NOS CLASSIFICATI
G9289	NON SMALL CELL LUNG CANCER BIOPSY AND CYTOLOGY SPECIMEN REPORT DOCUMENTS CLASSIFICATION INTO SPECIFI
G9290	NON SMALL CELL LUNG CANCER BIOPSY AND CYTOLOGY SPECIMEN REPORT DOES NOT DOCUMENT CLASSIFICATION INTO
G9291	SPECIMEN SITE OTHER THAN ANATOMIC LOCATION OF LUNG IS NOT CLASSIFIED AS NON SMALL CELL LUNG CANCER O
G9292	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT REPORTING PT CATEGORY AND A STATEMENT ON THICKNESS AND UL
G9293	PATHOLOGY REPORT DOES NOT INCLUDE THE PT CATEGORY AND A STATEMENT ON THICKNESS AND ULCERATION AND FO
G9294	PATHOLOGY REPORT INCLUDES THE PT CATEGORY AND A STATEMENT ON THICKNESS AND ULCERATION AND FOR PT1 MI

G9295	Specimen site other than anatomic cutaneous location
G9296	PATIENTS WITH DOCUMENTED SHARED DECISION-MAKING INCLUDING DISCUSSION OF CONSERVATIVE (NON-SURGICAL)
G9297	SHARED DECISION-MAKING INCLUDING DISCUSSION OF CONSERVATIVE (NON-SURGICAL) THERAPY (E.G. NSAIDS ANAL
G9298	PATIENTS WHO ARE EVALUATED FOR VENOUS THROMBOEMBOLIC AND CARDIOVASCULAR RISK FACTORS WITHIN 30 DAYS
G9299	PATIENTS WHO ARE NOT EVALUATED FOR VENOUS THROMBOEMBOLIC AND CARDIOVASCULAR RISK FACTORS WITHIN 30 D
G9305	Intervention for presence of leak of endoluminal contents through an anastomosis not required
G9306	Intervention for presence of leak of endoluminal contents through an anastomosis required
G9307	NO RETURN TO THE OPERATING ROOM FOR A SURGICAL PROCEDURE FOR COMPLICATIONS OF THE PRINCIPAL OPERATIV
G9308	UNPLANNED RETURN TO THE OPERATING ROOM FOR A SURGICAL PROCEDURE FOR COMPLICATIONS OF THE PRINCIPAL O
G9309	No unplanned hospital readmission within 30 days of principal procedure
G9310	Unplanned hospital readmission within 30 days of principal procedure
G9311	No surgical site infection
G9312	Surgical site infection
G9313	AMOXICILLIN W WO CLAVULANATE NOT PRESCRIBED AS FIRST LINE ANTIBIOTIC AT THE TIME OF DIAGNOSIS FOR DO
G9314	AMOXICILLIN W WO CLAVULANATE NOT PRESCRIBED AS FIRST LINE ANTIBIOTIC AT THE TIME OF DIAGNOSIS REASON
G9315	AMOXICILLIN W WO CLAVULANATE PRESCRIBED AS A FIRST LINE ANTIBIOTIC AT THE TIME OF DIAGNOSIS
G9316	DOCUMENTATION OF PATIENT-SPECIFIC RISK ASSESSMENT WITH A RISK CALCULATOR BASED ON MULTI-INSTITUTIONA
G9317	DOCUMENTATION OF PATIENT-SPECIFIC RISK ASSESSMENT WITH A RISK CALCULATOR BASED ON MULTI-INSTITUTIONA
G9318	Imaging study named according to standardized nomenclature
G9319	Imaging study not named according to standardized nomenclature reason not given
G9321	COUNT OF PREVIOUS CT (ANY TYPE OF CT) AND CARDIAC NUCLEAR MEDICINE (MYOCARDIAL PERFUSION OR INFARCT
G9322	COUNT OF PREVIOUS CT AND CARDIAC NUCLEAR MEDICINE (MYOCARDIAL PERFUSION OR INFARCT AVID IMAGING) STU

G9341	SEARCH CONDUCTED FOR PRIOR PATIENT CT STUDIES COMPLETED AT NON-AFFILIATED EXTERNAL HEALTHCARE FACILI
G9342	SEARCH NOT CONDUCTED PRIOR TO AN IMAGING STUDY BEING PERFORMED FOR PRIOR PATIENT CT STUDIES COMPLETE
G9344	DUE TO SYSTEM REASONS SEARCH NOT CONDUCTED FOR DICOM FORMAT IMAGES FOR PRIOR PATIENT CT IMAGING STUD
G9345	FOLLOW-UP RECOMMENDATIONS DOCUMENTED ACCORDING TO RECOMMENDED GUIDELINES FOR INCIDENTALLY DETECTED P
G9347	FOLLOW-UP RECOMMENDATIONS NOT DOCUMENTED ACCORDING TO RECOMMENDED GUIDELINES FOR INCIDENTALLY DETECT
G9348	CT SCAN OF THE PARANASAL SINUSES ORDERED AT THE TIME OF DIAGNOSIS FOR DOCUMENTED REASONS
G9349	CT SCAN OF THE PARANASAL SINUSES ORDERED AT THE TIME OF DIAGNOSIS OR RECEIVED WITHIN 28 DAYS AFTER D
G9350	CT SCAN OF THE PARANASAL SINUSES NOT ORDERED AT THE TIME OF DIAGNOSIS OR RECEIVED WITHIN 28 DAYS AFT
G9351	More than one ct scan of the paranasal sinuses ordered or received within 90 days after diagnosis
G9352	MORE THAN ONE CT SCAN OF THE PARANASAL SINUSES ORDERED OR RECEIVED WITHIN 90 DAYS AFTER THE DATE OF
G9353	MORE THAN ONE CT SCAN OF THE PARANASAL SINUSES ORDERED OR RECEIVED WITHIN 90 DAYS AFTER THE DATE OF
G9354	ONE CT SCAN OR NO CT SCAN OF THE PARANASAL SINUSES ORDERED WITHIN 90 DAYS AFTER THE DATE OF DIAGNOSI
G9355	ELECTIVE DELIVERY (WITHOUT MEDICAL INDICATION) BY CESAREAN BIRTH OR INDUCTION OF LABOR NOT PERFORMED
G9356	ELECTIVE DELIVERY (WITHOUT MEDICAL INDICATION) BY CESAREAN BIRTH OR INDUCTION OF LABOR PERFORMED (3
G9357	Post-partum screenings evaluations and education performed
G9358	Post-partum screenings evaluations and education not performed
G9359	DOCUMENTATION OF NEGATIVE OR MANAGED POSITIVE TB SCREEN WITH FURTHER EVIDENCE THAT TB IS NOT ACTIVE
G9360	NO DOCUMENTATION OF NEGATIVE OR MANAGED POSITIVE TB SCREEN
G9361	MEDICAL INDICATION FOR DELIVERY BY CESAREAN BIRTH OR INDUCTION OF LABOR (39 WEEKS OF GESTATION) [DO
G9364	SINUSITIS CAUSED BY OR PRESUMED TO BE CAUSED BY BACTERIAL INFECTION

G9367	AT LEAST TWO ORDERS FOR HIGH-RISK MEDICATIONS FROM THE SAME DRUG CLASS
G9368	AT LEAST TWO ORDERS FOR HIGH-RISK MEDICATIONS FROM THE SAME DRUG CLASS NOT ORDERED
G9380	PATIENT OFFERED ASSISTANCE WITH END OF LIFE ISSUES OR EXISTING END OF LIFE PLAN WAS REVIEWED OR UPDA
G9382	PATIENT NOT OFFERED ASSISTANCE WITH END OF LIFE ISSUES OR EXISTING END OF LIFE PLAN WAS NOT REVIEWED
G9383	PATIENT RECEIVED SCREENING FOR HCV INFECTION WITHIN THE 12 MONTH REPORTING PERIOD
G9384	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT RECEIVING ANNUAL SCREENING FOR HCV INFECTION (E.G. DECOMP
G9385	DOCUMENTATION OF PATIENT REASON(S) FOR NOT RECEIVING ANNUAL SCREENING FOR HCV INFECTION (E.G. PATIEN
G9386	SCREENING FOR HCV INFECTION NOT RECEIVED WITHIN THE 12 MONTH REPORTING PERIOD REASON NOT GIVEN
G9393	PATIENT WITH AN INITIAL PHQ-9 SCORE GREATER THAN NINE WHO ACHIEVES REMISSION AT TWELVE MONTHS AS DEM
G9394	PATIENT WHO HAD A DIAGNOSIS OF BIPOLAR DISORDER OR PERSONALITY DISORDER DEATH PERMANENT NURSING HOME
G9395	PATIENT WITH AN INITIAL PHQ-9 SCORE GREATER THAN NINE WHO DID NOT ACHIEVE REMISSION AT TWELVE MONTHS
G9396	PATIENT WITH AN INITIAL PHQ-9 SCORE GREATER THAN NINE WHO WAS NOT ASSESSED FOR REMISSION AT TWELVE M
G9399	DOCUMENTATION IN THE PATIENT RECORD OF A DISCUSSION BETWEEN THE PHYSICIAN CLINICIAN AND THE PATIENT
G9400	DOCUMENTATION OF MEDICAL OR PATIENT REASON(S) FOR NOT DISCUSSING TREATMENT OPTIONS MEDICAL REASONS:
G9401	NO DOCUMENTATION IN THE PATIENT RECORD OF A DISCUSSION BETWEEN THE PHYSICIAN OR OTHER QUALFIED HEALT
G9402	PATIENT RECEIVED FOLLOW-UP WITHIN 30 DAYS AFTER DISCHARGE
G9403	CLINICIAN DOCUMENTED REASON PATIENT WAS NOT ABLE TO COMPLETE 30 DAY FOLLOW-UP FROM ACUTE INPATIENT S
G9404	PATIENT DID NOT RECEIVE FOLLOW-UP WITHIN 30 DAYS AFTER DISCHARGE
G9405	PATIENT RECEIVED FOLLOW-UP WITHIN 7 DAYS AFTER DISCHARGE
G9406	CLINICIAN DOCUMENTED REASON PATIENT WAS NOT ABLE TO COMPLETE 7 DAY FOLLOW-UP FROM ACUTE INPATIENT SE

G9407	PATIENT DID NOT RECEIVE FOLLOW-UP WITHIN 7 DAYS AFTER DISCHARGE
G9408	PATIENTS WITH CARDIAC TAMPONADE AND OR PERICARDIOCENTESIS OCCURRING WITHIN 30 DAYS
G9409	PATIENTS WITHOUT CARDIAC TAMPONADE AND OR PERICARDIOCENTESIS OCCURRING WITHIN 30 DAYS
G9410	PATIENT ADMITTED WITHIN 180 DAYS STATUS POST CIED IMPLANTATION REPLACEMENT OR REVISION WITH AN INFEC
G9411	PATIENT NOT ADMITTED WITHIN 180 DAYS STATUS POST CIED IMPLANTATION REPLACEMENT OR REVISION WITH AN I
G9412	PATIENT ADMITTED WITHIN 180 DAYS STATUS POST CIED IMPLANTATION REPLACEMENT OR REVISION WITH AN INFEC
G9413	PATIENT NOT ADMITTED WITHIN 180 DAYS STATUS POST CIED IMPLANTATION REPLACEMENT OR REVISION WITH AN I
G9414	PATIENT HAD ONE DOSE OF MENINGOCOCCAL VACCINE (SEROGROUPS A C W Y OR A C W Y B) ON OR BETWEEN THE PA
G9415	PATIENT DID NOT HAVE ONE DOSE OF MENINGOCOCCAL VACCINE (SEROGROUPS A C W Y OR A C W Y B) ON OR BETWE
G9416	PATIENT HAD ONE TETANUS DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP) ON OR BETWEEN THE
G9417	PATIENT DID NOT HAVE ONE TETANUS DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP) ON OR BET
G9418	PRIMARY NON-SMALL CELL LUNG CANCER LUNG BIOPSY AND CYTOLOGY SPECIMEN REPORT DOCUMENTS CLASSIFICATION
G9419	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT INCLUDING THE HISTOLOGICAL TYPE OR NSCLC-NOS CLASSIFICATI
G9420	SPECIMEN SITE OTHER THAN ANATOMIC LOCATION OF LUNG OR IS NOT CLASSIFIED AS PRIMARY NON-SMALL CELL LU
G9421	PRIMARY NON-SMALL CELL LUNG CANCER LUNG BIOPSY AND CYTOLOGY SPECIMEN REPORT DOES NOT DOCUMENT CLASSI
G9422	PRIMARY LUNG CARCINOMA RESECTION REPORT DOCUMENTS PT CATEGORY PN CATEGORY AND FOR NON-SMALL CELL LUN
G9423	DOCUMENTATION OF MEDICAL REASON FOR NOT INCLUDING PT CATEGORY PN CATEGORY AND HISTOLOGIC TYPE [FOR P
G9424	SPECIMEN SITE OTHER THAN ANATOMIC LOCATION OF LUNG OR CLASSIFIED AS NSCLC-NOS
G9425	PRIMARY LUNG CARCINOMA RESECTION REPORT DOES NOT DOCUMENT PT CATEGORY PN CATEGORY AND FOR NON-SMALL

G9426	IMPROVEMENT IN MEDIAN TIME FROM ED ARRIVAL TO INITIAL ED ORAL OR PARENTERAL PAIN MEDICATION ADMINIST
G9427	IMPROVEMENT IN MEDIAN TIME FROM ED ARRIVAL TO INITIAL ED ORAL OR PARENTERAL PAIN MEDICATION ADMINIST
G9428	PATHOLOGY REPORT INCLUDES THE PT CATEGORY THICKNESS ULCERATION AND MITOTIC RATE PERIPHERAL AND DEEP
G9429	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT INCLUDING PT CATEGORY THICKNESS ULCERATION AND MITOTIC RA
G9430	SPECIMEN SITE OTHER THAN ANATOMIC CUTANEOUS LOCATION
G9431	PATHOLOGY REPORT DOES NOT INCLUDE THE PT CATEGORY THICKNESS ULCERATION AND MITOTIC RATE PERIPHERAL A
G9432	ASTHMA WELL-CONTROLLED BASED ON THE ACT C-ACT ACQ OR ATAQ SCORE AND RESULTS DOCUMENTED
G9434	ASTHMA NOT WELL-CONTROLLED BASED ON THE ACT C-ACT ACQ OR ATAQ SCORE OR SPECIFIED ASTHMA CONTROL TOOL
G9448	PATIENTS WHO WERE BORN IN THE YEARS 1945 TO1965
G9449	HISTORY OF RECEIVING BLOOD TRANSFUSIONS PRIOR TO 1992
G9450	HISTORY OF INJECTION DRUG USE
G9452	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT RECEIVING HCV ANTIBODY TEST DUE TO LIMITED LIFE EXPECTANC
G9455	PATIENT UNDERWENT ABDOMINAL IMAGING WITH ULTRASOUND CONTRAST ENHANCED CT OR CONTRAST MRI FOR HCC
G9457	PATIENT DID NOT UNDERGO ABDOMINAL IMAGING AND DID NOT HAVE A DOCUMENTED REASON FOR NOT UNDERGOING AB
G9458	PATIENT DOCUMENTED AS TOBACCO USER AND RECEIVED TOBACCO CESSATION INTERVENTION (MUST INCLUDE AT LEAS
G9459	CURRENTLY A TOBACCO NON-USER
G9460	TOBACCO ASSESSMENT OR TOBACCO CESSATION INTERVENTION NOT PERFORMED REASON NOT GIVEN
G9468	PATIENT NOT RECEIVING CORTICOSTEROIDS GREATER THAN OR EQUAL TO 10 MG DAY OF PREDNISONE EQUIVALENTS F
G9470	PATIENTS NOT RECEIVING CORTICOSTEROIDS GREATER THAN OR EQUAL TO 10 MG DAY OF PREDNISONE EQUIVALENTS
G9471	WITHIN THE PAST 2 YEARS CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) NOT ORDERED OR DOCUMENTED
G9473	SERVICES PERFORMED BY CHAPLAIN IN THE HOSPICE SETTING EACH 15 MINUTES

G9474	SERVICES PERFORMED BY DIETARY COUNSELOR IN THE HOSPICE SETTING EACH 15 MINUTES
G9475	SERVICES PERFORMED BY OTHER COUNSELOR IN THE HOSPICE SETTING EACH 15 MINUTES
G9476	SERVICES PERFORMED BY VOLUNTEER IN THE HOSPICE SETTING EACH 15 MINUTES
G9477	SERVICES PERFORMED BY CARE COORDINATOR IN THE HOSPICE SETTING EACH 15 MINUTES
G9478	SERVICES PERFORMED BY OTHER QUALIFIED THERAPIST IN THE HOSPICE SETTING EACH 15 MINUTES
G9479	SERVICES PERFORMED BY QUALIFIED PHARMACIST IN THE HOSPICE SETTING EACH 15 MINUTES
G9480	ADMISSION TO MEDICARE CARE CHOICE MODEL PROGRAM (MCCM)
G9481	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN A MEDICARE-A
G9482	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN A MEDICARE-A
G9483	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN A MEDICARE-A
G9484	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN A MEDICARE-A
G9485	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN A MEDICARE-A
G9486	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT FOR USE ONLY IN A M
G9487	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT FOR USE ONLY IN A M
G9488	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT FOR USE ONLY IN A M
G9489	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT FOR USE ONLY IN A M
G9490	CMS INNOVATION CENTER MODELS HOME VISIT FOR PATIENT ASSESSMENT PERFORMED BY CLINICAL STAFF FOR AN IN
G9497	RECEIVED INSTRUCTION FROM THE ANESTHESIOLOGIST OR PROXY PRIOR TO THE DAY OF SURGERY TO ABSTAIN FROM
G9498	ANTIBIOTIC REGIMEN PRESCRIBED
G9500	RADIATION EXPOSURE INDICES DOCUMENTED IN FINAL REPORT FOR PROCEDURE USING FLUOROSCOPY
G9501	RADIATION EXPOSURE INDICES NOT DOCUMENTED IN FINAL REPORT FOR PROCEDURE USING FLUOROSCOPY REASON NOT

G9502	DOCUMENTATION OF MEDICAL REASON FOR NOT PERFORMING FOOT EXAM (I.E. PATIENTS WHO HAVE HAD EITHER A BI
G9504	DOCUMENTED REASON FOR NOT ASSESSING HEPATITIS B VIRUS (HBV) STATUS (E.G. PATIENT NOT INITIATING ANTI
G9505	ANTIBIOTIC REGIMEN PRESCRIBED WITHIN 10 DAYS AFTER ONSET OF SYMPTOMS FOR DOCUMENTED MEDICAL REASON
G9506	BIOLOGIC IMMUNE RESPONSE MODIFIER PRESCRIBED
G9507	DOCUMENTATION THAT THE PATIENT IS ON A STATIN MEDICATION OR HAS DOCUMENTATION OF A VALID CONTRAINDIC
G9508	DOCUMENTATION THAT THE PATIENT IS NOT ON A STATIN MEDICATION
G9509	ADULT PATIENTS 18 YEARS OF AGE OR OLDER WITH MAJOR DEPRESSION OR DYSTHYMIA WHO REACHED REMISSION AT
G9510	ADULT PATIENTS 18 YEARS OF AGE OR OLDER WITH MAJOR DEPRESSION OR DYSTHYMIA WHO DID NOT REACH REMISSI
G9511	INDEX EVENT DATE PHQ-9 OR PHQ-9M SCORE GREATER THAN 9 DOCUMENTED DURING THE TWELVE MONTH DENOMINATOR
G9512	INDIVIDUAL HAD A PDC OF 0.8 OR GREATER
G9513	INDIVIDUAL DID NOT HAVE A PDC OF 0.8 OR GREATER
G9514	PATIENT REQUIRED A RETURN TO THE OPERATING ROOM WITHIN 90 DAYS OF SURGERY
G9515	PATIENT DID NOT REQUIRE A RETURN TO THE OPERATING ROOM WITHIN 90 DAYS OF SURGERY
G9516	PATIENT ACHIEVED AN IMPROVEMENT IN VISUAL ACUITY FROM THEIR PREOPERATIVE LEVEL WITHIN 90 DAYS OF SUR
G9517	PATIENT DID NOT ACHIEVE AN IMPROVEMENT IN VISUAL ACUITY FROM THEIR PREOPERATIVE LEVEL WITHIN 90 DAYS
G9518	DOCUMENTATION OF ACTIVE INJECTION DRUG USE
G9519	PATIENT ACHIEVES FINAL REFRACTION (SPHERICAL EQUIVALENT) + - 1.0 DIOPTERS OF THEIR PLANNED REFRACTIO
G9520	PATIENT DOES NOT ACHIEVE FINAL REFRACTION (SPHERICAL EQUIVALENT) + - 1.0 DIOPTERS OF THEIR PLANNED R
G9521	TOTAL NUMBER OF EMERGENCY DEPARTMENT VISITS AND INPATIENT HOSPITALIZATIONS LESS THAN TWO IN THE PAST
G9522	TOTAL NUMBER OF EMERGENCY DEPARTMENT VISITS AND INPATIENT HOSPITALIZATIONS EQUAL TO OR GREATER THAN
G9529	PATIENT WITH MINOR BLUNT HEAD TRAUMA HAD AN APPROPRIATE INDICATION(S) FOR A HEAD CT

G9530	PATIENT PRESENTED WITH A MINOR BLUNT HEAD TRAUMA AND HAD A HEAD CT ORDERED FOR TRAUMA BY AN EMERGENC
G9531	PATIENT HAS DOCUMENTATION OF VENTRICULAR SHUNT BRAIN TUMOR MULTISYSTEM TRAUMA OR IS CURRENTLY TAKING
G9533	PATIENT WITH MINOR BLUNT HEAD TRAUMA DID NOT HAVE AN APPROPRIATE INDICATION(S) FOR A HEAD CT
G9537	IMAGING NEEDED AS PART OF A CLINICAL TRIAL OR OTHER CLINICIAN ORDERED THE STUDY
G9539	INTENT FOR POTENTIAL REMOVAL AT TIME OF PLACEMENT
G9540	PATIENT ALIVE 3 MONTHS POST PROCEDURE
G9541	FILTER REMOVED WITHIN 3 MONTHS OF PLACEMENT
G9542	DOCUMENTED RE-ASSESSMENT FOR THE APPROPRIATENESS OF FILTER REMOVAL WITHIN 3 MONTHS OF PLACEMENT
G9543	DOCUMENTATION OF AT LEAST TWO ATTEMPTS TO REACH THE PATIENT TO ARRANGE A CLINICAL RE-ASSESSMENT FOR
G9544	PATIENTS THAT DO NOT HAVE THE FILTER REMOVED DOCUMENTED RE-ASSESSMENT FOR THE APPROPRIATENESS OF FIL
G9547	CYSTIC RENAL LESION THAT IS SIMPLE APPEARING (BOSNIAK I OR II) OR ADRENAL LESION LESS THAN OR EQUAL
G9548	FINAL REPORTS FOR IMAGING STUDIES STATING NO FOLLOW-UP IMAGING IS RECOMMENDED
G9549	DOCUMENTATION OF MEDICAL REASON(S) THAT FOLLOW-UP IMAGING IS INDICATED (E.G. PATIENT HAS LYMPHADENOP
G9550	FINAL REPORTS FOR IMAGING STUDIES WITH FOLLOW-UP IMAGING RECOMMENDED OR FINAL REPORTS THAT DO NOT IN
G9551	FINAL REPORTS FOR IMAGING STUDIES WITHOUT AN INCIDENTALLY FOUND LESION NOTED
G9552	INCIDENTAL THYROID NODULE 1.0 CM NOTED IN REPORT
G9553	PRIOR THYROID DISEASE DIAGNOSIS
G9554	FINAL REPORTS FOR CT CTA MRI OR MRA OF THE CHEST OR NECK WITH FOLLOW-UP IMAGING RECOMMENDED
G9555	DOCUMENTATION OF MEDICAL REASON(S) FOR RECOMMENDING FOLLOW UP IMAGING (E.G. PATIENT HAS MULTIPLE END
G9556	FINAL REPORTS FOR CT CTA MRI OR MRA OF THE CHEST OR NECK WITH FOLLOW-UP IMAGING NOT RECOMMENDED
G9557	FINAL REPORTS FOR CT CTA MRI OR MRA STUDIES OF THE CHEST OR NECK WITHOUT AN INCIDENTALLY FOUND THYRO

G9561	PATIENTS PRESCRIBED OPIATES FOR LONGER THAN SIX WEEKS
G9562	PATIENTS WHO HAD A FOLLOW-UP EVALUATION CONDUCTED AT LEAST EVERY THREE MONTHS DURING OPIOID THERAPY
G9563	PATIENTS WHO DID NOT HAVE A FOLLOW-UP EVALUATION CONDUCTED AT LEAST EVERY THREE MONTHS DURING OPIOID
G9577	PATIENTS PRESCRIBED OPIATES FOR LONGER THAN SIX WEEKS
G9578	DOCUMENTATION OF SIGNED OPIOID TREATMENT AGREEMENT AT LEAST ONCE DURING OPIOID THERAPY
G9579	NO DOCUMENTATION OF SIGNED AN OPIOID TREATMENT AGREEMENT AT LEAST ONCE DURING OPIOID THERAPY
G9580	DOOR TO PUNCTURE TIME OF 90 MINUTES OR LESS
G9582	DOOR TO PUNCTURE TIME OF GREATER THAN 90 MINUTES NO REASON GIVEN
G9583	PATIENTS PRESCRIBED OPIATES FOR LONGER THAN SIX WEEKS
G9584	PATIENT EVALUATED FOR RISK OF MISUSE OF OPIATES BY USING A BRIEF VALIDATED INSTRUMENT (E.G. OPIOID R
G9585	PATIENT NOT EVALUATED FOR RISK OF MISUSE OF OPIATES BY USING A BRIEF VALIDATED INSTRUMENT (E.G. OPIO
G9593	PEDIATRIC PATIENT WITH MINOR BLUNT HEAD TRAUMA CLASSIFIED AS LOW RISK ACCORDING TO THE PECARN PREDIC
G9594	PATIENT PRESENTED WITH A MINOR BLUNT HEAD TRAUMA AND HAD A HEAD CT ORDERED FOR TRAUMA BY AN EMERGENC
G9595	PATIENT HAS DOCUMENTATION OF VENTRICULAR SHUNT BRAIN TUMOR OR COAGULOPATHY
G9596	PEDIATRIC PATIENT HAD A HEAD CT FOR TRAUMA ORDERED BY SOMEONE OTHER THAN AN EMERGENCY CARE PROVIDER
G9597	PEDIATRIC PATIENT WITH MINOR BLUNT HEAD TRAUMA NOT CLASSIFIED AS LOW RISK ACCORDING TO THE PECARN PR
G9598	AORTIC ANEURYSM 5.5 - 5.9 CM MAXIMUM DIAMETER ON CENTERLINE FORMATTED CT OR MINOR DIAMETER ON AXIAL
G9599	AORTIC ANEURYSM 6.0 CM OR GREATER MAXIMUM DIAMETER ON CENTERLINE FORMATTED CT OR MINOR DIAMETER ON A
G9603	PATIENT SURVEY SCORE IMPROVED FROM BASELINE FOLLOWING TREATMENT
G9604	PATIENT SURVEY RESULTS NOT AVAILABLE
G9605	PATIENT SURVEY SCORE DID NOT IMPROVE FROM BASELINE FOLLOWING TREATMENT
G9606	INTRAOPERATIVE CYSTOSCOPY PERFORMED TO EVALUATE FOR LOWER TRACT INJURY

G9607	DOCUMENTED MEDICAL REASONS FOR NOT PERFORMING INTRAOPERATIVE CYSTOSCOPY (E.G. URETHRAL PATHOLOGY PRE
G9608	INTRAOPERATIVE CYSTOSCOPY NOT PERFORMED TO EVALUATE FOR LOWER TRACT INJURY
G9609	DOCUMENTATION OF AN ORDER FOR ANTI-PLATELET AGENTS
G9610	DOCUMENTATION OF MEDICAL REASON(S) IN THE PATIENT S RECORD FOR NOT ORDERING ANTI-PLATELET AGENTS
G9611	ORDER FOR ANTI-PLATELET AGENTS WAS NOT DOCUMENTED IN THE PATIENT S RECORD REASON NOT GIVEN
G9618	DOCUMENTATION OF SCREENING FOR UTERINE MALIGNANCY OR THOSE THAT HAD AN ULTRASOUND AND OR ENDOMETRIAL
G9620	PATIENT NOT SCREENED FOR UTERINE MALIGNANCY OR THOSE THAT HAVE NOT HAD AN ULTRASOUND AND OR ENDOMETR
G9621	PATIENT IDENTIFIED AS AN UNHEALTHY ALCOHOL USER WHEN SCREENED FOR UNHEALTHY ALCOHOL USE USING A SYST
G9622	PATIENT NOT IDENTIFIED AS AN UNHEALTHY ALCOHOL USER WHEN SCREENED FOR UNHEALTHY ALCOHOL USE USING A
G9623	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT SCREENING FOR UNHEALTHY ALCOHOL USE (E.G. LIMITED LIFE EX
G9624	PATIENT NOT SCREENED FOR UNHEALTHY ALCOHOL USE USING A SYSTEMATIC SCREENING METHOD OR PATIENT DID NO
G9625	PATIENT SUSTAINED BLADDER INJURY AT THE TIME OF SURGERY OR DISCOVERED SUBSEQUENTLY UP TO 30 DAYS POS
G9626	DOCUMENTED MEDICAL REASON FOR NOT REPORTING BLADDER INJURY (E.G. GYNECOLOGIC OR OTHER PELVIC MALIGNA
G9627	PATIENT DID NOT SUSTAIN BLADDER INJURY AT THE TIME OF SURGERY NOR DISCOVERED SUBSEQUENTLY UP TO 30 D
G9628	PATIENT SUSTAINED BOWEL INJURY AT THE TIME OF SURGERY OR DISCOVERED SUBSEQUENTLY UP TO 30 DAYS POST-
G9629	DOCUMENTED MEDICAL REASONS FOR NOT REPORTING BOWEL INJURY (E.G. GYNECOLOGIC OR OTHER PELVIC MALIGNAN
G9630	PATIENT DID NOT SUSTAIN A BOWEL INJURY AT THE TIME OF SURGERY NOR DISCOVERED SUBSEQUENTLY UP TO 30 D
G9631	PATIENT SUSTAINED URETER INJURY AT THE TIME OF SURGERY OR DISCOVERED SUBSEQUENTLY UP TO 30 DAYS POST

G9632	DOCUMENTED MEDICAL REASONS FOR NOT REPORTING URETER INJURY (E.G. GYNECOLOGIC OR OTHER PELVIC MALIGNA
G9633	PATIENT DID NOT SUSTAIN URETER INJURY AT THE TIME OF SURGERY NOR DISCOVERED SUBSEQUENTLY UP TO 30 DA
G9634	HEALTH-RELATED QUALITY OF LIFE ASSESSED WITH TOOL DURING AT LEAST TWO VISITS AND QUALITY OF LIFE SCO
G9635	HEALTH-RELATED QUALITY OF LIFE NOT ASSESSED WITH TOOL FOR DOCUMENTED REASON(S) (E.G. PATIENT HAS A C
G9636	HEALTH-RELATED QUALITY OF LIFE NOT ASSESSED WITH TOOL DURING AT LEAST TWO VISITS OR QUALITY OF LIFE
G9637	AT LEAST TWO ORDERS FOR THE SAME HIGH-RISK MEDICATION
G9638	AT LEAST TWO ORDERS FOR THE SAME HIGH-RISK MEDICATIONS NOT ORDERED
G9639	MAJOR AMPUTATION OR OPEN SURGICAL BYPASS NOT REQUIRED WITHIN 48 HOURS OF THE INDEX ENDOVASCULAR LOWE
G9640	DOCUMENTATION OF PLANNED HYBRID OR STAGED PROCEDURE
G9641	MAJOR AMPUTATION OR OPEN SURGICAL BYPASS REQUIRED WITHIN 48 HOURS OF THE INDEX ENDOVASCULAR LOWER EX
G9642	CURRENT SMOKER (E.G. CIGARETTE CIGAR PIPE E-CIGARETTE OR MARIJUANA)
G9643	ELECTIVE SURGERY
G9644	PATIENTS WHO ABSTAINED FROM SMOKING PRIOR TO ANESTHESIA ON THE DAY OF SURGERY OR PROCEDURE
G9645	PATIENTS WHO DID NOT ABSTAIN FROM SMOKING PRIOR TO ANESTHESIA ON THE DAY OF SURGERY OR PROCEDURE
G9646	PATIENTS WITH 90 DAY MRS SCORE OF 0 TO 2
G9647	PATIENTS IN WHOM MRS SCORE COULD NOT BE OBTAINED AT 90 DAY FOLLOW-UP
G9648	PATIENTS WITH 90 DAY MRS SCORE GREATER THAN 2
G9649	PSORIASIS ASSESSMENT TOOL DOCUMENTED MEETING ANY ONE OF THE SPECIFIED BENCHMARKS (E.G. (PGA 5-POINT
G9651	PSORIASIS ASSESSMENT TOOL DOCUMENTED NOT MEETING ANY ONE OF THE SPECIFIED BENCHMARKS (E.G. (PGA 5-PO
G9654	MONITORED ANESTHESIA CARE (MAC)
G9655	A TRANSFER OF CARE PROTOCOL OR HANDOFF TOOL CHECKLIST THAT INCLUDES THE REQUIRED KEY HANDOFF ELEMENT

G9656	PATIENT TRANSFERRED DIRECTLY FROM ANESTHETIZING LOCATION TO PACU OR OTHER NON-ICU LOCATION
G9658	A TRANSFER OF CARE PROTOCOL OR HANDOFF TOOL CHECKLIST THAT INCLUDES THE REQUIRED KEY HANDOFF ELEMENT
G9659	PATIENTS GREATER THAN OR EQUAL TO 86 YEARS OF AGE WHO UNDERWENT A SCREENING COLONOSCOPY AND DID NOT
G9660	DOCUMENTATION OF MEDICAL REASON(S) FOR A COLONOSCOPY PERFORMED ON A PATIENT GREATER THAN OR EQUAL TO
G9661	PATIENTS GREATER THAN OR EQUAL TO 86 YEARS OF AGE WHO RECEIVED A COLONOSCOPY FOR AN ASSESSMENT OF SI
G9662	PREVIOUSLY DIAGNOSED OR HAVE A DIAGNOSIS OF CLINICAL ASCVD INCLUDING ASCVD PROCEDURE
G9663	ANY LDL-C LABORATORY RESULT = 190 MG DL
G9664	PATIENTS WHO ARE CURRENTLY STATIN THERAPY USERS OR RECEIVED AN ORDER (PRESCRIPTION) FOR STATIN THERA
G9665	PATIENTS WHO ARE NOT CURRENTLY STATIN THERAPY USERS OR DID NOT RECEIVE AN ORDER (PRESCRIPTION) FOR S
G9666	PATIENT S HIGHEST FASTING OR DIRECT LDL-C LABORATORY TEST RESULT IN THE MEASUREMENT PERIOD OR TWO YE
G9674	PATIENTS WITH CLINICAL ASCVD DIAGNOSIS
G9675	PATIENTS WHO HAVE EVER HAD A FASTING OR DIRECT LABORATORY RESULT OF LDL-C = 190 MG DL
G9676	PATIENTS AGED 40 TO 75 YEARS AT THE BEGINNING OF THE MEASUREMENT PERIOD WITH TYPE 1 OR TYPE 2 DIABET
G9678	ONCOLOGY CARE MODEL (OCM) MONTHLY ENHANCED ONCOLOGY SERVICES (MEOS) PAYMENT FOR OCM ENHANCED SERVICE
G9679	THIS CODE IS FOR ONSITE ACUTE CARE TREATMENT OF A NURSING FACILITY RESIDENT WITH PNEUMONIA MAY ONLY
G9680	THIS CODE IS FOR ONSITE ACUTE CARE TREATMENT OF A NURSING FACILITY RESIDENT WITH CHF MAY ONLY BE BIL
G9681	THIS CODE IS FOR ONSITE ACUTE CARE TREATMENT OF A RESIDENT WITH COPD OR ASTHMA MAY ONLY BE BILLED ON
G9682	THIS CODE IS FOR THE ONSITE ACUTE CARE TREATMENT A NURSING FACILITY RESIDENT WITH A SKIN INFECTION M
G9683	FACILITY SERVICE(S) FOR THE ONSITE ACUTE CARE TREATMENT OF A NURSING FACILITY RESIDENT WITH FLUID OR

G9684	THIS CODE IS FOR THE ONSITE ACUTE CARE TREATMENT OF A NURSING FACILITY RESIDENT FOR A UTI MAY ONLY B
G9685	PHYSICIAN SERVICE OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL FOR THE EVALUATION AND MANAGEMENT OF A
G9687	HOSPICE SERVICES PROVIDED TO PATIENT ANY TIME DURING THE MEASUREMENT PERIOD
G9688	PATIENTS USING HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9689	PATIENT ADMITTED FOR PERFORMANCE OF ELECTIVE CAROTID INTERVENTION
G9690	PATIENT RECEIVING HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9691	PATIENT HAD HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9692	HOSPICE SERVICES RECEIVED BY PATIENT ANY TIME DURING THE MEASUREMENT PERIOD
G9693	PATIENT USE OF HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9694	HOSPICE SERVICES UTILIZED BY PATIENT ANY TIME DURING THE MEASUREMENT PERIOD
G9695	LONG-ACTING INHALED BRONCHODILATOR PRESCRIBED
G9696	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PRESCRIBING A LONG-ACTING INHALED BRONCHODILATOR (E.G. PA
G9698	DOCUMENTATION OF SYSTEM REASON(S) FOR NOT PRESCRIBING A LONG-ACTING INHALED BRONCHODILATOR (E.G. COS
G9699	LONG-ACTING INHALED BRONCHODILATOR NOT PRESCRIBED REASON NOT OTHERWISE SPECIFIED
G9700	PATIENTS WHO USE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9702	PATIENTS WHO USE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9703	EPISODES WHERE THE PATIENT IS TAKING ANTIBIOTICS (TABLE 1) IN THE 30 DAYS PRIOR TO THE EPISODE DATE
G9704	AJCC BREAST CANCER STAGE I: T1 MIC OR T1A DOCUMENTED
G9705	AJCC BREAST CANCER STAGE I: T1B (TUMOR 0.5 CM BUT = 1 CM IN GREATEST DIMENSION) DOCUMENTED
G9706	LOW (OR VERY LOW) RISK OF RECURRENCE PROSTATE CANCER
G9707	PATIENT RECEIVED HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9708	WOMEN WHO HAD A BILATERAL MASTECTOMY OR WHO HAVE A HISTORY OF A BILATERAL MASTECTOMY OR FOR WHOM THE
G9709	HOSPICE SERVICES USED BY PATIENT ANY TIME DURING THE MEASUREMENT PERIOD
G9710	PATIENT WAS PROVIDED HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9711	PATIENTS WITH A DIAGNOSIS OR PAST HISTORY OF TOTAL COLECTOMY OR COLORECTAL CANCER
G9712	DOCUMENTATION OF MEDICAL REASON(S) FOR PRESCRIBING OR DISPENSING ANTIBIOTIC (E.G. INTESTINAL INFECTI
G9713	PATIENTS WHO USE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD

G9714	PATIENT IS USING HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9716	BMI IS DOCUMENTED AS BEING OUTSIDE OF NORMAL PARAMETERS FOLLOW-UP PLAN IS NOT COMPLETED FOR DOCUMENT
G9717	DOCUMENTATION STATING THE PATIENT HAS HAD A DIAGNOSIS OF BIPOLAR DISORDER
G9718	HOSPICE SERVICES FOR PATIENT PROVIDED ANY TIME DURING THE MEASUREMENT PERIOD
G9719	PATIENT IS NOT AMBULATORY BED RIDDEN IMMOBILE CONFINED TO CHAIR WHEELCHAIR BOUND DEPENDENT ON HELPER
G9720	HOSPICE SERVICES FOR PATIENT OCCURRED ANY TIME DURING THE MEASUREMENT PERIOD
G9721	PATIENT NOT AMBULATORY BED RIDDEN IMMOBILE CONFINED TO CHAIR WHEELCHAIR BOUND DEPENDENT ON HELPER PU
G9722	DOCUMENTED HISTORY OF RENAL FAILURE OR BASELINE SERUM CREATININE = 4.0 MG DL RENAL TRANSPLANT RECIPI
G9723	HOSPICE SERVICES FOR PATIENT RECEIVED ANY TIME DURING THE MEASUREMENT PERIOD
G9724	PATIENTS WHO HAD DOCUMENTATION OF USE OF ANTICOAGULANT MEDICATIONS OVERLAPPING THE MEASUREMENT YEAR
G9726	PATIENT REFUSED TO PARTICIPATE
G9727	PATIENT UNABLE TO COMPLETE THE LEPF PROM AT INITIAL EVALUATION AND OR DISCHARGE DUE TO BLINDNESS ILL
G9728	PATIENT REFUSED TO PARTICIPATE
G9729	PATIENT UNABLE TO COMPLETE THE LEPF PROM AT INITIAL EVALUATION AND OR DISCHARGE DUE TO BLINDNESS ILL
G9730	PATIENT REFUSED TO PARTICIPATE
G9731	PATIENT UNABLE TO COMPLETE THE LEPF PROM AT INITIAL EVALUATION AND OR DISCHARGE DUE TO BLINDNESS ILL
G9732	PATIENT REFUSED TO PARTICIPATE
G9733	PATIENT UNABLE TO COMPLETE THE LOW BACK FS PROM AT INITIAL EVALUATION AND OR DISCHARGE DUE TO BLINDN
G9734	PATIENT REFUSED TO PARTICIPATE
G9735	PATIENT UNABLE TO COMPLETE THE SHOULDER FS PROM AT INITIAL EVALUATION AND OR DISCHARGE DUE TO BLINDN
G9736	PATIENT REFUSED TO PARTICIPATE
G9737	PATIENT UNABLE TO COMPLETE THE ELBOW WRIST HAND FS PROM AT INITIAL EVALUATION AND OR DISCHARGE DUE T
G9740	HOSPICE SERVICES GIVEN TO PATIENT ANY TIME DURING THE MEASUREMENT PERIOD

G9741	PATIENTS WHO USE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9744	PATIENT NOT ELIGIBLE DUE TO ACTIVE DIAGNOSIS OF HYPERTENSION
G9745	DOCUMENTED REASON FOR NOT SCREENING OR RECOMMENDING A FOLLOW-UP FOR HIGH BLOOD PRESSURE
G9746	PATIENT HAS MITRAL STENOSIS OR PROSTHETIC HEART VALVES OR PATIENT HAS TRANSIENT OR REVERSIBLE CAUSE
G9751	PATIENT DIED AT ANY TIME DURING THE 24-MONTH MEASUREMENT PERIOD
G9752	EMERGENCY SURGERY
G9753	DOCUMENTATION OF MEDICAL REASON FOR NOT CONDUCTING A SEARCH FOR DICOM FORMAT IMAGES FOR PRIOR PATIEN
G9754	A FINDING OF AN INCIDENTAL PULMONARY NODULE
G9755	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT INCLUDING A RECOMMENDED INTERVAL AND MODALITY FOR FOLLOW-
G9756	SURGICAL PROCEDURES THAT INCLUDED THE USE OF SILICONE OIL
G9757	SURGICAL PROCEDURES THAT INCLUDED THE USE OF SILICONE OIL
G9758	PATIENT IN HOSPICE AT ANY TIME DURING THE MEASUREMENT PERIOD
G9760	PATIENTS WHO USE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9761	PATIENTS WHO USE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9762	PATIENT HAD AT LEAST TWO HPV VACCINES (WITH AT LEAST 146 DAYS BETWEEN THE TWO) OR THREE HPV VACCINES
G9763	PATIENT DID NOT HAVE AT LEAST TWO HPV VACCINES (WITH AT LEAST 146 DAYS BETWEEN THE TWO) OR THREE HPV
G9764	PATIENT HAS BEEN TREATED WITH A SYSTEMIC MEDICATION FOR PSORIASIS VULGARIS
G9765	DOCUMENTATION THAT THE PATIENT DECLINED CHANGE IN MEDICATION OR ALTERNATIVE THERAPIES WERE UNAVAILAB
G9766	PATIENTS WHO ARE TRANSFERRED FROM ONE INSTITUTION TO ANOTHER WITH A KNOWN DIAGNOSIS OF CVA FOR ENDOV
G9767	HOSPITALIZED PATIENTS WITH NEWLY DIAGNOSED CVA CONSIDERED FOR ENDOVASCULAR STROKE TREATMENT
G9768	PATIENTS WHO UTILIZE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9769	PATIENT HAD A BONE MINERAL DENSITY TEST IN THE PAST TWO YEARS OR RECEIVED OSTEOPOROSIS MEDICATION OR
G9770	PERIPHERAL NERVE BLOCK (PNB)

G9771	AT LEAST 1 BODY TEMPERATURE MEASUREMENT EQUAL TO OR GREATER THAN 35.5 DEGREES CELSIUS (OR 95.9 DEGRE
G9772	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT ACHIEVING AT LEAST 1 BODY TEMPERATURE MEASUREMENT EQUAL T
G9773	AT LEAST 1 BODY TEMPERATURE MEASUREMENT EQUAL TO OR GREATER THAN 35.5 DEGREES CELSIUS (OR 95.9 DEGRE
G9774	PATIENTS WHO HAVE HAD A HYSTERECTOMY
G9775	PATIENT RECEIVED AT LEAST 2 PROPHYLACTIC PHARMACOLOGIC ANTI-EMETIC AGENTS OF DIFFERENT CLASSES PREOP
G9776	DOCUMENTATION OF MEDICAL REASON FOR NOT RECEIVING AT LEAST 2 PROPHYLACTIC PHARMACOLOGIC ANTI-EMETIC
G9777	PATIENT DID NOT RECEIVE AT LEAST 2 PROPHYLACTIC PHARMACOLOGIC ANTI-EMETIC AGENTS OF DIFFERENT CLASSE
G9778	PATIENTS WHO HAVE A DIAGNOSIS OF PREGNANCY AT ANY TIME DURING THE MEASUREMENT PERIOD
G9779	PATIENTS WHO ARE BREASTFEEDING AT ANY TIME DURING THE PERFORMANCE PERIOD
G9780	PATIENTS WHO HAVE A DIAGNOSIS OF RHABDOMYOLYSIS AT ANY TIME DURING THE PERFORMANCE PERIOD
G9781	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT CURRENTLY BEING A STATIN THERAPY USER OR RECEIVING AN ORD
G9782	HISTORY OF OR ACTIVE DIAGNOSIS OF FAMILIAL HYPERCHOLESTEROLEMIA
G9783	DOCUMENTATION OF PATIENTS WITH DIABETES WHO HAVE A MOST RECENT FASTING OR DIRECT LDL- C LABORATORY T
G9784	PATHOLOGISTS DERMATOPATHOLOGISTS PROVIDING A SECOND OPINION ON A BIOPSY
G9785	PATHOLOGY REPORT DIAGNOSING CUTANEOUS BASAL CELL CARCINOMA SQUAMOUS CELL CARCINOMA OR MELANOMA (TO I
G9786	PATHOLOGY REPORT DIAGNOSING CUTANEOUS BASAL CELL CARCINOMA SQUAMOUS CELL CARCINOMA OR MELANOMA (TO I
G9787	PATIENT ALIVE AS OF THE LAST DAY OF THE MEASUREMENT YEAR
G9788	MOST RECENT BP IS LESS THAN OR EQUAL TO 130 80 MM HG
G9789	BLOOD PRESSURE RECORDED DURING INPATIENT STAYS EMERGENCY ROOM VISITS OR URGENT CARE VISITS
G9790	MOST RECENT BP IS GREATER THAN 130 80 MM HG OR BLOOD PRESSURE NOT DOCUMENTED
G9791	MOST RECENT TOBACCO STATUS IS TOBACCO FREE
G9792	MOST RECENT TOBACCO STATUS IS NOT TOBACCO FREE
G9793	PATIENT IS CURRENTLY ON A DAILY ASPIRIN OR OTHER ANTIPLATELET

G9794	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT ON A DAILY ASPIRIN OR OTHER ANTIPLATELET (E.G. HISTORY OF
G9795	PATIENT IS NOT CURRENTLY ON A DAILY ASPIRIN OR OTHER ANTIPLATELET
G9796	PATIENT IS CURRENTLY ON A HIGH INTENSITY STATIN THERAPY
G9797	PATIENT IS NOT ON A HIGH INTENSITY STATIN THERAPY
G9805	PATIENTS WHO USE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9806	PATIENTS WHO RECEIVED CERVICAL CYTOLOGY OR AN HPV TEST
G9807	PATIENTS WHO DID NOT RECEIVE CERVICAL CYTOLOGY OR AN HPV TEST
G9808	ANY PATIENTS WHO HAD NO ASTHMA CONTROLLER MEDICATIONS DISPENSED DURING THE MEASUREMENT YEAR
G9809	PATIENTS WHO USE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9810	PATIENT ACHIEVED A PDC OF AT LEAST 75% FOR THEIR ASTHMA CONTROLLER MEDICATION
G9811	PATIENT DID NOT ACHIEVE A PDC OF AT LEAST 75% FOR THEIR ASTHMA CONTROLLER MEDICATION
G9812	PATIENT DIED INCLUDING ALL DEATHS OCCURRING DURING THE HOSPITALIZATION IN WHICH THE OPERATION WAS PE
G9813	PATIENT DID NOT DIE WITHIN 30 DAYS OF THE PROCEDURE OR DURING THE INDEX HOSPITALIZATION
G9818	DOCUMENTATION OF SEXUAL ACTIVITY
G9819	PATIENTS WHO USE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9820	DOCUMENTATION OF A CHLAMYDIA SCREENING TEST WITH PROPER FOLLOW-UP
G9821	NO DOCUMENTATION OF A CHLAMYDIA SCREENING TEST WITH PROPER FOLLOW-UP
G9822	PATIENTS WHO HAD AN ENDOMETRIAL ABLATION PROCEDURE DURING THE 12 MONTHS PRIOR TO THE INDEX DATE (EXC
G9823	ENDOMETRIAL SAMPLING OR HYSTEROSCOPY WITH BIOPSY AND RESULTS DOCUMENTED DURING THE 12 MONTHS PRIOR T
G9824	ENDOMETRIAL SAMPLING OR HYSTEROSCOPY WITH BIOPSY AND RESULTS NOT DOCUMENTED DURING THE 12 MONTHS PRI
G9830	HER-2 NEU POSITIVE
G9831	AJCC STAGE AT BREAST CANCER DIAGNOSIS = II OR III
G9832	AJCC STAGE AT BREAST CANCER DIAGNOSIS = I (IA OR IB) AND T-STAGE AT BREAST CANCER DIAGNOSIS = T1C
G9838	PATIENT HAS METASTATIC DISEASE AT DIAGNOSIS
G9839	ANTI-EGFR MONOCLONAL ANTIBODY THERAPY
G9840	RAS (KRAS AND NRAS) GENE MUTATION TESTING PERFORMED BEFORE INITIATION OF ANTI-EGFR MOAB

G9841	RAS (KRAS AND NRAS) GENE MUTATION TESTING NOT PERFORMED BEFORE INITIATION OF ANTI-EGFR MOAB
G9842	PATIENT HAS METASTATIC DISEASE AT DIAGNOSIS
G9843	RAS (KRAS OR NRAS) GENE MUTATION
G9844	PATIENT DID NOT RECEIVE ANTI-EGFR MONOCLONAL ANTIBODY THERAPY
G9845	PATIENT RECEIVED ANTI-EGFR MONOCLONAL ANTIBODY THERAPY
G9846	PATIENTS WHO DIED FROM CANCER
G9847	PATIENT RECEIVED SYSTEMIC CANCER-DIRECTED THERAPY IN THE LAST 14 DAYS OF LIFE
G9848	PATIENT DID NOT RECEIVE SYSTEMIC CANCER-DIRECTED THERAPY IN THE LAST 14 DAYS OF LIFE
G9858	PATIENT ENROLLED IN HOSPICE
G9859	PATIENTS WHO DIED FROM CANCER
G9860	PATIENT SPENT LESS THAN THREE DAYS IN HOSPICE CARE
G9861	PATIENT SPENT GREATER THAN OR EQUAL TO THREE DAYS IN HOSPICE CARE
G9862	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT RECOMMENDING AT LEAST A 10 YEAR FOLLOW-UP INTERVAL (E.G.
G9868	RECEIPT AND ANALYSIS OF REMOTE ASYNCHRONOUS IMAGES FOR DERMATOLOGIC AND OR OPHTHALMOLOGIC EVALUATION
G9869	RECEIPT AND ANALYSIS OF REMOTE ASYNCHRONOUS IMAGES FOR DERMATOLOGIC AND OR OPHTHALMOLOGIC EVALUATION
G9870	RECEIPT AND ANALYSIS OF REMOTE ASYNCHRONOUS IMAGES FOR DERMATOLOGIC AND OR OPHTHALMOLOGIC EVALUATION
G9871	BEHAVIORAL COUNSELING FOR DIABETES PREVENTION ONLINE 60 MINUTES
G9873	FIRST MEDICARE DIABETES PREVENTION PROGRAM (MDPP) CORE SESSION WAS ATTENDED BY AN MDPP BENEFICIARY U
G9874	FOUR TOTAL MEDICARE DIABETES PREVENTION PROGRAM (MDPP) CORE SESSIONS WERE ATTENDED BY AN MDPP BENEFI
G9875	NINE TOTAL MEDICARE DIABETES PREVENTION PROGRAM (MDPP) CORE SESSIONS WERE ATTENDED BY AN MDPP BENEFI
G9876	TWO MEDICARE DIABETES PREVENTION PROGRAM (MDPP) CORE MAINTENANCE SESSIONS (MS) WERE ATTENDED BY AN M
G9877	TWO MEDICARE DIABETES PREVENTION PROGRAM (MDPP) CORE MAINTENANCE SESSIONS (MS) WERE ATTENDED BY AN M
G9878	TWO MEDICARE DIABETES PREVENTION PROGRAM (MDPP) CORE MAINTENANCE SESSIONS (MS) WERE ATTENDED BY AN M

G9879	TWO MEDICARE DIABETES PREVENTION PROGRAM (MDPP) CORE MAINTENANCE SESSIONS (MS) WERE ATTENDED BY AN M
G9880	THE MDPP BENEFICIARY ACHIEVED AT LEAST 5% WEIGHT LOSS (WL) FROM HIS HER BASELINE WEIGHT IN MONTHS 1-
G9881	THE MDPP BENEFICIARY ACHIEVED AT LEAST 9% WEIGHT LOSS (WL) FROM HIS HER BASELINE WEIGHT IN MONTHS 1-
G9882	TWO MEDICARE DIABETES PREVENTION PROGRAM (MDPP) ONGOING MAINTENANCE SESSIONS (MS) WERE ATTENDED BY A
G9883	TWO MEDICARE DIABETES PREVENTION PROGRAM (MDPP) ONGOING MAINTENANCE SESSIONS (MS) WERE ATTENDED BY A
G9884	TWO MEDICARE DIABETES PREVENTION PROGRAM (MDPP) ONGOING MAINTENANCE SESSIONS (MS) WERE ATTENDED BY A
G9885	TWO MEDICARE DIABETES PREVENTION PROGRAM (MDPP) ONGOING MAINTENANCE SESSIONS (MS) WERE ATTENDED BY A
G9886	BEHAVIORAL COUNSELING FOR DIABETES PREVENTION IN-PERSON GROUP 60 MINUTES
G9887	BEHAVIORAL COUNSELING FOR DIABETES PREVENTION DISTANCE LEARNING 60 MINUTES
G9888	MAINTENANCE 5% WL FROM BASELINE WEIGHT IN MONTHS 7-12
G9890	BRIDGE PAYMENT: A ONE-TIME PAYMENT FOR THE FIRST MEDICARE DIABETES PREVENTION PROGRAM (MDPP) CORE SE
G9891	MDPP SESSION REPORTED AS A LINE-ITEM ON A CLAIM FOR A PAYABLE MDPP EXPANDED MODEL (EM) HCPCS CODE FO
G9892	DOCUMENTATION OF PATIENT REASON(S) FOR NOT PERFORMING A DILATED MACULAR EXAMINATION
G9893	DILATED MACULAR EXAM WAS NOT PERFORMED REASON NOT OTHERWISE SPECIFIED
G9894	ANDROGEN DEPRIVATION THERAPY PRESCRIBED ADMINISTERED IN COMBINATION WITH EXTERNAL BEAM RADIOTHERAPY
G9895	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PRESCRIBING ADMINISTERING AND ROGEN DEPRIVATION THERAPY I
G9896	DOCUMENTATION OF PATIENT REASON(S) FOR NOT PRESCRIBING ADMINISTERING AND ROGEN DEPRIVATION THERAPY I
G9897	PATIENTS WHO WERE NOT PRESCRIBED ADMINISTERED AND ROGEN DEPRIVATION THERAPY IN COMBINATION WITH EXTE
G9898	PATIENTS AGE 66 OR OLDER IN INSTITUTIONAL SPECIAL NEEDS PLANS (SNP) OR RESIDING IN LONG-TERM CARE WI

G9899	SCREENING DIAGNOSTIC FILM DIGITAL OR DIGITAL BREAST TOMOSYNTHESIS (3D) MAMMOGRAPHY RESULTS DOCUMENTE
G9900	SCREENING DIAGNOSTIC FILM DIGITAL OR DIGITAL BREAST TOMOSYNTHESIS (3D) MAMMOGRAPHY RESULTS WERE NOT
G9901	PATIENT AGE 66 OR OLDER IN INSTITUTIONAL SPECIAL NEEDS PLANS (SNP) OR RESIDING IN LONG-TERM CARE WIT
G9902	PATIENT SCREENED FOR TOBACCO USE AND IDENTIFIED AS A TOBACCO USER
G9903	PATIENT SCREENED FOR TOBACCO USE AND IDENTIFIED AS A TOBACCO NON-USER
G9904	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT SCREENING FOR TOBACCO USE (E.G. LIMITED LIFE EXPECTANCY O
G9905	PATIENT NOT SCREENED FOR TOBACCO USE
G9906	PATIENT IDENTIFIED AS A TOBACCO USER RECEIVED TOBACCO CESSATION INTERVENTION DURING THE MEASUREMENT
G9907	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PROVIDING TOBACCO CESSATION INTERVENTION ON THE DATE OF T
G9908	PATIENT IDENTIFIED AS TOBACCO USER DID NOT RECEIVE TOBACCO CESSATION INTERVENTION DURING THE MEASURE
G9909	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PROVIDING TOBACCO CESSATION INTERVENTION ON THE DATE OF T
G9910	PATIENTS AGE 66 OR OLDER IN INSTITUTIONAL SPECIAL NEEDS PLANS (SNP) OR RESIDING IN LONG-TERM CARE WI
G9911	CLINICALLY NODE NEGATIVE (T1N0M0 OR T2N0M0) INVASIVE BREAST CANCER BEFORE OR AFTER NEOADJUVANT SYSTE
G9912	HEPATITIS B VIRUS (HBV) STATUS ASSESSED AND RESULTS INTERPRETED PRIOR TO INITIATING ANTI-TNF (TUMOR
G9913	HEPATITIS B VIRUS (HBV) STATUS NOT ASSESSED AND RESULTS INTERPRETED PRIOR TO INITIATING ANTI-TNF (TU
G9914	PATIENT INITIATED AN ANTI-TNF AGENT
G9915	NO RECORD OF HBV RESULTS DOCUMENTED
G9916	FUNCTIONAL STATUS PERFORMED ONCE IN THE LAST 12 MONTHS
G9917	DOCUMENTATION OF ADVANCED STAGE DEMENTIA AND CAREGIVER KNOWLEDGE IS LIMITED
G9918	FUNCTIONAL STATUS NOT PERFORMED REASON NOT OTHERWISE SPECIFIED
G9919	SCREENING PERFORMED AND POSITIVE AND PROVISION OF RECOMMENDATIONS
G9920	SCREENING PERFORMED AND NEGATIVE

G9921	NO SCREENING PERFORMED PARTIAL SCREENING PERFORMED OR POSITIVE SCREEN WITHOUT RECOMMENDATIONS AND RE
G9922	SAFETY CONCERNS SCREEN PROVIDED AND IF POSITIVE THEN DOCUMENTED MITIGATION RECOMMENDATIONS
G9923	SAFETY CONCERNS SCREEN PROVIDED AND NEGATIVE
G9925	SAFETY CONCERNS SCREENING NOT PROVIDED REASON NOT OTHERWISE SPECIFIED
G9926	SAFETY CONCERNS SCREENING POSITIVE SCREEN IS WITHOUT PROVISION OF MITIGATION RECOMMENDATIONS INCLUDI
G9928	FDA-APPROVED ANTICOAGULANT NOT PRESCRIBED REASON NOT GIVEN
G9929	PATIENT WITH TRANSIENT OR REVERSIBLE CAUSE OF AF (E.G. PNEUMONIA HYPERTHYROIDISM PREGNANCY CARDIAC S
G9930	PATIENTS WHO ARE RECEIVING COMFORT CARE ONLY
G9931	DOCUMENTATION OF CHA2DS2-VASC RISK SCORE OF 0 OR 1 FOR MEN OR 0 1 OR 2 FOR WOMEN
G9932	DOCUMENTATION OF PATIENT REASON(S) FOR NOT HAVING RECORDS OF NEGATIVE OR MANAGED POSITIVE TB SCREEN
G9938	PATIENTS AGED 66 OR OLDER IN INSTITUTIONAL SPECIAL NEEDS PLANS (SNP) OR RESIDING IN LONG-TERM CARE W
G9939	PATHOLOGISTS DERMATOPATHOLOGISTS IS THE SAME CLINICIAN WHO PERFORMED THE BIOPSY
G9940	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT ON A STATIN (E.G. PREGNANCY IN VITRO FERTILIZATION CLOMIP
G9942	PATIENT HAD ANY ADDITIONAL SPINE PROCEDURES PERFORMED ON THE SAME DATE AS THE LUMBAR DISCECTOMY LAMI
G9943	BACK PAIN WAS NOT MEASURED BY THE VISUAL ANALOG SCALE (VAS) OR NUMERIC PAIN SCALE AT THREE MONTHS (6
G9945	PATIENT HAD CANCER ACUTE FRACTURE OR INFECTION RELATED TO THE LUMBAR SPINE OR PATIENT HAD NEUROMUSCU
G9946	BACK PAIN WAS NOT MEASURED BY THE VISUAL ANALOG SCALE (VAS) OR NUMERIC PAIN SCALE AT ONE YEAR (9 TO
G9948	PATIENT HAD ANY ADDITIONAL SPINE PROCEDURES PERFORMED ON THE SAME DATE AS THE LUMBAR DISCECTOMY LAMI
G9949	LEG PAIN WAS NOT MEASURED BY THE VISUAL ANALOG SCALE (VAS) OR NUMERIC PAIN SCALE AT THREE MONTHS (6
G9954	PATIENT EXHIBITS 2 OR MORE RISK FACTORS FOR POST-OPERATIVE VOMITING
G9955	CASES IN WHICH AN INHALATIONAL ANESTHETIC IS USED ONLY FOR INDUCTION

G9956	PATIENT RECEIVED COMBINATION THERAPY CONSISTING OF AT LEAST TWO PROPHYLACTIC PHARMACOLOGIC ANTI-EMET
G9957	DOCUMENTATION OF MEDICAL REASON FOR NOT RECEIVING COMBINATION THERAPY CONSISTING OF AT LEAST TWO PRO
G9958	PATIENT DID NOT RECEIVE COMBINATION THERAPY CONSISTING OF AT LEAST TWO PROPHYLACTIC PHARMACOLOGIC AN
G9959	SYSTEMIC ANTIMICROBIALS NOT PRESCRIBED
G9960	DOCUMENTATION OF MEDICAL REASON(S) FOR PRESCRIBING SYSTEMIC ANTIMICROBIALS
G9961	SYSTEMIC ANTIMICROBIALS PRESCRIBED
G9962	EMBOLIZATION ENDPOINTS ARE DOCUMENTED SEPARATELY FOR EACH EMBOLIZED VESSEL AND OVARIAN ARTERY ANGIOG
G9963	EMBOLIZATION ENDPOINTS ARE NOT DOCUMENTED SEPARATELY FOR EACH EMBOLIZED VESSEL OR OVARIAN ARTERY ANG
G9964	PATIENT RECEIVED AT LEAST ONE WELL-CHILD VISIT WITH A PCP DURING THE PERFORMANCE PERIOD
G9965	PATIENT DID NOT RECEIVE AT LEAST ONE WELL-CHILD VISIT WITH A PCP DURING THE PERFORMANCE PERIOD
G9968	PATIENT WAS REFERRED TO ANOTHER CLINICIAN OR SPECIALIST DURING THE MEASUREMENT PERIOD
G9969	CLINICIAN WHO REFERRED THE PATIENT TO ANOTHER CLINICIAN RECEIVED A REPORT FROM THE CLINICIAN TO WHOM
G9970	CLINICIAN WHO REFERRED THE PATIENT TO ANOTHER CLINICIAN DID NOT RECEIVE A REPORT FROM THE CLINICIAN
G9974	DILATED MACULAR EXAM PERFORMED INCLUDING DOCUMENTATION OF THE PRESENCE OR ABSENCE OF MACULAR THICKEN
G9975	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PERFORMING A DILATED MACULAR EXAMINATION
G9976	DOCUMENTATION OF PATIENT REASON(S) FOR NOT PERFORMING A DILATED MACULAR EXAMINATION
G9977	DILATED MACULAR EXAM WAS NOT PERFORMED REASON NOT OTHERWISE SPECIFIED
G9978	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN A MEDICARE-A
G9979	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN A MEDICARE-A
G9980	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN A MEDICARE-A
G9981	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN A MEDICARE-A

G9982	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN A MEDICARE-A
G9983	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT FOR USE ONLY IN A M
G9984	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT FOR USE ONLY IN A M
G9985	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT FOR USE ONLY IN A M
G9986	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT FOR USE ONLY IN A M
G9987	BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL HOME VISIT FOR PATIENT ASSESSME
G9988	PALLIATIVE CARE SERVICES PROVIDED TO PATIENT ANY TIME DURING THE MEASUREMENT PERIOD
G9990	PATIENT DID NOT RECEIVE ANY PNEUMOCOCCAL CONJUGATE OR POLYSACCHARIDE VACCINE ON OR AFTER THEIR 19TH
G9991	PATIENT RECEIVED ANY PNEUMOCOCCAL CONJUGATE OR POLYSACCHARIDE VACCINE ON OR AFTER THEIR 19TH BIRTHDA
G9992	PALLIATIVE CARE SERVICES USED BY PATIENT ANY TIME DURING THE MEASUREMENT PERIOD
G9993	PATIENT WAS PROVIDED PALLIATIVE CARE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9994	PATIENT IS USING PALLIATIVE CARE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
G9996	DOCUMENTATION STATING THE PATIENT HAS RECEIVED OR IS CURRENTLY RECEIVING PALLIATIVE OR HOSPICE CARE
G9997	DOCUMENTATION OF PATIENT PREGNANCY ANYTIME DURING THE MEASUREMENT PERIOD PRIOR TO AND INCLUDING THE
G9998	DOCUMENTATION OF MEDICAL REASON(S) FOR AN INTERVAL OF LESS THAN 3 YEARS SINCE THE LAST COLONOSCOPY (
G9999	DOCUMENTATION OF SYSTEM REASON(S) FOR AN INTERVAL OF LESS THAN 3 YEARS SINCE THE LAST COLONOSCOPY (E
H0001	Alcohol and or drug assessment
H0002	Behavioral health screening to determine eligibility for admission to treatment program
H0003	ALCOHOL AND OR DRUG SCREENING LABORATORY ANALYSIS OF SPECIMENS FOR PRESENCE OF ALCOHOL AND OR DRUGS
H0004	Behavioral health counseling and therapy per 15 minutes
H0005	ALCOHOL AND OR DRUG SERVICES GROUP COUNSELING BY A CLINICIAN

H0006	ALCOHOL AND OR DRUG SERVICES CASE MANAGEMENT
H0007	ALCOHOL AND OR DRUG SERVICES CRISIS INTERVENTION (OUTPATIENT)
H0008	ALCOHOL AND OR DRUG SERVICES SUB-ACUTE DETOXIFICATION (HOSPITAL INPATIENT)
H0009	ALCOHOL AND OR DRUG SERVICES ACUTE DETOXIFICATION (HOSPITAL INPATIENT)
H0010	ALCOHOL AND OR DRUG SERVICES SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM INPATIENT)
H0011	ALCOHOL AND OR DRUG SERVICES ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM INPATIENT)
H0012	ALCOHOL AND OR DRUG SERVICES SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM OUTPATIENT)
H0013	ALCOHOL AND OR DRUG SERVICES ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM OUTPATIENT)
H0014	ALCOHOL AND OR DRUG SERVICES AMBULATORY DETOXIFICATION
H0015	ALCOHOL AND OR DRUG SERVICES INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS
H0016	ALCOHOL AND OR DRUG SERVICES MEDICAL SOMATIC (MEDICAL INTERVENTION IN AMBULATORY SETTING)
H0017	BEHAVIORAL HEALTH RESIDENTIAL (HOSPITAL RESIDENTIAL TREATMENT PROGRAM) WITHOUT ROOM AND BOARD PER DI
H0018	BEHAVIORAL HEALTH SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL TREATMENT PROGRAM) WITHOUT ROOM A
H0019	BEHAVIORAL HEALTH LONG-TERM RESIDENTIAL (NON-MEDICAL NON-ACUTE CARE IN A RESIDENTIAL TREATMENT PROGR
H0020	ALCOHOL AND OR DRUG SERVICES METHADONE ADMINISTRATION AND OR SERVICE (PROVISION OF THE DRUG BY A LIC
H0021	Alcohol and or drug training service (for staff and personnel not employed by providers)
H0022	Alcohol and or drug intervention service (planned facilitation)
H0023	Behavioral health outreach service (planned approach to reach a targeted population)
H0024	BEHAVIORAL HEALTH PREVENTION INFORMATION DISSEMINATION SERVICE (ONE-WAY DIRECT OR NON-DIRECT CONTACT
H0025	BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE (DELIVERY OF SERVICES WITH TARGET POPULATION TO AFFEC
H0026	ALCOHOL AND OR DRUG PREVENTION PROCESS SERVICE COMMUNITY-BASED (DELIVERY OF SERVICES TO DEVELOP SKIL

H0027	ALCOHOL AND OR DRUG PREVENTION ENVIRONMENTAL SERVICE (BROAD RANGE OF EXTERNAL ACTIVITIES GEARED TOWA
H0028	ALCOHOL AND OR DRUG PREVENTION PROBLEM IDENTIFICATION AND REFERRAL SERVICE (E.G. STUDENT ASSISTANCE
H0029	ALCOHOL AND OR DRUG PREVENTION ALTERNATIVES SERVICE (SERVICES FOR POPULATIONS THAT EXCLUDE ALCOHOL A
H0030	Behavioral health hotline service
H0031	Mental health assessment by non-physician
H0032	Mental health service plan development by non-physician
H0033	Oral medication administration direct observation
H0034	Medication training and support per 15 minutes
H0035	Mental health partial hospitalization treatment less than 24 hours
H0036	Community psychiatric supportive treatment face-to-face per 15 minutes
H0037	Community psychiatric supportive treatment program per diem
H0038	Self-help peer services per 15 minutes
H0039	Assertive community treatment face-to-face per 15 minutes
H0040	Assertive community treatment program per diem
H0041	FOSTER CARE CHILD NON-THERAPEUTIC PER DIEM
H0042	FOSTER CARE CHILD NON-THERAPEUTIC PER MONTH
H0043	Supported housing per diem
H0044	Supported housing per month
H0045	Respite care services not in the home per diem
H0046	Mental health services not otherwise specified
H0047	Alcohol and or other drug abuse services not otherwise specified
H0048	Alcohol and or other drug testing: collection and handling only specimens other than blood
H0049	Alcohol and or drug screening
H0050	Alcohol and or drug services brief intervention per 15 minutes
H0051	TRADITIONAL HEALING SERVICE
H0052	MISSING AND MURDERED INDIGENOUS PERSONS (MMIP) MENTAL HEALTH AND CLINICAL CARE
H0053	HISTORICAL TRAUMA (HT) MENTAL HEALTH AND CLINICAL CARE FOR INDIGENOUS PERSONS
H1000	Prenatal care at-risk assessment
H1001	PRENATAL CARE AT-RISK ENHANCED SERVICE ANTEPARTUM MANAGEMENT
H1002	PRENATAL CARE AT RISK ENHANCED SERVICE CARE COORDINATION
H1003	PRENATAL CARE AT-RISK ENHANCED SERVICE EDUCATION

H1004	PRENATAL CARE AT-RISK ENHANCED SERVICE FOLLOW-UP HOME VISIT
H1005	Prenatal care at-risk enhanced service package (includes h1001-h1004)
H1010	Non-medical family planning education per session
H1011	Family assessment by licensed behavioral health professional for state defined purposes
H2000	Comprehensive multidisciplinary evaluation
H2001	Rehabilitation program per 1 2 day
H2010	Comprehensive medication services per 15 minutes
H2011	Crisis intervention service per 15 minutes
H2012	Behavioral health day treatment per hour
H2013	Psychiatric health facility service per diem
H2014	Skills training and development per 15 minutes
H2015	Comprehensive community support services per 15 minutes
H2016	Comprehensive community support services per diem
H2017	Psychosocial rehabilitation services per 15 minutes
H2018	Psychosocial rehabilitation services per diem
H2019	Therapeutic behavioral services per 15 minutes
H2020	Therapeutic behavioral services per diem
H2021	Community-based wrap-around services per 15 minutes
H2022	Community-based wrap-around services per diem
H2023	Supported employment per 15 minutes
H2024	Supported employment per diem
H2025	Ongoing support to maintain employment per 15 minutes
H2026	Ongoing support to maintain employment per diem
H2027	Psychoeducational service per 15 minutes
H2028	Sexual offender treatment service per 15 minutes
H2029	Sexual offender treatment service per diem
H2030	Mental health clubhouse services per 15 minutes
H2031	Mental health clubhouse services per diem
H2032	Activity therapy per 15 minutes
H2033	Multisystemic therapy for juveniles per 15 minutes
H2034	Alcohol and or drug abuse halfway house services per diem
H2035	Alcohol and or other drug treatment program per hour
H2036	Alcohol and or other drug treatment program per diem
H2037	DEVELOPMENTAL DELAY PREVENTION ACTIVITIES DEPENDENT CHILD OF CLIENT PER 15 MINUTES

H2038	SKILLS TRAINING AND DEVELOPMENT PER DIEM
H2040	COORDINATED SPECIALTY CARE TEAM-BASED FOR FIRST EPISODE PSYCHOSIS PER MONTH
H2041	COORDINATED SPECIALTY CARE TEAM-BASED FOR FIRST EPISODE PSYCHOSIS PER ENCOUNTER
H9989	HOSPITAL PROVIDED OUTSIDE OF THE UNITED STATES
J0120	Injection tetracycline up to 250 mg
J0121	INJECTION OMADACYCLINE 1 MG
J0122	INJECTION ERAVACYCLINE 1 MG
J0129	INJECTION ABATACEPT 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUP
J0130	INJECTION ABCIXIMAB 10 MG
J0131	INJECTION ACETAMINOPHEN NOT OTHERWISE SPECIFIED 10 MG
J0132	INJECTION ACETYLCYSTEINE 100 MG
J0133	INJECTION ACYCLOVIR 5 MG
J0134	INJECTION ACETAMINOPHEN (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J0131 10 MG
J0135	INJECTION ADALIMUMAB 20 MG
J0136	INJECTION ACETAMINOPHEN (B BRAUN) NOT THERAPEUTICALLY EQUIVALENT TO J0131 10 MG
J0137	INJECTION ACETAMINOPHEN (HIKMA) NOT THERAPEUTICALLY EQUIVALENT TO J0131 10 MG
J0138	INJECTION ACETAMINOPHEN 10 MG AND IBUPROFEN 3 MG
J0139	INJECTION ADALIMUMAB 1 MG
J0153	INJECTION ADENOSINE 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)
J0165	INJECTION EPINEPHRINE NOT OTHERWISE SPECIFIED 0.1 MG
J0166	INJECTION EPINEPHRINE (BPI) NOT THERAPEUTICALLY EQUIVALENT TO J0165 0.1 MG
J0167	INJECTION EPINEPHRINE (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J0165 0.1 MG
J0168	INJECTION EPINEPHRINE (INTERNATIONAL MEDICATION SYSTEMS) NOT THERAPEUTICALLY EQUIVALENT TO J0165 0.1
J0169	INJECTION EPINEPHRINE (ADRENALIN) NOT THERAPEUTICALLY EQUIVALENT TO J0165 0.1 MG
J0171	INJECTION ADRENALIN EPINEPHRINE 0.1 MG
J0172	INJECTION ADUCANUMAB-AVWA 2 MG
J0173	INJECTION EPINEPHRINE (BELCHER) NOT THERAPEUTICALLY EQUIVALENT TO J0171 0.1 MG
J0174	INJECTION LECANEMAB-IRMB 1 MG
J0175	INJECTION DONANEMAB-AZBT 2 MG
J0177	INJECTION AFLIBERCEPT HD 1 MG
J0178	INJECTION AFLIBERCEPT 1 MG
J0179	INJECTION BROLUCIZUMAB-DBLL 1 MG

J0180	INJECTION AGALSIDASE BETA 1 MG
J0184	INJECTION AMISULPRIDE 1 MG
J0185	INJECTION APREPITANT 1 MG
J0190	INJECTION BIPERIDEN LACTATE PER 5 MG
J0200	INJECTION ALATROFLOXACIN MESYLATE 100 MG
J0202	INJECTION ALEMTUZUMAB 1 MG
J0205	INJECTION ALGLUCERASE PER 10 UNITS
J0206	INJECTION ALLOPURINOL SODIUM 1 MG
J0207	INJECTION AMIFOSTINE 500 MG
J0208	INJECTION SODIUM THIOSULFATE (PEDMARK) 100 MG
J0209	INJECTION SODIUM THIOSULFATE (HOPE) 100 MG
J0210	INJECTION METHYLDOPATE HCL UP TO 250 MG
J0211	INJECTION SODIUM NITRITE 3 MG AND SODIUM THIOSULFATE 125 MG (NITHIODOTE)
J0215	INJECTION ALEFACEPT 0.5 MG
J0216	INJECTION ALFENTANIL HYDROCHLORIDE 500 MICROGRAMS
J0217	INJECTION VELMANASE ALFA-TYCV 1 MG
J0218	INJECTION OLIPUDASE ALFA-RPCP 1 MG
J0219	INJECTION AVALGLUCOSIDASE ALFA-NGPT 4 MG
J0220	INJECTION ALGLUCOSIDASE ALFA 10 MG NOT OTHERWISE SPECIFIED
J0221	INJECTION ALGLUCOSIDASE ALFA (LUMIZYME) 10 MG
J0222	INJECTION PATISIRAN 0.1 MG
J0223	INJECTION GIVOSIRAN 0.5 MG
J0224	INJECTION LUMASIRAN 0.5 MG
J0225	INJECTION VUTRISIRAN 1 MG
J0248	INJECTION REMDESIVIR 1 MG
J0256	INJECTION ALPHA 1 PROTEINASE INHIBITOR (HUMAN) NOT OTHERWISE SPECIFIED 10 MG
J0257	INJECTION ALPHA 1 PROTEINASE INHIBITOR (HUMAN) (GLASSIA) 10 MG
J0270	INJECTION ALPROSTADIL 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIREC
J0275	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIR
J0278	INJECTION AMIKACIN SULFATE 100 MG
J0280	INJECTION AMINOPHYLLIN UP TO 250 MG
J0281	INJECTION AMINOCAPROIC ACID 1 GRAM

J0282	Injection amiodarone hydrochloride 30 mg
J0283	INJECTION AMIODARONE HYDROCHLORIDE (NEXTERONE) 30 MG
J0285	INJECTION AMPHOTERICIN B 50 MG
J0287	INJECTION AMPHOTERICIN B LIPID COMPLEX 10 MG
J0288	INJECTION AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX 10 MG
J0289	INJECTION AMPHOTERICIN B LIPOSOME 10 MG
J0290	INJECTION AMPICILLIN SODIUM 500 MG
J0291	INJECTION PLAZOMICIN 5 MG
J0295	INJECTION AMPICILLIN SODIUM SULBACTAM SODIUM PER 1.5 GM
J0300	Injection amobarbital up to 125 mg
J0330	Injection succinylcholine chloride up to 20 mg
J0348	INJECTION ANIDULAFUNGIN 1 MG
J0349	INJECTION REZAFUNGIN 1 MG
J0350	INJECTION ANISTREPLASE PER 30 UNITS
J0360	INJECTION HYDRALAZINE HCL UP TO 20 MG
J0364	Injection apomorphine hydrochloride 1 mg
J0365	INJECTION APROTONIN 10 000 KIU
J0380	INJECTION METARAMINOL BITARTRATE PER 10 MG
J0390	Injection chloroquine hydrochloride up to 250 mg
J0391	INJECTION ARTESUNATE 1 MG
J0395	INJECTION ARBUTAMINE HCL 1 MG
J0400	INJECTION ARIPIPRAZOLE INTRAMUSCULAR 0.25 MG
J0401	INJECTION ARIPIPRAZOLE (ABILIFY MAINTENA) 1 MG
J0402	INJECTION ARIPIPRAZOLE (ABILIFY ASIMTUFII) 1 MG
J0456	INJECTION AZITHROMYCIN 500 MG
J0457	INJECTION AZTREONAM 100 MG
J0461	INJECTION ATROPINE SULFATE 0.01 MG
J0470	INJECTION DIMERCAPROL PER 100 MG
J0475	INJECTION BACLOFEN 10 MG
J0476	INJECTION BACLOFEN 50 MCG FOR INTRATHECAL TRIAL
J0480	INJECTION BASILIXIMAB 20 MG
J0485	INJECTION BELATACEPT 1 MG
J0490	INJECTION BELIMUMAB 10 MG
J0491	INJECTION ANIFROLUMAB-FNIA 1 MG

J0500	INJECTION DICYCLOMINE HCL UP TO 20 MG
J0515	INJECTION BENZTROPINE MESYLATE PER 1 MG
J0517	INJECTION BENRALIZUMAB 1 MG
J0520	Injection bethanechol chloride myotonachol or urecholine up to 5 mg
J0558	INJECTION PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE 100 000 UNITS
J0561	INJECTION PENICILLIN G BENZATHINE 100 000 UNITS
J0565	INJECTION BEZLOTOXUMAB 10 MG
J0567	INJECTION CERLIPONASE ALFA 1 MG
J0570	BUPRENORPHINE IMPLANT 74.2 MG
J0571	BUPRENORPHINE ORAL 1 MG
J0572	BUPRENORPHINE NALOXONE ORAL LESS THAN OR EQUAL TO 3 MG BUPRENORPHINE
J0573	BUPRENORPHINE NALOXONE ORAL GREATER THAN 3 MG BUT LESS THAN OR EQUAL TO 6 MG BUPRENORPHINE
J0574	BUPRENORPHINE NALOXONE ORAL GREATER THAN 6 MG BUT LESS THAN OR EQUAL TO 10 MG BUPRENORPHINE
J0575	BUPRENORPHINE NALOXONE ORAL GREATER THAN 10 MG BUPRENORPHINE
J0576	INJECTION BUPRENORPHINE EXTENDED-RELEASE (BRIXADI) 1 MG
J0577	INJECTION BUPRENORPHINE EXTENDED-RELEASE (BRIXADI) LESS THAN OR EQUAL TO 7 DAYS OF THERAPY
J0578	INJECTION BUPRENORPHINE EXTENDED-RELEASE (BRIXADI) GREATER THAN 7 DAYS AND UP TO 28 DAYS OF THERAPY
J0583	INJECTION BIVALIRUDIN 1 MG
J0584	INJECTION BUROSUMAB-TWZA 1 MG
J0585	INJECTION ONABOTULINUMTOXINA 1 UNIT
J0586	INJECTION ABOBOTULINUMTOXINA 5 UNITS
J0587	INJECTION RIMABOTULINUMTOXINB 100 UNITS
J0588	INJECTION INCOBOTULINUMTOXIN A 1 UNIT
J0589	INJECTION DAXIBOTULINUMTOXINA-LANM 1 UNIT
J0591	INJECTION DEOXYCHOLIC ACID 1 MG
J0592	INJECTION BUPRENORPHINE HYDROCHLORIDE 0.1 MG
J0593	INJECTION LANADELUMAB-FLYO 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER DIRECT S
J0594	INJECTION BUSULFAN 1 MG
J0595	INJECTION BUTORPHANOL TARTRATE 1 MG
J0596	INJECTION C1 ESTERASE INHIBITOR (RECOMBINANT) RUCONEST 10 UNITS

J0597	INJECTION C-1 ESTERASE INHIBITOR (HUMAN) BERINERT 10 UNITS
J0598	INJECTION C-1 ESTERASE INHIBITOR (HUMAN) CINRYZE 10 UNITS
J0599	INJECTION C-1 ESTERASE INHIBITOR (HUMAN) (HAEGARDA) 10 UNITS
J0600	Injection edetate calcium disodium up to 1000 mg
J0601	SEVELAMER CARBONATE (RENVELA OR THERAPEUTICALLY EQUIVALENT) ORAL 20 MG (FOR ESRD ON DIALYSIS)
J0602	SEVELAMER CARBONATE (RENVELA OR THERAPEUTICALLY EQUIVALENT) ORAL POWDER 20 MG (FOR ESRD ON DIALYSIS)
J0603	SEVELAMER HYDROCHLORIDE (RENAGEL OR THERAPEUTICALLY EQUIVALENT) ORAL 20 MG (FOR ESRD ON DIALYSIS)
J0604	CINACALCET ORAL 1 MG (FOR ESRD ON DIALYSIS)
J0605	SUCROFERRIC OXYHYDROXIDE ORAL 5 MG (FOR ESRD ON DIALYSIS)
J0606	INJECTION ETELCALCETIDE 0.1 MG
J0607	LANTHANUM CARBONATE ORAL 5 MG (FOR ESRD ON DIALYSIS)
J0608	LANTHANUM CARBONATE ORAL POWDER 5 MG NOT THERAPEUTICALLY EQUIVALENT TO J0607 (FOR ESRD ON DIALYSIS)
J0609	FERRIC CITRATE ORAL 3 MG FERRIC IRON (FOR ESRD ON DIALYSIS)
J0610	INJECTION CALCIUM GLUCONATE (FRESENIUS KABI) PER 10 ML
J0611	INJECTION CALCIUM GLUCONATE (WG CRITICAL CARE) PER 10 ML
J0612	INJECTION CALCIUM GLUCONATE NOT OTHERWISE SPECIFIED 10 MG
J0613	INJECTION CALCIUM GLUCONATE (WG CRITICAL CARE) NOT THERAPEUTICALLY EQUIVALENT TO J0612 10 MG
J0615	CALCIUM ACETATE ORAL 23 MG (FOR ESRD ON DIALYSIS)
J0616	INJECTION METOPROLOL TARTRATE 1 MG
J0618	INJECTION CALCIUM CHLORIDE 2 MG
J0620	Injection calcium glycerophosphate and calcium lactate per 10 ml
J0630	INJECTION CALCITONIN SALMON UP TO 400 UNITS
J0636	INJECTION CALCITRIOL 0.1 MCG
J0637	INJECTION CASPOFUNGIN ACETATE 5 MG
J0638	INJECTION CANAKINUMAB 1 MG
J0640	INJECTION LEUCOVORIN CALCIUM PER 50 MG
J0641	INJECTION LEVOLEUCOVORIN NOT OTHERWISE SPECIFIED 0.5 MG
J0642	INJECTION LEVOLEUCOVORIN (KHAPZORY) 0.5 MG
J0650	INJECTION LEVOTHYROXINE SODIUM NOT OTHERWISE SPECIFIED 10 MCG

J0651	INJECTION LEVOTHYROXINE SODIUM (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J0650 10 MCG
J0652	INJECTION LEVOTHYROXINE SODIUM (HIKMA) NOT THERAPEUTICALLY EQUIVALENT TO J0650 10 MCG
J0665	INJECTION BUPIVICAINE NOT OTHERWISE SPECIFIED 0.5 MG
J0666	INJECTION BUPIVACAINE LIPOSOME 1 MG
J0670	INJECTION MEPIVACAINE HYDROCHLORIDE PER 10 ML
J0687	INJECTION CEFAZOLIN SODIUM (WG CRITICAL CARE) NOT THERAPEUTICALLY EQUIVALENT TO J0690 500 MG
J0688	INJECTION CEFAZOLIN SODIUM (HIKMA) NOT THERAPEUTICALLY EQUIVALENT TO J0690 500 MG
J0689	INJECTION CEFAZOLIN SODIUM (BAXTER) NOT THERAPEUTICALLY EQUIVALENT TO J0690 500 MG
J0690	INJECTION CEFAZOLIN SODIUM 500 MG
J0691	INJECTION LEFAMULIN 1 MG
J0692	INJECTION CEFEPIME HYDROCHLORIDE 500 MG
J0693	INJECTION CEFIDEROCOL 5 MG
J0694	INJECTION CEFOXITIN SODIUM 1 GM
J0695	INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG
J0696	INJECTION CEFTRIAXONE SODIUM PER 250 MG
J0697	INJECTION STERILE CEFUROXIME SODIUM PER 750 MG
J0698	INJECTION CEFOTAXIME SODIUM PER GM
J0699	INJECTION CEFIDEROCOL 10 MG
J0701	INJECTION CEFEPIME HYDROCHLORIDE (BAXTER) NOT THERAPEUTICALLY EQUIVALENT TO MAXIPIME 500 MG
J0702	INJECTION BETAMETHASONE ACETATE 3 MG AND BETAMETHASONE SODIUM PHOSPHATE 3 MG
J0703	INJECTION CEFEPIME HYDROCHLORIDE (B BRAUN) NOT THERAPEUTICALLY EQUIVALENT TO MAXIPIME 500 MG
J0706	INJECTION CAFFEINE CITRATE 5 MG
J0710	INJECTION CEPHAPIRIN SODIUM UP TO 1 GM
J0712	INJECTION CEFTAROLINE FOSAMIL 10 MG
J0713	INJECTION CEFTAZIDIME PER 500 MG
J0714	INJECTION CEFTAZIDIME AND AVIBACTAM 0.5 G 0.125 G
J0715	INJECTION CEFTIZOXIME SODIUM PER 500 MG
J0716	Injection centruroides immune f(ab)2 up to 120 milligrams
J0717	INJECTION CERTOLIZUMAB PEGOL 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DI
J0720	INJECTION CHLORAMPHENICOL SODIUM SUCCINATE UP TO 1 GM

J0725	INJECTION CHORIONIC GONADOTROPIN PER 1 000 USP UNITS
J0735	INJECTION CLONIDINE HYDROCHLORIDE 1 MG
J0736	INJECTION CLINDAMYCIN PHOSPHATE 300 MG
J0737	INJECTION CLINDAMYCIN PHOSPHATE (BAXTER) NOT THERAPEUTICALLY EQUIVALENT TO J0736 300 MG
J0739	INJECTION CABOTEGRAVIR 1MG FDA APPROVED PRESCRIPTION ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (N
J0740	INJECTION CIDOFOVIR 375 MG
J0741	INJECTION CABOTEGRAVIR AND RILPIVIRINE 2MG 3MG
J0742	INJECTION IMIPENEM 4 MG CILASTATIN 4 MG AND RELEBACTAM 2 MG
J0743	INJECTION CILASTATIN SODIUM IMIPENEM PER 250 MG
J0744	INJECTION CIPROFLOXACIN FOR INTRAVENOUS INFUSION 200 MG
J0745	Injection codeine phosphate per 30 mg
J0750	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG ORAL FDA APPROVED PRESCRIPTION ONLY FOR
J0751	EMTRICITABINE 200MG AND TENOFOVIR ALAFENAMIDE 25MG ORAL FDA APPROVED PRESCRIPTION ONLY FOR USE AS HI
J0770	INJECTION COLISTIMETHATE SODIUM UP TO 150 MG
J0775	INJECTION COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG
J0780	INJECTION PROCHLORPERAZINE UP TO 10 MG
J0791	INJECTION CRIZANLIZUMAB-TMCA 5 MG
J0795	INJECTION CORTICORELIN OVINE TRIFLUTATE 1 MICROGRAM
J0799	FDA APPROVED PRESCRIPTION DRUG ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMEN
J0800	INJECTION CORTICOTROPIN UP TO 40 UNITS
J0801	INJECTION CORTICOTROPIN (ACTHAR GEL) UP TO 40 UNITS
J0802	INJECTION CORTICOTROPIN (ANI) UP TO 40 UNITS
J0834	INJECTION COSYNTROPIN 0.25 MG
J0840	INJECTION CROTALIDAE POLYVALENT IMMUNE FAB (OVINE) UP TO 1 GRAM
J0841	INJECTION CROTALIDAE IMMUNE F(AB)2 (EQUINE) 120 MG
J0850	INJECTION CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN) PER VIAL
J0870	INJECTION IMETELSTAT 1 MG
J0872	INJECTION DAPTOMYCIN (XELLIA) UNREFRIGERATED NOT THERAPEUTICALLY EQUIVALENT TO J0878 OR J0873 1 MG
J0873	INJECTION DAPTOMYCIN (XELLIA) NOT THERAPEUTICALLY EQUIVALENT TO J0878 OR J0872 1 MG

J0874	INJECTION DAPTOMYCIN (BAXTER) NOT THERAPEUTICALLY EQUIVALENT TO J0878 1 MG
J0875	INJECTION DALBAVANCIN 5 MG
J0877	INJECTION DAPTOMYCIN (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J0878 1 MG
J0878	INJECTION DAPTOMYCIN 1 MG
J0879	INJECTION DIFELIKEFALIN 0.1 MICROGRAM (FOR ESRD ON DIALYSIS)
J0881	INJECTION DARBEPOETIN ALFA 1 MICROGRAM (NON-ESRD USE)
J0882	INJECTION DARBEPOETIN ALFA 1 MICROGRAM (FOR ESRD ON DIALYSIS)
J0883	INJECTION ARGATROBAN 1 MG (FOR NON-ESRD USE)
J0884	INJECTION ARGATROBAN 1 MG (FOR ESRD ON DIALYSIS)
J0885	INJECTION EPOETIN ALFA (FOR NON-ESRD USE) 1000 UNITS
J0887	INJECTION EPOETIN BETA 1 MICROGRAM (FOR ESRD ON DIALYSIS)
J0888	INJECTION EPOETIN BETA 1 MICROGRAM (FOR NON ESRD USE)
J0889	DAPRODUSTAT ORAL 1 MG (FOR ESRD ON DIALYSIS)
J0890	Injection peginesatide 0.1 mg (for esrd on dialysis)
J0891	INJECTION ARGATROBAN (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J0883 1 MG (FOR NON-ESRD USE)
J0892	INJECTION ARGATROBAN (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J0884 1 MG (FOR ESRD ON DIALYSIS)
J0893	INJECTION DECITABINE (SUN PHARMA) NOT THERAPEUTICALLY EQUIVALENT TO J0894 1 MG
J0894	INJECTION DECITABINE 1 MG
J0895	INJECTION DEFEROXAMINE MESYLATE 500 MG
J0896	INJECTION LUSPATERCEPT-AAMT 0.25 MG
J0897	INJECTION DENOSUMAB 1 MG
J0898	INJECTION ARGATROBAN (AUROMEDICS) NOT THERAPEUTICALLY EQUIVALENT TO J0883 1 MG (FOR NON-ESRD USE)
J0899	INJECTION ARGATROBAN (AUROMEDICS) NOT THERAPEUTICALLY EQUIVALENT TO J0884 1 MG (FOR ESRD ON DIALYSIS
J0901	VADADUSTAT ORAL 1 MG (FOR ESRD ON DIALYSIS)
J0911	INSTILLATION TAUROLIDINE 1.35 MG AND HEPARIN SODIUM 100 UNITS (CENTRAL VENOUS CATHETER LOCK FOR ADUL
J0945	Injection brompheniramine maleate per 10 mg
J1000	INJECTION DEPO-ESTRADIOL CYPIONATE UP TO 5 MG
J1010	INJECTION METHYLPREDNISOLONE ACETATE 1 MG
J1050	INJECTION MEDROXYPROGESTERONE ACETATE 1 MG

J1071	INJECTION TESTOSTERONE CYPIONATE 1 MG
J1072	INJECTION TESTOSTERONE CYPIONATE (AZMIRO) 1 MG
J1094	INJECTION DEXAMETHASONE ACETATE 1 MG
J1095	INJECTION DEXAMETHASONE 9 PERCENT INTRAOCULAR 1 MICROGRAM
J1096	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG
J1097	PHENYLEPHRINE 10.16 MG ML AND KETOROLAC 2.88 MG ML OPHTHALMIC IRRIGATION SOLUTION 1 ML
J1100	INJECTION DEXAMETHASONE SODIUM PHOSPHATE 1 MG
J1105	DEXMEDETOMIDINE ORAL 1 MCG
J1110	INJECTION DIHYDROERGOTAMINE MESYLATE PER 1 MG
J1120	INJECTION ACETAZOLAMIDE SODIUM UP TO 500 MG
J1130	INJECTION DICLOFENAC SODIUM 0.5 MG
J1160	INJECTION DIGOXIN UP TO 0.5 MG
J1162	INJECTION DIGOXIN IMMUNE FAB (OVINE) PER VIAL
J1163	INJECTION DILTIAZEM HYDROCHLORIDE 0.5 MG
J1165	INJECTION PHENYTOIN SODIUM PER 50 MG
J1170	INJECTION HYDROMORPHONE UP TO 4 MG
J1171	INJECTION HYDROMORPHONE 0.1 MG
J1180	Injection dyphylline up to 500 mg
J1190	INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG
J1200	INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG
J1201	INJECTION CETIRIZINE HYDROCHLORIDE 0.5 MG
J1202	MIGLUSTAT ORAL 65 MG
J1203	INJECTION CIPAGLUCOSIDASE ALFA-ATGA 5 MG
J1205	INJECTION CHLOROTHIAZIDE SODIUM PER 500 MG
J1212	INJECTION DMSO DIMETHYL SULFOXIDE 50% 50 ML
J1230	INJECTION METHADONE HCL UP TO 10 MG
J1240	INJECTION DIMENHYDRINATE UP TO 50 MG
J1245	INJECTION DIPYRIDAMOLE PER 10 MG
J1246	INJECTION DINUTUXIMAB 0.1 MG
J1250	INJECTION DOBUTAMINE HYDROCHLORIDE PER 250 MG
J1260	INJECTION DOLASETRON MESYLATE 10 MG
J1265	INJECTION DOPAMINE HCL 40 MG
J1267	INJECTION DORIPENEM 10 MG
J1270	INJECTION DOXERCALCIFEROL 1 MCG

J1271	INJECTION DOXYCYCLINE HYCLATE 1 MG
J1290	INJECTION ECALLANTIDE 1 MG
J1299	INJECTION ECULIZUMAB 2 MG
J1300	INJECTION ECULIZUMAB 10 MG
J1301	INJECTION EDARAVONE 1 MG
J1302	INJECTION SUTIMLIMAB-JOME 10 MG
J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG
J1304	INJECTION TOFERSEN 1 MG
J1305	INJECTION EVINACUMAB-DGNB 5MG
J1306	INJECTION INCLISIRAN 1 MG
J1307	INJECTION CROVALIMAB-AKKZ 10 MG
J1308	INJECTION FAMOTIDINE 0.25 MG
J1320	Injection amitriptyline hcl up to 20 mg
J1322	INJECTION ELOSULFASE ALFA 1 MG
J1323	INJECTION ELRANATAMAB-BCMM 1 MG
J1324	Injection enfuvirtide 1 mg
J1325	INJECTION EPOPROSTENOL 0.5 MG
J1326	INJECTION ZOLBETUXIMAB-CLZB 2 MG
J1327	Injection eptifibatide 5 mg
J1330	INJECTION ERGONOVINE MALEATE UP TO 0.2 MG
J1335	INJECTION ERTAPENEM SODIUM 500 MG
J1364	INJECTION ERYTHROMYCIN LACTOBIONATE PER 500 MG
J1380	INJECTION ESTRADIOL VALERATE UP TO 10 MG
J1410	INJECTION ESTROGEN CONJUGATED PER 25 MG
J1411	INJECTION ETRANACOGENE DEZAPARVOVEC-DRLB PER THERAPEUTIC DOSE
J1412	INJECTION VALOCTOCOGENE ROXAPARVOVEC-RVOX PER ML CONTAINING NOMINAL 2 X 10^13 VECTOR GENOMES
J1413	INJECTION DELANDISTROGENE MOXEPARVOVEC-ROKL PER THERAPEUTIC DOSE
J1414	INJECTION FIDANACOGENE ELAPARVOVEC-DZKT PER THERAPEUTIC DOSE
J1426	INJECTION CASIMERSEN 10 MG
J1427	INJECTION VILTOLARSEN 10 MG
J1428	INJECTION ETEPLIRSEN 10 MG
J1429	INJECTION GOLODIRSEN 10 MG
J1430	INJECTION ETHANOLAMINE OLEATE 100 MG

J1434	INJECTION FOSAPREPITANT (FOCINVEZ) 1 MG
J1435	Injection estrone per 1 mg
J1436	Injection etidronate disodium per 300 mg
J1437	INJECTION FERRIC DERISOMALTOSE 10 MG
J1438	INJECTION ETANERCEPT 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SU
J1439	INJECTION FERRIC CARBOXYMALTOSE 1 MG
J1440	FECAL MICROBIOTA LIVE - JSLM 1 ML
J1442	INJECTION FILGRASTIM (G-CSF) EXCLUDES BIOSIMILARS 1 MICROGRAM
J1443	INJECTION FERRIC PYROPHOSPHATE CITRATE SOLUTION (TRIFERIC) 0.1 MG OF IRON
J1444	INJECTION FERRIC PYROPHOSPHATE CITRATE POWDER 0.1 MG OF IRON
J1445	INJECTION FERRIC PYROPHOSPHATE CITRATE SOLUTION (TRIFERIC AVNU) 0.1 MG OF IRON
J1447	INJECTION TBO-FILGRASTIM 1 MICROGRAM
J1448	INJECTION TRILACICLIB 1MG
J1449	INJECTION EFLAPEGRASTIM-XNST 0.1 MG
J1450	INJECTION FLUCONAZOLE 200 MG
J1451	Injection fomepizole 15 mg
J1452	INJECTION FOMIVIRSEN SODIUM INTRAOCULAR 1.65 MG
J1453	INJECTION FOSAPREPITANT 1 MG
J1454	INJECTION FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG
J1455	Injection foscarnet sodium per 1000 mg
J1456	INJECTION FOSAPREPITANT (TEVA) NOT THERAPEUTICALLY EQUIVALENT TO J1453 1 MG
J1457	INJECTION GALLIUM NITRATE 1 MG
J1458	INJECTION GALSULFASE 1 MG
J1459	INJECTION IMMUNE GLOBULIN (PRIVIGEN) INTRAVENOUS NON-LYOPHILIZED (E.G. LIQUID) 500 MG
J1460	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC
J1551	INJECTION IMMUNE GLOBULIN (CUTAQUIG) 100 MG
J1552	INJECTION IMMUNE GLOBULIN (ALYGLO) 500 MG
J1554	INJECTION IMMUNE GLOBULIN (ASCENIV) 500 MG
J1555	INJECTION IMMUNE GLOBULIN (CUVITRU) 100 MG
J1556	INJECTION IMMUNE GLOBULIN (BIVIGAM) 500 MG
J1557	INJECTION IMMUNE GLOBULIN (GAMMAPLEX) INTRAVENOUS NON-LYOPHILIZED (E.G. LIQUID) 500 MG
J1558	INJECTION IMMUNE GLOBULIN (XEMBIFY) 100 MG
J1559	INJECTION IMMUNE GLOBULIN (HIZENTRA) 100 MG

J1560	INJECTION GAMMA GLOBULIN INTRAMUSCULAR OVER 10 CC
J1561	INJECTION IMMUNE GLOBULIN (GAMUNEX-C GAMMAKED) NON-LYOPHILIZED (E.G. LIQUID) 500 MG
J1562	INJECTION IMMUNE GLOBULIN (VIVAGLOBIN) 100 MG
J1566	INJECTION IMMUNE GLOBULIN INTRAVENOUS LYOPHILIZED (E.G. POWDER) NOT OTHERWISE SPECIFIED 500 MG
J1568	INJECTION IMMUNE GLOBULIN (OCTAGAM) INTRAVENOUS NON-LYOPHILIZED (E.G. LIQUID) 500 MG
J1569	INJECTION IMMUNE GLOBULIN (GAMMAGARD LIQUID) NON-LYOPHILIZED (E.G. LIQUID) 500 MG
J1570	INJECTION GANCICLOVIR SODIUM 500 MG
J1571	INJECTION HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B) INTRAMUSCULAR 0.5 ML
J1572	INJECTION IMMUNE GLOBULIN (FLEBOGAMMA FLEBOGAMMA DIF) INTRAVENOUS NON-LYOPHILIZED (E.G. LIQUID) 500
J1573	Injection hepatitis b immune globulin (hepagam b) intravenous 0.5 ml
J1574	INJECTION GANCICLOVIR SODIUM (EXELA) NOT THERAPEUTICALLY EQUIVALENT TO J1570 500 MG
J1575	INJECTION IMMUNE GLOBULIN HYALURONIDASE (HYQVIA) 100 MG IMMUNEGLOBULIN
J1576	INJECTION IMMUNE GLOBULIN (PANZYGA) INTRAVENOUS NON-LYOPHILIZED (E.G. LIQUID) 500 MG
J1580	INJECTION GARAMYCIN GENTAMICIN UP TO 80 MG
J1595	Injection glatiramer acetate 20 mg
J1596	INJECTION GLYCOPYRROLATE 0.1 MG
J1597	INJECTION GLYCOPYRROLATE (GLYRX-PF) 0.1 MG
J1598	INJECTION GLYCOPYRROLATE (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J1596 0.1 MG
J1599	Injection immune globulin intravenous non-lyophilized (e.g. liquid) not otherwise specified 500 mg
J1600	INJECTION GOLD SODIUM THIOMALATE UP TO 50 MG
J1602	INJECTION GOLIMUMAB 1 MG FOR INTRAVENOUS USE
J1610	INJECTION GLUCAGON HYDROCHLORIDE PER 1 MG
J1611	INJECTION GLUCAGON HYDROCHLORIDE (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J1610 PER 1 MG
J1620	INJECTION GONADORELIN HYDROCHLORIDE PER 100 MCG
J1626	INJECTION GRANISETRON HYDROCHLORIDE 100 MCG
J1627	INJECTION GRANISETRON EXTENDED-RELEASE 0.1 MG
J1628	INJECTION GUSELKUMAB 1 MG
J1630	INJECTION HALOPERIDOL UP TO 5 MG
J1631	INJECTION HALOPERIDOL DECANOATE PER 50 MG
J1632	INJECTION BREXANOLONE 1 MG
J1640	INJECTION HEMIN 1 MG

J1642	INJECTION HEPARIN SODIUM (HEPARIN LOCK FLUSH) PER 10 UNITS
J1643	INJECTION HEPARIN SODIUM (PFIZER) NOT THERAPEUTICALLY EQUIVALENT TO J1644 PER 1000 UNITS
J1644	INJECTION HEPARIN SODIUM PER 1000 UNITS
J1645	INJECTION DALTEPARIN SODIUM PER 2500 IU
J1650	INJECTION ENOXAPARIN SODIUM 10 MG
J1652	INJECTION FONDAPARINUX SODIUM 0.5 MG
J1655	INJECTION TINZAPARIN SODIUM 1000 IU
J1670	INJECTION TETANUS IMMUNE GLOBULIN HUMAN UP TO 250 UNITS
J1675	Injection histrelin acetate 10 micrograms
J1700	Injection hydrocortisone acetate up to 25 mg
J1710	INJECTION HYDROCORTISONE SODIUM PHOSPHATE UP TO 50 MG
J1720	INJECTION HYDROCORTISONE SODIUM SUCCINATE UP TO 100 MG
J1726	INJECTION HYDROXYPROGESTERONE CAPROATE (MAKENA) 10 MG
J1729	INJECTION HYDROXYPROGESTERONE CAPROATE NOT OTHERWISE SPECIFIED 10 MG
J1730	Injection diazoxide up to 300 mg
J1738	INJECTION MELOXICAM 1 MG
J1740	INJECTION IBANDRONATE SODIUM 1 MG
J1741	Injection ibuprofen 100 mg
J1742	INJECTION IBUTILIDE FUMARATE 1 MG
J1743	INJECTION IDURSULFASE 1 MG
J1744	Injection icatibant 1 mg
J1745	INJECTION INFLIXIMAB EXCLUDES BIOSIMILAR 10 MG
J1746	INJECTION IBALIZUMAB-UIYK 10 MG
J1747	INJECTION SPESOLIMAB-SBZO 1 MG
J1748	INJECTION INFLIXIMAB-DYYB (ZYMFENTRA) 10 MG
J1749	INJECTION ILOPROST 0.1 MCG
J1750	INJECTION IRON DEXTRAN 50 MG
J1756	INJECTION IRON SUCROSE 1 MG
J1786	INJECTION IMIGLUCERASE 10 UNITS
J1790	INJECTION DROPERIDOL UP TO 5 MG
J1800	INJECTION PROPRANOLOL HCL UP TO 1 MG
J1805	INJECTION ESMOLOL HYDROCHLORIDE 10 MG
J1806	INJECTION ESMOLOL HYDROCHLORIDE (WG CRITICAL CARE) NOT THERAPEUTICALLY EQUIVALENT TO J1805 10 MG

J1808	INJECTION FOLIC ACID 0.1 MG
J1810	INJECTION DROPERIDOL AND FENTANYL CITRATE UP TO 2 ML AMPULE
J1811	INSULIN (FIASP) FOR ADMINISTRATION THROUGH DME (I.E. INSULIN PUMP) PER 50 UNITS
J1812	INSULIN (FIASP) PER 5 UNITS
J1813	INSULIN (LYUMJEV) FOR ADMINISTRATION THROUGH DME (I.E. INSULIN PUMP) PER 50 UNITS
J1814	INSULIN (LYUMJEV) PER 5 UNITS
J1815	INJECTION INSULIN PER 5 UNITS
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E. INSULIN PUMP) PER 50 UNITS
J1823	INJECTION INEBILIZUMAB-CDON 1 MG
J1826	Injection interferon beta-1a 30 mcg
J1830	INJECTION INTERFERON BETA-1B 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE
J1833	INJECTION ISAVUCONAZONIUM 1 MG
J1835	Injection itraconazole 50 mg
J1836	INJECTION METRONIDAZOLE 10 MG
J1840	INJECTION KANAMYCIN SULFATE UP TO 500 MG
J1850	INJECTION KANAMYCIN SULFATE UP TO 75 MG
J1885	INJECTION KETOROLAC TROMETHAMINE PER 15 MG
J1890	INJECTION CEPHALOTHIN SODIUM UP TO 1 GRAM
J1920	INJECTION LABETALOL HYDROCHLORIDE 5 MG
J1921	INJECTION LABETALOL HYDROCHLORIDE (HIKMA) NOT THERAPEUTICALLY EQUIVALENT TO J1920 5 MG
J1930	INJECTION LANREOTIDE 1 MG
J1931	INJECTION LARONIDASE 0.1 MG
J1932	INJECTION LANREOTIDE (CIPLA) 1 MG
J1938	INJECTION FUROSEMIDE 1 MG
J1939	INJECTION BUMETANIDE 0.5 MG
J1940	INJECTION FUROSEMIDE UP TO 20 MG
J1941	INJECTION FUROSEMIDE (FUROSCIX) 20 MG
J1943	INJECTION ARIPIPRAZOLE LAUROXIL (ARISTADA INITIO) 1 MG
J1944	INJECTION ARIPIPRAZOLE LAUROXIL (ARISTADA) 1 MG
J1945	INJECTION LEPIRUDIN 50 MG
J1950	INJECTION LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) PER 3.75 MG
J1951	INJECTION LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (FENSOLVI) 0.25 MG
J1952	LEUPROLIDE INJECTABLE CAMCEVI 1 MG

J1953	INJECTION LEVETIRACETAM 10 MG
J1954	INJECTION LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (LUTRATE DEPOT) 7.5 MG
J1955	INJECTION LEVOCARNITINE PER 1 GM
J1956	INJECTION LEVOFLOXACIN 250 MG
J1960	Injection levorphanol tartrate up to 2 mg
J1961	INJECTION LENACAPAVIR (ONLY FOR USE AS HIV TREATMENT) 1 MG
J1980	INJECTION HYOSCYAMINE SULFATE UP TO 0.25 MG
J1990	Injection chlordiazepoxide hcl up to 100 mg
J2001	INJECTION LIDOCAINE HCL FOR INTRAVENOUS INFUSION 10 MG
J2002	INJECTION LIDOCAINE HCL IN 5% DEXTROSE 1 MG
J2003	INJECTION LIDOCAINE HYDROCHLORIDE 1 MG
J2004	INJECTION LIDOCAINE HCL WITH EPINEPHRINE 1 MG
J2010	INJECTION LINCOMYCIN HCL UP TO 300 MG
J2020	INJECTION LINEZOLID 200 MG
J2021	INJECTION LINEZOLID (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J2020 200 MG
J2060	INJECTION LORAZEPAM 2 MG
J2062	LOXAPINE FOR INHALATION 1 MG
J2150	INJECTION MANNITOL 25% IN 50 ML
J2170	Injection mecasermin 1 mg
J2175	INJECTION MEPERIDINE HYDROCHLORIDE PER 100 MG
J2180	Injection meperidine and promethazine hcl up to 50 mg
J2182	INJECTION MEPOLIZUMAB 1 MG
J2183	INJECTION MEROPENEM (WG CRITICAL CARE) NOT THERAPEUTICALLY EQUIVALENT TO J2185 100 MG
J2184	INJECTION MEROPENEM (B. BRAUN) NOT THERAPEUTICALLY EQUIVALENT TO J2185 100 MG
J2185	INJECTION MEROPENEM 100 MG
J2186	INJECTION MEROPENEM AND VABORBACTAM 10MG 10MG (20MG)
J2210	INJECTION METHYLERGONOVINE MALEATE UP TO 0.2 MG
J2212	Injection methylnaltrexone 0.1 mg
J2246	INJECTION MICAFUNGIN IN SODIUM (BAXTER) NOT THERAPEUTICALLY EQUIVALENT TO J2248 1 MG
J2247	INJECTION MICAFUNGIN SODIUM (PAR PHARM) NOT THEREAPEUTICALLY EQUIVALENT TO J2248 1 MG
J2248	INJECTION MICAFUNGIN SODIUM 1 MG
J2249	INJECTION REMIMAZOLAM 1 MG
J2250	INJECTION MIDAZOLAM HYDROCHLORIDE PER 1 MG

J2251	INJECTION MIDAZOLAM IN 0.9% SODIUM CHLORIDE INTRAVENOUS NOT THERAPEUTICALLY EQUIVALENT TO J2250 1 MG
J2252	INJECTION MIDAZOLAM IN 0.8% SODIUM CHLORIDE INTRAVENOUS NOT THERAPEUTICALLY EQUIVALENT TO J2250 1 MG
J2253	INJECTION MIDAZOLAM (SEIZALAM) 1 MG
J2260	INJECTION MILRINONE LACTATE 5 MG
J2265	INJECTION MINOCYCLINE HYDROCHLORIDE 1 MG
J2267	INJECTION MIRIKIZUMAB-MRKZ 1 MG
J2270	INJECTION MORPHINE SULFATE UP TO 10 MG
J2272	INJECTION MORPHINE SULFATE (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J2270 UP TO 10 MG
J2274	INJECTION MORPHINE SULFATE PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE 10 MG
J2277	INJECTION MOTIXAFORTIDE 0.25 MG
J2278	INJECTION ZICONOTIDE 1 MICROGRAM
J2280	INJECTION MOXIFLOXACIN 100 MG
J2281	INJECTION MOXIFLOXACIN (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J2280 100 MG
J2290	INJECTION NAFCILLIN SODIUM 20 MG
J2300	INJECTION NALBUPHINE HYDROCHLORIDE PER 10 MG
J2305	INJECTION NITROGLYCERIN 5 MG
J2310	INJECTION NALOXONE HYDROCHLORIDE PER 1 MG
J2311	INJECTION NALOXONE HYDROCHLORIDE (ZIMHI) 1 MG
J2312	INJECTION NALOXONE HYDROCHLORIDE NOT OTHERWISE SPECIFIED 0.01 MG
J2313	INJECTION NALOXONE HYDROCHLORIDE (ZIMHI) 0.01 MG
J2315	INJECTION NALTREXONE DEPOT FORM 1 MG
J2320	Injection nandrolone decanoate up to 50 mg
J2323	INJECTION NATALIZUMAB 1 MG
J2325	Injection nesiritide 0.1 mg
J2326	INJECTION NUSINERSEN 0.1 MG
J2327	INJECTION RISANKIZUMAB-RZAA INTRAVENOUS 1 MG
J2329	INJECTION UBLITUXIMAB-XIIY 1MG
J2350	INJECTION OCRELIZUMAB 1 MG
J2351	INJECTION OCRELIZUMAB 1 MG AND HYALURONIDASE-OCSQ
J2353	INJECTION OCTREOTIDE DEPOT FORM FOR INTRAMUSCULAR INJECTION 1 MG
J2354	INJECTION OCTREOTIDE NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION 25 MCG

J2355	INJECTION OPRELVEKIN 5 MG
J2356	INJECTION TEZEPELUMAB-EKKO 1 MG
J2357	INJECTION OMALIZUMAB 5 MG
J2358	INJECTION OLANZAPINE LONG-ACTING 1 MG
J2359	INJECTION OLANZAPINE 0.5 MG
J2360	INJECTION ORPHENADRINE CITRATE UP TO 60 MG
J2370	INJECTION PHENYLEPHRINE HCL UP TO 1 ML
J2371	INJECTION PHENYLEPHRINE HYDROCHLORIDE 20 MICROGRAMS
J2372	INJECTION PHENYLEPHRINE HYDROCHLORIDE (BIORPHEN) 20 MICROGRAMS
J2373	INJECTION PHENYLEPHRINE HYDROCHLORIDE (IMMPHENTIV) 20 MICROGRAMS
J2401	INJECTION CHLOROPROCAINE HYDROCHLORIDE PER 1 MG
J2402	INJECTION CHLOROPROCAINE HYDROCHLORIDE (CLOROTEKAL) PER 1 MG
J2403	CHLOROPROCAINE HCL OPHTHALMIC 3% GEL 1 MG
J2404	INJECTION NICARDIPINE 0.1 MG
J2405	INJECTION ONDANSETRON HYDROCHLORIDE PER 1 MG
J2406	INJECTION ORITAVANCIN (KIMYRSA) 10 MG
J2407	INJECTION ORITAVANCIN (ORBACTIV) 10 MG
J2410	INJECTION OXYMORPHONE HCL UP TO 1 MG
J2425	INJECTION PALIFERMIN 50 MICROGRAMS
J2426	INJECTION PALIPERIDONE PALMITATE EXTENDED RELEASE (INVEGA SUSTENNA) 1 MG
J2427	INJECTION PALIPERIDONE PALMITATE EXTENDED RELEASE (INVEGA HAFYERA OR INVEGA TRINZA) 1 MG
J2428	INJECTION PALIPERIDONE PALMITATE EXTENDED RELEASE (ERZOFRI) 1 MG
J2430	INJECTION PAMIDRONATE DISODIUM PER 30 MG
J2440	Injection papaverine hcl up to 60 mg
J2460	Injection oxytetracycline hcl up to 50 mg
J2468	INJECTION PALONOSETRON HYDROCHLORIDE (POSFREA) 25 MICROGRAMS
J2469	INJECTION PALONOSETRON HCL 25 MCG
J2470	INJECTION PANTOPRAZOLE SODIUM 40 MG
J2471	INJECTION PANTOPRAZOLE (HIKMA) NOT THERAPEUTICALLY EQUIVALENT TO J2470 40 MG
J2472	INJECTION PANTOPRAZOLE SODIUM IN SODIUM CHLORIDE (BAXTER) 40 MG
J2501	INJECTION PARICALCITOL 1 MCG
J2502	INJECTION PASIREOTIDE LONG ACTING 1 MG
J2503	INJECTION PEGAPTANIB SODIUM 0.3 MG
J2504	INJECTION PEGADEMASE BOVINE 25 IU

J2505	INJECTION PEGFILGRASTIM 6 MG
J2506	INJECTION PEGFILGRASTIM EXCLUDES BIOSIMILAR 0.5 MG
J2507	INJECTION PEGLOTICASE 1 MG
J2508	INJECTION PEGUNIGALSIDASE ALFA-IWXJ 1 MG
J2510	INJECTION PENICILLIN G PROCAINE AQUEOUS UP TO 600 000 UNITS
J2513	INJECTION PENTASTARCH 10% SOLUTION 100 ML
J2515	INJECTION PENTOBARBITAL SODIUM PER 50 MG
J2540	INJECTION PENICILLIN G POTASSIUM UP TO 600 000 UNITS
J2543	INJECTION PIPERACILLIN SODIUM TAZOBACTAM SODIUM 1 GRAM 0.125 GRAMS (1.125 GRAMS)
J2545	PENTAMIDINE ISETHIONATE INHALATION SOLUTION FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED T
J2547	INJECTION PERAMIVIR 1 MG
J2550	INJECTION PROMETHAZINE HCL UP TO 50 MG
J2560	INJECTION PHENOBARBITAL SODIUM UP TO 120 MG
J2561	INJECTION PHENOBARBITAL SODIUM (SEZABY) 1 MG
J2562	INJECTION PLERIXAFOR 1 MG
J2590	Injection oxytocin up to 10 units
J2597	INJECTION DESMOPRESSIN ACETATE PER 1 MCG
J2598	INJECTION VASOPRESSIN 1 UNIT
J2599	INJECTION VASOPRESSIN (AMERICAN REGENT) NOT THERAPEUTICALLY EQUIVALENT TO J2598 1 UNIT
J2601	INJECTION VASOPRESSIN (BAXTER) 1 UNIT
J2650	Injection prednisolone acetate up to 1 ml
J2670	Injection tolazoline hcl up to 25 mg
J2675	INJECTION PROGESTERONE PER 50 MG
J2679	INJECTION FLUPHENAZINE HCL 1.25 MG
J2680	INJECTION FLUPHENAZINE DECANOATE UP TO 25 MG
J2690	INJECTION PROCAINAMIDE HCL UP TO 1 GM
J2700	INJECTION OXACILLIN SODIUM UP TO 250 MG
J2704	INJECTION PROPOFOL 10 MG
J2710	Injection neostigmine methylsulfate up to 0.5 mg
J2720	INJECTION PROTAMINE SULFATE PER 10 MG
J2724	INJECTION PROTEIN C CONCENTRATE INTRAVENOUS HUMAN 10 IU
J2725	Injection protirelin per 250 mcg
J2730	INJECTION PRALIDOXIME CHLORIDE UP TO 1 GM

J2760	INJECTION PHENTOLAMINE MESYLATE UP TO 5 MG
J2765	INJECTION METOCLOPRAMIDE HCL UP TO 10 MG
J2770	INJECTION QUINUPRISTIN DALFOPRISTIN 500 MG (150 350)
J2777	INJECTION FARICIMAB-SVOA 0.1 MG
J2778	INJECTION RANIBIZUMAB 0.1 MG
J2779	INJECTION RANIBIZUMAB VIA INTRAVITREAL IMPLANT (SUSVIMO) 0.1 MG
J2780	INJECTION RANITIDINE HYDROCHLORIDE 25 MG
J2781	INJECTION PEGCETACOPLAN INTRAVITREAL 1 MG
J2782	INJECTION AVACINCAPTAD PEGOL 0.1 MG
J2783	INJECTION RASBURICASE 0.5 MG
J2785	INJECTION REGADENOSON 0.1 MG
J2786	INJECTION RESLIZUMAB 1 MG
J2787	RIBOFLAVIN 5 PHOS OPTH =3ML
J2788	INJECTION RHO D IMMUNE GLOBULIN HUMAN MINIDOSE 50 MICROGRAMS (250 I.U.)
J2790	INJECTION RHO D IMMUNE GLOBULIN HUMAN FULL DOSE 300 MICROGRAMS (1500 I.U.)
J2791	INJECTION RHO(D) IMMUNE GLOBULIN (HUMAN) (RHOPHYLAC) INTRAMUSCULAR OR INTRAVENOUS 100 IU
J2792	INJECTION RHO D IMMUNE GLOBULIN INTRAVENOUS HUMAN SOLVENT DETERGENT 100 IU
J2793	Injection rilonacept 1 mg
J2794	INJECTION RISPERIDONE (RISPERDAL CONSTA) 0.5 MG
J2795	INJECTION ROPIVACAINE HYDROCHLORIDE 1 MG
J2796	INJECTION ROMIPLOSTIM 10 MICROGRAMS
J2797	INJECTION ROLAPITANT 0.5 MG
J2798	INJECTION RISPERIDONE (PERSERIS) 0.5 MG
J2799	INJECTION RISPERIDONE (UZEDY) 1 MG
J2800	INJECTION METHOCARBAMOL UP TO 10 ML
J2801	INJECTION RISPERIDONE (RYKINDO) 0.5 MG
J2802	INJECTION ROMIPLOSTIM 1 MICROGRAM
J2804	INJECTION RIFAMPIN 1 MG
J2805	INJECTION SINCALIDE 5 MICROGRAMS
J2806	INJECTION SINCALIDE (MAIA) NOT THERAPEUTICALLY EQUIVALENT TO J2805 5 MICROGRAMS
J2810	INJECTION THEOPHYLLINE PER 40 MG
J2820	INJECTION SARGRAMOSTIM (GM-CSF) 50 MCG
J2840	INJECTION SEBELIPASE ALFA 1 MG
J2850	INJECTION SECRETIN SYNTHETIC HUMAN 1 MICROGRAM

J2860	INJECTION SILTUXIMAB 10 MG
J2865	INJECTION SULFAMETHOXAZOLE 5 MG AND TRIMETHOPRIM 1 MG
J2910	INJECTION AUROTHIOGLUCOSE UP TO 50 MG
J2916	INJECTION SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION 12.5 MG
J2919	INJECTION METHYLPREDNISOLONE SODIUM SUCCINATE 5 MG
J2920	INJECTION METHYLPREDNISOLONE SODIUM SUCCINATE UP TO 40 MG
J2930	INJECTION METHYLPREDNISOLONE SODIUM SUCCINATE UP TO 125 MG
J2940	INJECTION SOMATREM 1 MG
J2941	Injection somatropin 1 mg
J2950	Injection promazine hcl up to 25 mg
J2993	INJECTION RETEPLASE 18.1 MG
J2995	INJECTION STREPTOKINASE PER 250 000 IU
J2997	INJECTION ALTEPLASE RECOMBINANT 1 MG
J2998	INJECTION PLASMINOGEN HUMAN-TVMH 1 MG
J3000	INJECTION STREPTOMYCIN UP TO 1 GM
J3010	INJECTION FENTANYL CITRATE 0.1 MG
J3030	INJECTION SUMATRIPTAN SUCCINATE 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE
J3031	INJECTION FREMANEZUMAB-VFRM 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIR
J3032	INJECTION EPTINEZUMAB-JJMR 1 MG
J3055	INJECTION TALQUETAMAB-TGVS 0.25 MG
J3060	INJECTION TALIGLUCERASE ALFA 10 UNITS
J3070	INJECTION PENTAZOCINE 30 MG
J3090	INJECTION TEDIZOLID PHOSPHATE 1 MG
J3095	INJECTION TELAVANCIN 10 MG
J3101	INJECTION TENECTEPLASE 1 MG
J3105	INJECTION TERBUTALINE SULFATE UP TO 1 MG
J3110	Injection teriparatide 10 mcg
J3111	INJECTION ROMOSOZUMAB-AQQG 1 MG
J3121	INJECTION TESTOSTERONE ENANTHATE 1 MG
J3145	INJECTION TESTOSTERONE UNDECANOATE 1 MG
J3230	INJECTION CHLORPROMAZINE HCL UP TO 50 MG
J3240	INJECTION THYROTROPIN ALPHA 0.9 MG PROVIDED IN 1.1 MG VIAL

J3241	INJECTION TEPROTUMUMAB-TRBW 10 MG
J3243	INJECTION TIGECYCLINE 1 MG
J3244	INJECTION TIGECYCLINE (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J3243 1 MG
J3245	INJECTION TILDRAKIZUMAB 1 MG
J3246	INJECTION TIROFIBAN HCL 0.25 MG
J3247	INJECTION SECUKINUMAB INTRAVENOUS 1 MG
J3250	INJECTION TRIMETHOBENZAMIDE HCL UP TO 200 MG
J3260	INJECTION TOBRAMYCIN SULFATE UP TO 80 MG
J3262	INJECTION TOCILIZUMAB 1 MG
J3263	INJECTION TORIPALIMAB-TPZI 1 MG
J3265	Injection torsemide 10 mg ml
J3280	INJECTION THIETHYLPERAZINE MALEATE UP TO 10 MG
J3285	INJECTION TREPROSTINIL 1 MG
J3299	INJECTION TRIAMCINOLONE ACETONIDE (XIPERE) 1 MG
J3300	INJECTION TRIAMCINOLONE ACETONIDE PRESERVATIVE FREE 1 MG
J3301	INJECTION TRIAMCINOLONE ACETONIDE NOT OTHERWISE SPECIFIED 10 MG
J3302	INJECTION TRIAMCINOLONE DIACETATE PER 5 MG
J3303	INJECTION TRIAMCINOLONE HEXACETONIDE PER 5 MG
J3304	INJECTION TRIAMCINOLONE ACETONIDE PRESERVATIVE-FREE EXTENDED-RELEASE MICROSPHERE FORMULATION 1 MG
J3305	INJECTION TRIMETREXATE GLUCURONATE PER 25 MG
J3310	INJECTION PERPHENAZINE UP TO 5 MG
J3315	INJECTION TRIPTORELIN PAMOATE 3.75 MG
J3316	INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG
J3320	INJECTION SPECTINOMYCIN DIHYDROCHLORIDE UP TO 2 GM
J3350	INJECTION UREA UP TO 40 GM
J3355	INJECTION UROFOLLITROPIN 75 IU
J3357	USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG
J3358	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG
J3360	INJECTION DIAZEPAM UP TO 5 MG
J3364	INJECTION UROKINASE 5000 IU VIAL
J3365	INJECTION IV UROKINASE 250 000 I.U. VIAL
J3370	INJECTION VANCOMYCIN HCL 500 MG
J3371	INJECTION VANCOMYCIN HCL (MYLAN) NOT THERAPEUTICALLY EQUIVALENT TO J3370 500 MG

J3372	INJECTION VANCOMYCIN HCL (XELLIA) NOT THERAPEUTICALLY EQUIVALENT TO J3370 500 MG
J3373	INJECTION VANCOMYCIN HYDROCHLORIDE 10 MG
J3374	INJECTION VANCOMYCIN HYDROCHLORIDE (MYLAN) NOT THERAPEUTICALLY EQUIVALENT TO J3373 10 MG
J3375	INJECTION VANCOMYCIN HYDROCHLORIDE (XELLIA) NOT THERAPEUTICALLY EQUIVALENT TO J3373 10 MG
J3380	INJECTION VEDOLIZUMAB INTRAVENOUS 1 MG
J3385	INJECTION VELAGLUCERASE ALFA 100 UNITS
J3391	INJECTION ATIDARSAGENE AUTOTEMCEL PER TREATMENT
J3392	INJECTION EXAGAMGLOGENE AUTOTEMCEL PER TREATMENT
J3393	INJECTION BETIBEGLOGENE AUTOTEMCEL PER TREATMENT
J3394	INJECTION LOVOTIBEGLOGENE AUTOTEMCEL PER TREATMENT
J3396	INJECTION VERTEPORFIN 0.1 MG
J3397	INJECTION VESTRONIDASE ALFA-VJBK 1 MG
J3398	INJECTION VORETIGENE NEPARVOVEC-RZYL 1 BILLION VECTOR GENOMES
J3399	INJECTION ONASEMNOGENE ABEPARVOVEC-XIOI PER TREATMENT UP TO 5X10^15 VECTOR GENOMES
J3400	INJECTION TRIFLUPROMAZINE HCL UP TO 20 MG
J3401	BEREMAGENE GEPERPAVEC-SVDT FOR TOPICAL ADMINISTRATION CONTAINING NOMINAL 5 X 10^9 PFU ML VECTOR GENO
J3410	INJECTION HYDROXYZINE HCL UP TO 25 MG
J3411	INJECTION THIAMINE HCL 100 MG
J3415	INJECTION PYRIDOXINE HCL 100 MG
J3420	INJECTION VITAMIN B-12 CYANOCOBALAMIN UP TO 1000 MCG
J3424	INJECTION HYDROXOCOBALAMIN INTRAVENOUS 25 MG
J3425	INJECTION HYDROXOCOBALAMIN INTRAMUSCULAR 10 MCG
J3430	INJECTION PHYTONADIONE (VITAMIN K) PER 1 MG
J3465	INJECTION VORICONAZOLE 10 MG
J3470	Injection hyaluronidase up to 150 units
J3471	Injection hyaluronidase ovine preservative free per 1 usp unit (up to 999 usp units)
J3472	Injection hyaluronidase ovine preservative free per 1000 usp units
J3473	INJECTION HYALURONIDASE RECOMBINANT 1 USP UNIT
J3475	INJECTION MAGNESIUM SULFATE PER 500 MG
J3480	INJECTION POTASSIUM CHLORIDE PER 2 MEQ
J3485	INJECTION ZIDOVUDINE 10 MG
J3486	INJECTION ZIPRASIDONE MESYLATE 10 MG
J3489	INJECTION ZOLEDRONIC ACID 1 MG

J3490	UNCLASSIFIED DRUGS
J3520	Edetate disodium per 150 mg
J3530	Nasal vaccine inhalation
J3535	Drug administered through a metered dose inhaler
J3570	Laetrile amygdalin vitamin b17
J3590	Unclassified biologics
J3591	UNCLASSIFIED DRUG OR BIOLOGICAL USED FOR ESRD ON DIALYSIS
J7030	INFUSION NORMAL SALINE SOLUTION 1000 CC
J7040	INFUSION NORMAL SALINE SOLUTION STERILE (500 ML = 1 UNIT)
J7042	5% DEXTROSE NORMAL SALINE (500 ML = 1 UNIT)
J7050	INFUSION NORMAL SALINE SOLUTION 250 CC
J7060	5% DEXTROSE WATER (500 ML = 1 UNIT)
J7070	INFUSION D5W 1000 CC
J7100	INFUSION DEXTRAN 40 500 ML
J7110	Infusion dextran 75 500 ml
J7120	RINGERS LACTATE INFUSION UP TO 1000 CC
J7121	5% DEXTROSE IN LACTATED RINGERS INFUSION UP TO 1000 CC
J7131	Hypertonic saline solution 1 ml
J7165	INJECTION PROTHROMBIN COMPLEX CONCENTRATE HUMAN-LANS PER I.U. OF FACTOR IX ACTIVITY
J7168	PROTHROMBIN COMPLEX CONCENTRATE (HUMAN) KCENTRA PER I.U. OF FACTOR IX ACTIVITY
J7169	INJECTION COAGULATION FACTOR XA (RECOMBINANT) INACTIVATED-ZHZO (ANDEXXA) 10 MG
J7170	INJECTION EMICIZUMAB-KXWH 0.5 MG
J7171	INJECTION ADAMTS13 RECOMBINANT-KRHN 10 IU
J7172	INJECTION MARSTACIMAB-HNCQ 0.5 MG
J7175	INJECTION FACTOR X (HUMAN) 1 I.U.
J7177	INJECTION HUMAN FIBRINOGEN CONCENTRATE (FIBRYGA) 1 MG
J7178	INJECTION HUMAN FIBRINOGEN CONCENTRATE NOT OTHERWISE SPECIFIED 1 MG
J7179	INJECTION VON WILLEBRAND FACTOR (RECOMBINANT) (VONVENDI) 1 I.U. VWF:RCO
J7180	INJECTION FACTOR XIII (ANTIHEMOPHILIC FACTOR HUMAN) 1 I.U.
J7181	INJECTION FACTOR XIII A-SUBUNIT (RECOMBINANT) PER IU
J7182	INJECTION FACTOR VIII (ANTIHEMOPHILIC FACTOR RECOMBINANT) (NOVOEIGHT) PER IU
J7183	INJECTION VON WILLEBRAND FACTOR COMPLEX (HUMAN) WILATE 1 I.U. VWF:RCO
J7185	INJECTION FACTOR VIII (ANTIHEMOPHILIC FACTOR RECOMBINANT) (XYNTHA) PER I.U.

J7186	INJECTION ANTIHEMOPHILIC FACTOR VIII VON WILLEBRAND FACTOR COMPLEX (HUMAN) PER FACTOR VIII I.U.
J7187	INJECTION VON WILLEBRAND FACTOR COMPLEX (HUMATE-P) PER IU VWF:RCO
J7188	INJECTION FACTOR VIII (ANTIHEMOPHILIC FACTOR RECOMBINANT) (OBIZUR) PER I.U.
J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR RECOMBINANT) (NOVOSEVEN RT) 1 MICROGRAM
J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR HUMAN) PER I.U.
J7191	Factor viii (antihemophilic factor (porcine)) per i.u.
J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR RECOMBINANT) PER I.U. NOT OTHERWISE SPECIFIED
J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR PURIFIED NON-RECOMBINANT) PER I.U.
J7194	FACTOR IX COMPLEX PER I.U.
J7195	INJECTION FACTOR IX (ANTIHEMOPHILIC FACTOR RECOMBINANT) PER IU NOT OTHERWISE SPECIFIED
J7196	Injection antithrombin recombinant 50 i.u.
J7197	ANTITHROMBIN III (HUMAN) PER I.U.
J7198	ANTI-INHIBITOR PER I.U.
J7199	Hemophilia clotting factor not otherwise classified
J7200	INJECTION FACTOR IX (ANTIHEMOPHILIC FACTOR RECOMBINANT) RIXUBIS PER IU
J7201	INJECTION FACTOR IX FC FUSION PROTEIN (RECOMBINANT) ALPROLIX 1 I.U.
J7202	INJECTION FACTOR IX ALBUMIN FUSION PROTEIN (RECOMBINANT) IDELVION 1 I.U.
J7203	INJECTION FACTOR IX (ANTIHEMOPHILIC FACTOR RECOMBINANT) GLYCOPEGYLATED (REBINYN) 1 IU
J7204	INJECTION FACTOR VIII ANTIHEMOPHILIC FACTOR (RECOMBINANT) (ESPEROCT) GLYCOPEGYLATED-EXEI PER IU
J7205	INJECTION FACTOR VIII FC FUSION PROTEIN (RECOMBINANT) PER IU
J7207	INJECTION FACTOR VIII (ANTIHEMOPHILIC FACTOR RECOMBINANT) PEGYLATED 1 I.U.
J7208	INJECTION FACTOR VIII (ANTIHEMOPHILIC FACTOR RECOMBINANT) PEGYLATED-AUCL (JIVI) 1 I.U.
J7209	INJECTION FACTOR VIII (ANTIHEMOPHILIC FACTOR RECOMBINANT) (NUWIQ) 1 I.U.
J7210	INJECTION FACTOR VIII (ANTIHEMOPHILIC FACTOR RECOMBINANT) (AFSTYLA) 1 I.U.
J7211	INJECTION FACTOR VIII (ANTIHEMOPHILIC FACTOR RECOMBINANT) (KOVALTRY) 1 I.U.
J7212	FACTOR VIIA (ANTIHEMOPHILIC FACTOR RECOMBINANT)-JNCW (SEVENFACT) 1 MICROGRAM
J7213	INJECTION COAGULATION FACTOR IX (RECOMBINANT) IXINITY 1 I.U.
J7214	INJECTION FACTOR VIII VON WILLEBRAND FACTOR COMPLEX RECOMBINANT (ALTUVIIIO) PER FACTOR VIII I.U.
J7294	SEGESTERONE ACETATE AND ETHINYL ESTRADIOL 0.15MG 0.013MG PER 24 HOURS YEARLY VAGINAL SYSTEM EACH
J7295	ETHINYL ESTRADIOL AND ETONOGESTREL 0.015MG 0.12MG PER 24 HOURS MONTHLY VAGINAL RING EACH

J7296	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (KYLEENA) 19.5 MG
J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (LILETTA) 52 MG
J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA) 52 MG
J7300	INTRAUTERINE COPPER CONTRACEPTIVE (PARAGARD)
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA) 13.5 MG
J7303	CONTRACEPTIVE SUPPLY HORMONE CONTAINING VAGINAL RING EACH
J7304	Contraceptive supply hormone containing patch each
J7306	Levonorgestrel (contraceptive) implant system including implants and supplies
J7307	Etonogestrel (contraceptive) implant system including implant and supplies
J7308	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION 20% SINGLE UNIT DOSAGE FORM (354 MG)
J7309	METHYL AMINOLEVULINATE (MAL) FOR TOPICAL ADMINISTRATION 16.8% 1 GRAM
J7310	GANCICLOVIR 4.5 MG LONG-ACTING IMPLANT
J7311	INJECTION FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT (RETISERT) 0.01 MG
J7312	INJECTION DEXAMETHASONE INTRAVITREAL IMPLANT 0.1 MG
J7313	INJECTION FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT (ILUVIEN) 0.01 MG
J7314	INJECTION FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT (YUTIQ) 0.01 MG
J7315	MITOMYCIN OPHTHALMIC 0.2 MG
J7316	INJECTION OCRIPLASMIN 0.125 MG
J7318	HYALURONAN OR DERIVATIVE DUROLANE FOR INTRA-ARTICULAR INJECTION 1 MG
J7320	HYALURONAN OR DERIVITIVE GENVISC 850 FOR INTRA-ARTICULAR INJECTION 1 MG
J7321	HYALURONAN OR DERIVATIVE HYALGAN SUPARTZ OR VISCO-3 FOR INTRA-ARTICULAR INJECTION PER DOSE
J7322	HYALURONAN OR DERIVATIVE HYMOVIS OR HYMOVIS ONE FOR INTRA-ARTICULAR INJECTION 1 MG
J7323	HYALURONAN OR DERIVATIVE EUFLEXXA FOR INTRA-ARTICULAR INJECTION PER DOSE
J7324	HYALURONAN OR DERIVATIVE ORTHOVISC FOR INTRA-ARTICULAR INJECTION PER DOSE
J7325	HYALURONAN OR DERIVATIVE SYNVISC OR SYNVISC-ONE FOR INTRA-ARTICULAR INJECTION 1 MG
J7326	HYALURONAN OR DERIVATIVE GEL-ONE FOR INTRA-ARTICULAR INJECTION PER DOSE
J7327	HYALURONAN OR DERIVATIVE MONOVISC FOR INTRA-ARTICULAR INJECTION PER DOSE
J7328	HYALURONAN OR DERIVATIVE GELSYN-3 FOR INTRA-ARTICULAR INJECTION 0.1 MG
J7329	HYALURONAN OR DERIVATIVE TRIVISC FOR INTRA-ARTICULAR INJECTION 1 MG
J7330	Autologous cultured chondrocytes implant
J7331	HYALURONAN OR DERIVATIVE SYNOJOYNT FOR INTRA-ARTICULAR INJECTION 1 MG
J7332	HYALURONAN OR DERIVATIVE TRILURON FOR INTRA-ARTICULAR INJECTION 1 MG
J7333	HYALURONAN OR DERIVATIVE VISCO-3 FOR INTRA-ARTICULAR INJECTION PER DOSE
J7336	CAPSAICIN 8% PATCH PER SQUARE CENTIMETER

J7340	CARBIDOPA 5 MG LEVODOPA 20 MG ENTERAL SUSPENSION 100 ML
J7342	INSTILLATION CIPROFLOXACIN OTIC SUSPENSION 6 MG
J7345	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION 10% GEL 10 MG
J7351	INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MICROGRAM
J7352	AFAMELANOTIDE IMPLANT 1 MG
J7353	ANACAULASE-BCDB 8.8% GEL 1 GRAM
J7354	CANTHARIDIN FOR TOPICAL ADMINISTRATION 0.7% SINGLE UNIT DOSE APPLICATOR (3.2 MG)
J7355	INJECTION TRAVOPROST INTRACAMERAL IMPLANT 1 MICROGRAM
J7356	INJECTION FOSCARBIDOPA 0.25 MG FOSLEVODOPA 5 MG
J7401	MOMETASONE FUROATE SINUS IMPLANT 10 MICROGRAMS
J7402	MOMETASONE FUROATE SINUS IMPLANT (SINUVA) 10 MICROGRAMS
J7500	AZATHIOPRINE ORAL 50 MG
J7501	AZATHIOPRINE PARENTERAL 100 MG
J7502	CYCLOSPORINE ORAL 100 MG
J7503	TACROLIMUS EXTENDED RELEASE (ENVARSUS XR) ORAL 0.25 MG
J7504	LYMPHOCYTE IMMUNE GLOBULIN ANTITHYMOCYTE GLOBULIN EQUINE PARENTERAL 250 MG
J7505	MUROMONAB-CD3 PARENTERAL 5 MG
J7507	TACROLIMUS IMMEDIATE RELEASE ORAL 1 MG
J7508	TACROLIMUS EXTENDED RELEASE (ASTAGRAF XL) ORAL 0.1 MG
J7509	METHYLPREDNISOLONE ORAL PER 4 MG
J7510	PREDNISOLONE ORAL PER 5 MG
J7511	LYMPHOCYTE IMMUNE GLOBULIN ANTITHYMOCYTE GLOBULIN RABBIT PARENTERAL 25 MG
J7512	PREDNISONE IMMEDIATE RELEASE OR DELAYED RELEASE ORAL 1 MG
J7513	DACLIZUMAB PARENTERAL 25 MG
J7514	MYCOPHENOLATE MOFETIL (MYHIBBIN) ORAL SUSPENSION 100 MG
J7515	CYCLOSPORINE ORAL 25 MG
J7516	INJECTION CYCLOSPORINE 250 MG
J7517	MYCOPHENOLATE MOFETIL ORAL 250 MG
J7518	MYCOPHENOLIC ACID ORAL 180 MG
J7519	INJECTION MYCOPHENOLATE MOFETIL 10 MG
J7520	SIROLIMUS ORAL 1 MG
J7521	TACROLIMUS GRANULES ORAL SUSPENSION 0.1 MG
J7525	TACROLIMUS PARENTERAL 5 MG
J7527	EVEROLIMUS ORAL 0.25 MG

J7599	Immunosuppressive drug not otherwise classified
J7601	ENSIFENTRINE INHALATION SUSPENSION FDA APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED THROUGH DM
J7604	ACETYLCYSTEINE INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME UNIT DOSE FORM PER GR
J7605	ARFORMOTEROL INHALATION SOLUTION FDA APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED THROUGH DME
J7606	FORMOTEROL FUMARATE INHALATION SOLUTION FDA APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED THROU
J7607	LEVALBUTEROL INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME CONCENTRATED FORM 0.5 M
J7608	ACETYLCYSTEINE INHALATION SOLUTION FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED THROUGH DM
J7609	Albuterol inhalation solution compounded product administered through dme unit dose 1 mg
J7610	Albuterol inhalation solution compounded product administered through dme concentrated form 1 mg
J7611	ALBUTEROL INHALATION SOLUTION FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED THROUGH DME CON
J7612	LEVALBUTEROL INHALATION SOLUTION FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED THROUGH DME
J7613	ALBUTEROL INHALATION SOLUTION FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED THROUGH DME UNI
J7614	LEVALBUTEROL INHALATION SOLUTION FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED THROUGH DME
J7615	Levalbuterol inhalation solution compounded product administered through dme unit dose 0.5 mg
J7620	ALBUTEROL UP TO 2.5 MG AND IPRATROPIUM BROMIDE UP TO 0.5 MG FDA-APPROVED FINAL PRODUCT NON-COMPOUNDE
J7622	BECLOMETHASONE INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME UNIT DOSE FORM PER MI
J7624	BETAMETHASONE INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME UNIT DOSE FORM PER MIL
J7626	BUDESONIDE INHALATION SOLUTION FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED THROUGH DME UN
J7627	BUDESONIDE INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME UNIT DOSE FORM UP TO 0.5

J7628	BITOLTEROL MESYLATE INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME CONCENTRATED FOR
J7629	BITOLTEROL MESYLATE INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME UNIT DOSE FORM P
J7631	CROMOLYN SODIUM INHALATION SOLUTION FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED THROUGH D
J7632	CROMOLYN SODIUM INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME UNIT DOSE FORM PER 1
J7633	BUDESONIDE INHALATION SOLUTION FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED THROUGH DME CO
J7634	BUDESONIDE INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME CONCENTRATED FORM PER 0.2
J7635	ATROPINE INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME CONCENTRATED FORM PER MILLI
J7636	ATROPINE INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME UNIT DOSE FORM PER MILLIGRA
J7637	DEXAMETHASONE INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME CONCENTRATED FORM PER
J7638	DEXAMETHASONE INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME UNIT DOSE FORM PER MIL
J7639	DORNASE ALFA INHALATION SOLUTION FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED THROUGH DME
J7640	FORMOTEROL INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME UNIT DOSE FORM 12 MICROGR
J7641	Flunisolide inhalation solution compounded product administered through dme unit dose per milligram
J7642	GLYCOPYRROLATE INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME CONCENTRATED FORM PER
J7643	GLYCOPYRROLATE INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME UNIT DOSE FORM PER MI
J7644	IPRATROPIUM BROMIDE INHALATION SOLUTION FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED THROU
J7645	IPRATROPIUM BROMIDE INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME UNIT DOSE FORM P

J7647	ISOETHARINE HCL INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME CONCENTRATED FORM PE
J7648	ISOETHARINE HCL INHALATION SOLUTION FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED THROUGH D
J7649	ISOETHARINE HCL INHALATION SOLUTION FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED THROUGH D
J7650	ISOETHARINE HCL INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME UNIT DOSE FORM PER M
J7657	ISOPROTERENOL HCL INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME CONCENTRATED FORM
J7658	ISOPROTERENOL HCL INHALATION SOLUTION FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED THROUGH
J7659	ISOPROTERENOL HCL INHALATION SOLUTION FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED THROUGH
J7660	ISOPROTERENOL HCL INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME UNIT DOSE FORM PER
J7665	MANNITOL ADMINISTERED THROUGH AN INHALER 5 MG
J7667	Metaproterenol sulfate inhalation solution compounded product concentrated form per 10 milligrams
J7668	METAPROTERENOL SULFATE INHALATION SOLUTION FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED TH
J7669	METAPROTERENOL SULFATE INHALATION SOLUTION FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED TH
J7670	METAPROTERENOL SULFATE INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME UNIT DOSE FOR
J7674	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER PER 1 MG
J7676	PENTAMIDINE ISETHIONATE INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME UNIT DOSE FO
J7677	REVEFENACIN INHALATION SOLUTION FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED THROUGH DME 1
J7680	TERBUTALINE SULFATE INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME CONCENTRATED FOR
J7681	TERBUTALINE SULFATE INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME UNIT DOSE FORM P

J7682	TOBRAMYCIN INHALATION SOLUTION FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED UNIT DOSE FORM ADMINISTERED
J7683	TRIAMCINOLONE INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME CONCENTRATED FORM PER
J7684	TRIAMCINOLONE INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME UNIT DOSE FORM PER MIL
J7685	TOBRAMYCIN INHALATION SOLUTION COMPOUNDED PRODUCT ADMINISTERED THROUGH DME UNIT DOSE FORM PER 300 MI
J7686	TREPROSTINIL INHALATION SOLUTION FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED THROUGH DME
J7699	Noc drugs inhalation solution administered through dme
J7799	Noc drugs other than inhalation drugs administered through dme
J7999	COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED
J8498	Antiemetic drug rectal suppository not otherwise specified
J8499	Prescription drug oral non chemotherapeutic nos
J8501	APREPITANT ORAL 5 MG
J8510	BUSULFAN ORAL 2 MG
J8515	Cabergoline oral 0.25 mg
J8520	CAPECITABINE ORAL 150 MG
J8521	CAPECITABINE ORAL 500 MG
J8522	CAPECITABINE ORAL 50 MG
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG
J8540	DEXAMETHASONE ORAL 0.25 MG
J8541	DEXAMETHASONE (HEMADY) ORAL 0.25 MG
J8560	ETOPOSIDE ORAL 50 MG
J8562	FLUDARABINE PHOSPHATE ORAL 10 MG
J8565	Gefitinib oral 250 mg
J8597	Antiemetic drug oral not otherwise specified
J8600	MELPHALAN ORAL 2 MG
J8610	METHOTREXATE ORAL 2.5 MG
J8611	METHOTREXATE (JYLAMVO) ORAL 2.5 MG
J8612	METHOTREXATE (XATMEP) ORAL 2.5 MG
J8650	NABILONE ORAL 1 MG
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL

J8670	ROLAPITANT ORAL 1 MG
J8700	TEMOZOLOMIDE ORAL 5 MG
J8705	TOPOTECAN ORAL 0.25 MG
J8999	Prescription drug oral chemotherapeutic nos
J9000	INJECTION DOXORUBICIN HYDROCHLORIDE 10 MG
J9015	INJECTION ALDESLEUKIN PER SINGLE USE VIAL
J9017	INJECTION ARSENIC TRIOXIDE 1 MG
J9019	INJECTION ASPARAGINASE (ERWINAZE) 1 000 IU
J9020	INJECTION ASPARAGINASE NOT OTHERWISE SPECIFIED 10 000 UNITS
J9021	INJECTION ASPARAGINASE RECOMBINANT (RYLAZE) 0.1 MG
J9022	INJECTION ATEZOLIZUMAB 10 MG
J9023	INJECTION AVELUMAB 10 MG
J9024	INJECTION ATEZOLIZUMAB 5 MG AND HYALURONIDASE-TQJS
J9025	INJECTION AZACITIDINE 1 MG
J9026	INJECTION TARLATAMAB-DLLE 1 MG
J9027	INJECTION CLOFARABINE 1 MG
J9028	INJECTION NOGAPENDEKIN ALFA INBAKICEPT-PMLN FOR INTRAVESICAL USE 1 MICROGRAM
J9029	INTRAVESICAL INSTILLATION NADOFARAGENE FIRADENOVEC-VNCG PER THERAPEUTIC DOSE
J9030	BCG LIVE INTRAVESICAL INSTILLATION 1 MG
J9032	INJECTION BELINOSTAT 10 MG
J9033	INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG
J9034	INJECTION BENDAMUSTINE HCL (BENDEKA) 1 MG
J9035	INJECTION BEVACIZUMAB 10 MG
J9036	INJECTION BENDAMUSTINE HYDROCHLORIDE (BELRAPZO BENDAMUSTINE) 1 MG
J9037	INJECTION BELANTAMAB MAFODONTIN-BLMF 0.5 MG
J9038	INJECTION AXATILIMAB-CSFR 0.1 MG
J9039	INJECTION BLINATUMOMAB 1 MICROGRAM
J9040	INJECTION BLEOMYCIN SULFATE 15 UNITS
J9041	INJECTION BORTEZOMIB 0.1 MG
J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG
J9043	INJECTION CABAZITAXEL 1 MG
J9045	INJECTION CARBOPLATIN 50 MG
J9046	INJECTION BORTEZOMIB (DR. REDDY S) NOT THERAPEUTICALLY EQUIVALENT TO J9041 0.1 MG
J9047	INJECTION CARFILZOMIB 1 MG

J9048	INJECTION BORTEZOMIB (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J9041 0.1 MG
J9049	INJECTION BORTEZOMIB (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J9041 0.1 MG
J9050	INJECTION CARMUSTINE 100 MG
J9051	INJECTION BORTEZOMIB (MAIA) NOT THERAPEUTICALLY EQUIVALENT TO J9041 0.1 MG
J9052	INJECTION CARMUSTINE (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J9050 100 MG
J9054	INJECTION BORTEZOMIB (BORUZU) 0.1 MG
J9055	INJECTION CETUXIMAB 10 MG
J9056	INJECTION BENDAMUSTINE HYDROCHLORIDE (VIVIMUSTA) 1 MG
J9057	INJECTION COPANLISIB 1 MG
J9058	INJECTION BENDAMUSTINE HYDROCHLORIDE (APOTEX) 1 MG
J9059	INJECTION BENDAMUSTINE HYDROCHLORIDE (BAXTER) 1 MG
J9060	INJECTION CISPLATIN POWDER OR SOLUTION 10 MG
J9061	INJECTION AMIVANTAMAB-VMJW 2 MG
J9063	INJECTION MIRVETUXIMAB SORAVTANSINE-GYNX 1 MG
J9064	INJECTION CABAZITAXEL (SANDOZ) NOT THERAPEUTICALLY EQUIVALENT TO J9043 1 MG
J9065	INJECTION CLADRIBINE PER 1 MG
J9070	CYCLOPHOSPHAMIDE 100 MG
J9071	INJECTION CYCLOPHOSPHAMIDE (AUROMEDICS) 5 MG
J9072	INJECTION CYCLOPHOSPHAMIDE (FRINDOVYX) 5 MG
J9073	INJECTION CYCLOPHOSPHAMIDE (DR. REDDY S) 5 MG
J9074	INJECTION CYCLOPHOSPHAMIDE (SANDOZ) 5 MG
J9075	INJECTION CYCLOPHOSPHAMIDE NOT OTHERWISE SPECIFIED 5 MG
J9076	INJECTION CYCLOPHOSPHAMIDE (BAXTER) 5 MG
J9098	INJECTION CYTARABINE LIPOSOME 10 MG
J9100	INJECTION CYTARABINE 100 MG
J9118	INJECTION CALASPARGASE PEGOL-MKNL 10 UNITS
J9119	INJECTION CEMIPLIMAB-RWLC 1 MG
J9120	INJECTION DACTINOMYCIN 0.5 MG
J9130	DACARBAZINE 100 MG
J9144	INJECTION DARATUMUMAB 10 MG AND HYALURONIDASE-FIHJ
J9145	INJECTION DARATUMUMAB 10 MG
J9150	INJECTION DAUNORUBICIN 10 MG
J9151	INJECTION DAUNORUBICIN CITRATE LIPOSOMAL FORMULATION 10 MG
J9153	INJECTION LIPOSOMAL 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE

J9155	INJECTION DEGARELIX 1 MG
J9161	INJECTION DENILEUKIN DIFTITOX-CXDL 1 MCG
J9165	INJECTION DIETHYLSTILBESTROL DIPHOSPHATE 250 MG
J9171	INJECTION DOCETAXEL 1 MG
J9172	INJECTION DOCETAXEL (DOCIVYX) 1 MG
J9173	INJECTION DURVALUMAB 10 MG
J9174	INJECTION DOCETAXEL (BEIZRAY) 1 MG
J9175	Injection elliotts b solution 1 ml
J9176	INJECTION ELOTUZUMAB 1 MG
J9177	INJECTION ENFORTUMAB VEDOTIN-EJFV 0.25 MG
J9178	INJECTION EPIRUBICIN HCL 2 MG
J9179	INJECTION ERIBULIN MESYLATE 0.1 MG
J9181	INJECTION ETOPOSIDE 10 MG
J9185	INJECTION FLUDARABINE PHOSPHATE 50 MG
J9190	INJECTION FLUOROURACIL 500 MG
J9196	INJECTION GEMCITABINE HYDROCHLORIDE (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J9201 200 MG
J9198	INJECTION GEMCITABINE HYDROCHLORIDE (INFUGEM) 100 MG
J9200	INJECTION FLOXURIDINE 500 MG
J9201	INJECTION GEMCITABINE HYDROCHLORIDE NOT OTHERWISE SPECIFIED 200 MG
J9202	GOSERELIN ACETATE IMPLANT PER 3.6 MG
J9203	INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG
J9204	INJECTION MOGAMULIZUMAB-KPKC 1 MG
J9205	INJECTION IRINOTECAN LIPOSOME 1 MG
J9206	INJECTION IRINOTECAN 20 MG
J9207	INJECTION IXABEPILONE 1 MG
J9208	INJECTION IFOSFAMIDE 1 GRAM
J9209	INJECTION MESNA 200 MG
J9210	INJECTION EMAPALUMAB-LZSG 1 MG
J9211	INJECTION IDARUBICIN HYDROCHLORIDE 5 MG
J9212	INJECTION INTERFERON ALFACON-1 RECOMBINANT 1 MICROGRAM
J9213	Injection interferon alfa-2a recombinant 3 million units
J9214	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 MILLION UNITS
J9215	Injection interferon alfa-n3 (human leukocyte derived) 250 000 iu
J9216	Injection interferon gamma 1-b 3 million units

J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG
J9218	LEUPROLIDE ACETATE PER 1 MG
J9219	LEUPROLIDE ACETATE IMPLANT 65 MG
J9220	INJECTION INDIGOTINDISULFONATE SODIUM 1 MG
J9223	INJECTION LURBINECTEDIN 0.1 MG
J9225	HISTRELIN IMPLANT (VANTAS) 50 MG
J9226	HISTRELIN IMPLANT (SUPPRELIN LA) 50 MG
J9227	INJECTION ISATUXIMAB-IRFC 10 MG
J9228	INJECTION IPILIMUMAB 1 MG
J9229	INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG
J9230	INJECTION MECHLORETHAMINE HYDROCHLORIDE (NITROGEN MUSTARD) 10 MG
J9245	INJECTION MELPHALAN HYDROCHLORIDE NOT OTHERWISE SPECIFIED 50 MG
J9246	INJECTION MELPHALAN (EVOMELA) 1 MG
J9247	INJECTION MELPHALAN FLUFENAMIDE 1MG
J9248	INJECTION MELPHALAN (HEPZATO) 1 MG
J9249	INJECTION MELPHALAN (APOTEX) 1 MG
J9250	METHOTREXATE SODIUM 5 MG
J9255	INJECTION METHOTREXATE (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J9250 AND J9260 50 MG
J9258	INJECTION PACLITAXEL PROTEIN-BOUND PARTICLES (TEVA) NOT THERAPEUTICALLY EQUIVALENT TO J9264 1 MG
J9259	INJECTION PACLITAXEL PROTEIN-BOUND PARTICLES (AMERICAN REGENT) NOT THERAPEUTICALLY EQUIVALENT TO J92
J9260	INJECTION METHOTREXATE SODIUM 50 MG
J9261	INJECTION NELARABINE 50 MG
J9262	Injection omacetaxine mepesuccinate 0.01 mg
J9263	INJECTION OXALIPLATIN 0.5 MG
J9264	INJECTION PACLITAXEL PROTEIN-BOUND PARTICLES 1 MG
J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL
J9267	INJECTION PACLITAXEL 1 MG
J9268	INJECTION PENTOSTATIN 10 MG
J9269	INJECTION TAGRAXOFUSP-ERZS 10 MICROGRAMS
J9270	INJECTION PLICAMYCIN 2.5 MG
J9271	INJECTION PEMBROLIZUMAB 1 MG
J9272	INJECTION DOSTARLIMAB-GXLY 10 MG

J9273	INJECTION TISOTUMAB VEDOTIN-TFTV 1 MG
J9274	INJECTION TEBENTAFUSP-TEBN 1 MICROGRAM
J9275	INJECTION COSIBELIMAB-IPDL 2 MG
J9276	INJECTION ZANIDATAMAB-HRII 2 MG
J9280	INJECTION MITOMYCIN 5 MG
J9281	MITOMYCIN PYELOCALYCEAL INSTILLATION 1 MG
J9285	INJECTION OLARATUMAB 10 MG
J9286	INJECTION GLOFITAMAB-GXBM 2.5 MG
J9289	INJECTION NIVOLUMAB 2 MG AND HYALURONIDASE-NVHY
J9292	INJECTION PEMETREXED DIPOTASSIUM 10 MG
J9293	INJECTION MITOXANTRONE HYDROCHLORIDE PER 5 MG
J9294	INJECTION PEMETREXED (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J9305 10 MG
J9295	INJECTION NECITUMUMAB 1 MG
J9296	INJECTION PEMETREXED (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J9305 10 MG
J9297	INJECTION PEMETREXED (SANDOZ) NOT THERAPEUTICALLY EQUIVALENT TO J9305 10 MG
J9298	INJECTION NIVOLUMAB AND RELATLIMAB-RMBW 3 MG 1 MG
J9299	INJECTION NIVOLUMAB 1 MG
J9301	INJECTION OBINUTUZUMAB 10 MG
J9302	INJECTION OFATUMUMAB 10 MG
J9303	INJECTION PANITUMUMAB 10 MG
J9304	INJECTION PEMETREXED (PEMFEXY) 10 MG
J9305	INJECTION PEMETREXED NOT OTHERWISE SPECIFIED 10 MG
J9306	INJECTION PERTUZUMAB 1 MG
J9307	INJECTION PRALATREXATE 1 MG
J9308	INJECTION RAMUCIRUMAB 5 MG
J9309	INJECTION POLATUZUMAB VEDOTIN-PIIQ 1 MG
J9311	INJECTION RITUXIMAB 10 MG AND HYALURONIDASE
J9312	INJECTION RITUXIMAB 10 MG
J9313	INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG
J9315	INJECTION ROMIDEPSIN 1 MG
J9316	INJECTION PERTUZUMAB TRASTUZUMAB AND HYALURONIDASE-ZZXF PER 10 MG
J9317	INJECTION SACITUZUMAB GOVITECAN-HZIY 2.5 MG
J9318	INJECTION ROMIDEPSIN NON-LYOPHILIZED 0.1 MG
J9319	INJECTION ROMIDEPSIN LYOPHILIZED 0.1 MG

J9320	INJECTION STREPTOZOCIN 1 GRAM
J9321	INJECTION EPCORITAMAB-BYSP 0.16 MG
J9322	INJECTION PEMETREXED (BLUEPOINT) NOT THERAPEUTICALLY EQUIVALENT TO J9305 10 MG
J9323	INJECTION PEMETREXED DITROMETHAMINE 10 MG
J9324	INJECTION PEMETREXED (PEMRYDI RTU) 10 MG
J9325	INJECTION TALIMOGENE LAHERPAREPVEC PER 1 MILLION PLAQUE FORMING UNITS
J9328	INJECTION TEMOZOLOMIDE 1 MG
J9329	INJECTION TISLELIZUMAB-JSGR 1MG
J9330	INJECTION TEMSIROLIMUS 1 MG
J9331	INJECTION SIROLIMUS PROTEIN-BOUND PARTICLES 1 MG
J9332	INJECTION EFGARTIGIMOD ALFA-FCAB 2MG
J9333	INJECTION ROZANOLIXIZUMAB-NOLI 1 MG
J9334	INJECTION EFGARTIGIMOD ALFA 2 MG AND HYALURONIDASE-QVFC
J9340	INJECTION THIOTEPA 15 MG
J9341	INJECTION THIOTEPA (TEPYLUTE) 1 MG
J9342	INJECTION THIOTEPA NOT OTHERWISE SPECIFIED 1 MG
J9345	INJECTION RETIFANLIMAB-DLWR 1 MG
J9347	INJECTION TREMELIMUMAB-ACTL 1 MG
J9348	INJECTION NAXITAMAB-GQGK 1 MG
J9349	INJECTION TAFASITAMAB-CXIX 2 MG
J9350	INJECTION MOSUNETUZUMAB-AXGB 1 MG
J9351	INJECTION TOPOTECAN 0.1 MG
J9352	INJECTION TRABECTEDIN 0.1 MG
J9353	INJECTION MARGETUXIMAB-CMKB 5 MG
J9354	INJECTION ADO-TRASTUZUMAB EMTANSINE 1 MG
J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MGÂ
J9356	INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK
J9357	INJECTION VALRUBICIN INTRAVESICAL 200 MG
J9358	INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI 1 MG
J9359	INJECTION LONCASTUXIMAB TESIRINE-LPYL 0.075 MG
J9360	INJECTION VINBLASTINE SULFATE 1 MG
J9361	INJECTION EFBEMALENOGRASTIM ALFA-VUXW 0.5 MG
J9370	VINCRISTINE SULFATE 1 MG
J9371	INJECTION VINCRISTINE SULFATE LIPOSOME 1 MG

J9376	INJECTION POZELIMAB-BBFG 1 MG
J9380	INJECTION TECLISTAMAB-CQYV 0.5 MG
J9381	INJECTION TEPLIZUMAB-MZWV 5 MCG
J9382	INJECTION ZENOCUTUZUMAB-ZBCO 1 MG
J9390	INJECTION VINORELBINE TARTRATE 10 MG
J9393	INJECTION FULVESTRANT (TEVA) NOT THERAPEUTICALLY EQUIVALENT TO J9395 25 MG
J9394	INJECTION FULVESTRANT (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J9395 25 MG
J9395	INJECTION FULVESTRANT 25 MG
J9400	INJECTION ZIV-AFLIBERCEPT 1 MG
J9600	Injection porfimer sodium 75 mg
J9999	Not otherwise classified antineoplastic drugs
K0001	Standard wheelchair
K0002	Standard hemi (low seat) wheelchair
K0003	Lightweight wheelchair
K0004	High strength lightweight wheelchair
K0005	Ultralightweight wheelchair
K0006	Heavy duty wheelchair
K0007	Extra heavy duty wheelchair
K0008	Custom manual wheelchair base
K0009	Other manual wheelchair base
K0010	Standard - weight frame motorized power wheelchair
K0011	STANDARD - WEIGHT FRAME MOTORIZED POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED AD
K0012	Lightweight portable motorized power wheelchair
K0013	Custom motorized power wheelchair base
K0014	Other motorized power wheelchair base
K0015	DETACHABLE NON-ADJUSTABLE HEIGHT ARMREST REPLACEMENT ONLY EACH
K0017	DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE REPLACEMENT ONLY EACH
K0018	DETACHABLE ADJUSTABLE HEIGHT ARMREST UPPER PORTION REPLACEMENT ONLY EACH
K0019	ARM PAD REPLACEMENT ONLY EACH
K0020	Fixed adjustable height armrest pair
K0037	HIGH MOUNT FLIP-UP FOOTREST EACH
K0038	Leg strap each
K0039	Leg strap h style each

K0040	Adjustable angle footplate each
K0041	Large size footplate each
K0042	STANDARD SIZE FOOTPLATE REPLACEMENT ONLY EACH
K0043	FOOTREST LOWER EXTENSION TUBE REPLACEMENT ONLY EACH
K0044	FOOTREST UPPER HANGER BRACKET REPLACEMENT ONLY EACH
K0045	FOOTREST COMPLETE ASSEMBLY REPLACEMENT ONLY EACH
K0046	ELEVATING LEGREST LOWER EXTENSION TUBE REPLACEMENT ONLY EACH
K0047	ELEVATING LEGREST UPPER HANGER BRACKET REPLACEMENT ONLY EACH
K0050	RATCHET ASSEMBLY REPLACEMENT ONLY
K0051	CAM RELEASE ASSEMBLY FOOTREST OR LEGREST REPLACEMENT ONLY EACH
K0052	SWINGAWAY DETACHABLE FOOTRESTS REPLACEMENT ONLY EACH
K0053	Elevating footrests articulating (telescoping) each
K0056	SEAT HEIGHT LESS THAN 17 OR EQUAL TO OR GREATER THAN 21 FOR A HIGH STRENGTH LIGHTWEIGHT OR ULTRALIGH
K0065	Spoke protectors each
K0069	REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRE SPOKES OR MOLDED REPLACEMENT ONLY EACH
K0070	REAR WHEEL ASSEMBLY COMPLETE WITH PNEUMATIC TIRE SPOKES OR MOLDED REPLACEMENT ONLY EACH
K0071	FRONT CASTER ASSEMBLY COMPLETE WITH PNEUMATIC TIRE REPLACEMENT ONLY EACH
K0072	FRONT CASTER ASSEMBLY COMPLETE WITH SEMI-PNEUMATIC TIRE REPLACEMENT ONLY EACH
K0073	Caster pin lock each
K0077	FRONT CASTER ASSEMBLY COMPLETE WITH SOLID TIRE REPLACEMENT ONLY EACH
K0098	DRIVE BELT FOR POWER WHEELCHAIR REPLACEMENT ONLY
K0105	Iv hanger each
K0108	Wheelchair component or accessory not otherwise specified
K0195	Elevating leg rests pair (for use with capped rental wheelchair base)
K0455	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION (E.G. EPOPROSTENOL OR T
K0462	Temporary replacement for patient owned equipment being repaired any type
K0552	SUPPLIES FOR EXTERNAL NON-INSULIN DRUG INFUSION PUMP SYRINGE TYPE CARTRIDGE STERILE EACH
K0560	METACARPAL PHALANGEAL JOINT REPLACEMENT TWO PIECES METAL (E.G. STAINLESS STEEL OR COBALT CHROME) CER
K0561	OSTOMY SKIN BARRIER NON-PECTIN BASED PASTE PER OUNCE
K0562	OSTOMY SKIN BARRIER PECTIN-BASED PASTE PER OUNCE

K0563	OSTOMY SKIN BARRIER WITH FLANGE (SOLID FLEXIBLE OR ACCORDION) EXTENDED WEAR WITH BUILT-IN CONVEXITY
K0564	OSTOMY SKIN BARRIER WITH FLANGE (SOLID FLEXIBLE OR ACCORDION) EXTENDED WEAR WITH BUILT-IN CONVEXITY
K0565	OSTOMY SKIN BARRIER WITH FLANGE (SOLID FLEXIBLE OR ACCORDION) EXTENDED WEAR WITHOUT BUILT-IN CONVEXI
K0566	OSTOMY SKIN BARRIER WITH FLANGE (SOLID FLEXIBLE OR ACCORDION) EXTENDED WEAR WITHOUT BUILT-IN CONVEXI
K0567	OSTOMY POUCH DRAINABLE WITH KARAYA BASED BARRIER ATTACHED WITHOUT BUILT-IN CONVEXITY (1 PIECE) EACH
K0568	OSTOMY POUCH DRAINABLE WITH STANDARD WEAR BARRIER ATTACHED WITHOUT BUILT-IN CONVEXITY (1 PIECE) EACH
K0569	OSTOMY POUCH DRAINABLE HIGH OUTPUT FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM) EACH
K0570	OSTOMY SKIN BARRIER WITH FLANGE (SOLID FLEXIBLE OR ACCORDION) WITHOUT BUILT-IN CONVEXITY 4X4 INCHES
K0571	OSTOMY SKIN BARRIER WITH FLANGE (SOLID FLEXIBLE OR ACCORDION) WITHOUT BUILT-IN CONVEXITY LARGER THAN
K0572	TAPE NON-WATERPROOF PER 18 SQUARE INCHES
K0573	TAPE WATERPROOF PER 18 SQUARE INCHES
K0574	ADDITION TO OSTOMY POUCH FILTER INTEGRAL OR ADDED SEPARATELY TO POUCH EACH
K0575	ADDITION TO OSTOMY POUCH RUSTLE-FREE MATERIAL PER POUCH
K0576	ADDITION TO OSTOMY POUCH FRICTION AND IRRITANT-REDUCING ABSORBENT INTERFACE LAYER (COMFORT PANEL) PE
K0577	ADDITION TO OSTOMY POUCH ODOR BARRIER INCORPORATED INTO POUCH LAMINATE PER POUCH
K0578	ADDITION TO OSTOMY POUCH FAUCET-TYPE TAP WITH VALVE FOR DRAINING URINARY POUCH EACH
K0579	ADDITION TO OSTOMY POUCH ABSORBENT MATERIAL (SHEET PAD CRYSTAL PACKET) TO THICKEN LIQUID STOMAL OUTP
K0580	ADDITION TO OSTOMY POUCH FLANGE LOCKING
K0581	OSTOMY POUCH CLOSED WITH BARRIER ATTACHED WITH FILTER (1 PIECE) EACH
K0582	OSTOMY POUCH CLOSED WITH BARRIER ATTACHED WITH BUILT-IN CONVEXITY WITH FILTER (1 PIECE) EACH
K0583	OSTOMY POUCH CLOSED WITHOUT BARRIER ATTACHED WITH FILTER (1 PIECE) EACH
K0584	OSTOMY POUCH CLOSED FOR USE ON BARRIER WITH FLANGE WITH FILTER (2 PIECE) EACH
K0585	OSTOMY POUCH CLOSED FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE) EACH
K0586	OSTOMY POUCH CLOSED FOR USE ON BARRIER WITH LOCKING FLANGE WITH FILTER (2 PIECE) EACH

K0587	OSTOMY POUCH DRAINABLE WITH BARRIER ATTACHED WITH FILTER (1 PIECE) EACH
K0588	OSTOMY POUCH DRAINABLE FOR USE ON BARRIER WITH FLANGE WITH FILTER (2 PIECE SYSTEM) EACH
K0589	OSTOMY POUCH DRAINABLE FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM) EACH
K0601	Replacement battery for external infusion pump owned by patient silver oxide 1.5 volt each
K0602	Replacement battery for external infusion pump owned by patient silver oxide 3 volt each
K0603	Replacement battery for external infusion pump owned by patient alkaline 1.5 volt each
K0604	Replacement battery for external infusion pump owned by patient lithium 3.6 volt each
K0605	Replacement battery for external infusion pump owned by patient lithium 4.5 volt each
K0606	Automatic external defibrillator with integrated electrocardiogram analysis garment type
K0607	Replacement battery for automated external defibrillator garment type only each
K0608	Replacement garment for use with automated external defibrillator each
K0609	Replacement electrodes for use with automated external defibrillator garment type only each
K0669	WHEELCHAIR ACCESSORY WHEELCHAIR SEAT OR BACK CUSHION DOES NOT MEET SPECIFIC CODE CRITERIA OR NO WRIT
K0672	Addition to lower extremity orthosis removable soft interface all components replacement only each
K0730	Controlled dose inhalation drug delivery system
K0731	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR OTHER THAN EAR LEVEL REPLA
K0732	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR EAR LEVEL REPLACEMENT EACH
K0733	POWER WHEELCHAIR ACCESSORY 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY EACH (E.G. GEL CELL ABSORBED G
K0738	PORTABLE GASEOUS OXYGEN SYSTEM RENTAL HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS INCLUDE
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE
K0740	REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN LABOR COMPONEN
K0743	Suction pump home model portable for use on wounds
K0744	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP HOME MODEL PORTABLE PAD SIZE 16 SQUARE INCHES OR
K0745	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP HOME MODEL PORTABLE PAD SIZE MORE THAN 16 SQUARE

K0746	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP HOME MODEL PORTABLE PAD SIZE GREATER THAN 48 SQU
K0800	Power operated vehicle group 1 standard patient weight capacity up to and including 300 pounds
K0801	Power operated vehicle group 1 heavy duty patient weight capacity 301 to 450 pounds
K0802	Power operated vehicle group 1 very heavy duty patient weight capacity 451 to 600 pounds
K0806	Power operated vehicle group 2 standard patient weight capacity up to and including 300 pounds
K0807	Power operated vehicle group 2 heavy duty patient weight capacity 301 to 450 pounds
K0808	Power operated vehicle group 2 very heavy duty patient weight capacity 451 to 600 pounds
K0812	Power operated vehicle not otherwise classified
K0813	POWER WHEELCHAIR GROUP 1 STANDARD PORTABLE SLING SOLID SEAT AND BACK PATIENT WEIGHT CAPACITY UP TO A
K0814	POWER WHEELCHAIR GROUP 1 STANDARD PORTABLE CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDIN
K0815	POWER WHEELCHAIR GROUP 1 STANDARD SLING SOLID SEAT AND BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUD
K0816	POWER WHEELCHAIR GROUP 1 STANDARD CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU
K0820	POWER WHEELCHAIR GROUP 2 STANDARD PORTABLE SLING SOLID SEAT BACK PATIENT WEIGHT CAPACITY UP TO AND I
K0821	POWER WHEELCHAIR GROUP 2 STANDARD PORTABLE CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDIN
K0822	POWER WHEELCHAIR GROUP 2 STANDARD SLING SOLID SEAT BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING
K0823	POWER WHEELCHAIR GROUP 2 STANDARD CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU
K0824	Power wheelchair group 2 heavy duty sling solid seat back patient weight capacity 301 to 450 pounds
K0825	Power wheelchair group 2 heavy duty captains chair patient weight capacity 301 to 450 pounds
K0826	POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY SLING SOLID SEAT BACK PATIENT WEIGHT CAPACITY 451 TO 600 PO
K0827	Power wheelchair group 2 very heavy duty captains chair patient weight capacity 451 to 600 pounds
K0828	POWER WHEELCHAIR GROUP 2 EXTRA HEAVY DUTY SLING SOLID SEAT BACK PATIENT WEIGHT CAPACITY 601 POUNDS O
K0829	Power wheelchair group 2 extra heavy duty captains chair patient weight 601 pounds or more

K0830	POWER WHEELCHAIR GROUP 2 STANDARD SEAT ELEVATOR SLING SOLID SEAT BACK PATIENT WEIGHT CAPACITY UP TO
K0831	POWER WHEELCHAIR GROUP 2 STANDARD SEAT ELEVATOR CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INC
K0835	POWER WHEELCHAIR GROUP 2 STANDARD SINGLE POWER OPTION SLING SOLID SEAT BACK PATIENT WEIGHT CAPACITY
K0836	POWER WHEELCHAIR GROUP 2 STANDARD SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO A
K0837	POWER WHEELCHAIR GROUP 2 HEAVY DUTY SINGLE POWER OPTION SLING SOLID SEAT BACK PATIENT WEIGHT CAPACIT
K0838	POWER WHEELCHAIR GROUP 2 HEAVY DUTY SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 301 T
K0839	POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY SINGLE POWER OPTION SLING SOLID SEAT BACK PATIENT WEIGHT CA
K0840	POWER WHEELCHAIR GROUP 2 EXTRA HEAVY DUTY SINGLE POWER OPTION SLING SOLID SEAT BACK PATIENT WEIGHT C
K0841	POWER WHEELCHAIR GROUP 2 STANDARD MULTIPLE POWER OPTION SLING SOLID SEAT BACK PATIENT WEIGHT CAPACIT
K0842	POWER WHEELCHAIR GROUP 2 STANDARD MULTIPLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO
K0843	POWER WHEELCHAIR GROUP 2 HEAVY DUTY MULTIPLE POWER OPTION SLING SOLID SEAT BACK PATIENT WEIGHT CAPAC
K0848	POWER WHEELCHAIR GROUP 3 STANDARD SLING SOLID SEAT BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING
K0849	POWER WHEELCHAIR GROUP 3 STANDARD CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU
K0850	Power wheelchair group 3 heavy duty sling solid seat back patient weight capacity 301 to 450 pounds
K0851	Power wheelchair group 3 heavy duty captains chair patient weight capacity 301 to 450 pounds
K0852	POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY SLING SOLID SEAT BACK PATIENT WEIGHT CAPACITY 451 TO 600 PO
K0853	Power wheelchair group 3 very heavy duty captains chair patient weight capacity 451 to 600 pounds
K0854	POWER WHEELCHAIR GROUP 3 EXTRA HEAVY DUTY SLING SOLID SEAT BACK PATIENT WEIGHT CAPACITY 601 POUNDS O
K0855	Power wheelchair group 3 extra heavy duty captains chair patient weight capacity 601 pounds or more

K0856	POWER WHEELCHAIR GROUP 3 STANDARD SINGLE POWER OPTION SLING SOLID SEAT BACK PATIENT WEIGHT CAPACITY
K0857	POWER WHEELCHAIR GROUP 3 STANDARD SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO A
K0858	POWER WHEELCHAIR GROUP 3 HEAVY DUTY SINGLE POWER OPTION SLING SOLID SEAT BACK PATIENT WEIGHT 301 TO
K0859	POWER WHEELCHAIR GROUP 3 HEAVY DUTY SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 301 T
K0860	POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY SINGLE POWER OPTION SLING SOLID SEAT BACK PATIENT WEIGHT CA
K0861	POWER WHEELCHAIR GROUP 3 STANDARD MULTIPLE POWER OPTION SLING SOLID SEAT BACK PATIENT WEIGHT CAPACIT
K0862	POWER WHEELCHAIR GROUP 3 HEAVY DUTY MULTIPLE POWER OPTION SLING SOLID SEAT BACK PATIENT WEIGHT CAPAC
K0863	POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY MULTIPLE POWER OPTION SLING SOLID SEAT BACK PATIENT WEIGHT
K0864	POWER WHEELCHAIR GROUP 3 EXTRA HEAVY DUTY MULTIPLE POWER OPTION SLING SOLID SEAT BACK PATIENT WEIGHT
K0868	POWER WHEELCHAIR GROUP 4 STANDARD SLING SOLID SEAT BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING
K0869	POWER WHEELCHAIR GROUP 4 STANDARD CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU
K0870	Power wheelchair group 4 heavy duty sling solid seat back patient weight capacity 301 to 450 pounds
K0871	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY SLING SOLID SEAT BACK PATIENT WEIGHT CAPACITY 451 TO 600 PO
K0877	POWER WHEELCHAIR GROUP 4 STANDARD SINGLE POWER OPTION SLING SOLID SEAT BACK PATIENT WEIGHT CAPACITY
K0878	POWER WHEELCHAIR GROUP 4 STANDARD SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO A
K0879	POWER WHEELCHAIR GROUP 4 HEAVY DUTY SINGLE POWER OPTION SLING SOLID SEAT BACK PATIENT WEIGHT CAPACIT
K0880	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY SINGLE POWER OPTION SLING SOLID SEAT BACK PATIENT WEIGHT 45

K0884	POWER WHEELCHAIR GROUP 4 STANDARD MULTIPLE POWER OPTION SLING SOLID SEAT BACK PATIENT WEIGHT CAPACIT
K0885	POWER WHEELCHAIR GROUP 4 STANDARD MULTIPLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO
K0886	POWER WHEELCHAIR GROUP 4 HEAVY DUTY MULTIPLE POWER OPTION SLING SOLID SEAT BACK PATIENT WEIGHT CAPAC
K0890	POWER WHEELCHAIR GROUP 5 PEDIATRIC SINGLE POWER OPTION SLING SOLID SEAT BACK PATIENT WEIGHT CAPACITY
K0891	POWER WHEELCHAIR GROUP 5 PEDIATRIC MULTIPLE POWER OPTION SLING SOLID SEAT BACK PATIENT WEIGHT CAPACI
K0898	Power wheelchair not otherwise classified
K0899	POWER MOBILITY DEVICE NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA
K0900	Customized durable medical equipment other than wheelchair
K1004	LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE FOR HOME USE
K1007	BILATERAL HIP KNEE ANKLE FOOT DEVICE POWERED INCLUDES PELVIC COMPONENT SINGLE OR DOUBLE UPRIGHT(S) K
K1010	INDWELLING INTRAURETHRAL DRAINAGE DEVICE WITH VALVE PATIENT INSERTED REPLACEMENT ONLY EACH
K1011	ACTIVATION DEVICE FOR INTRAURETHRAL DRAINAGE DEVICE WITH VALVE REPLACEMENT ONLY EACH
K1012	CHARGER AND BASE STATION FOR INTRAURETHRAL ACTIVATION DEVICE REPLACEMENT ONLY
K1027	ORAL DEVICE APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY WITHOUT FIXED MECHANICAL HINGE CUST
K1030	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTED CARDIAC CONTRACTILITY MODUL
K1034	PROVISION OF COVID-19 TEST NONPRESCRIPTION SELF-ADMINISTERED AND SELF-COLLECTED USE FDA APPROVED AUT
K1035	MOLECULAR DIAGNOSTIC TEST READER NONPRESCRIPTION SELF-ADMINISTERED AND SELF-COLLECTED USE FDA APPROV
K1036	SUPPLIES AND ACCESSORIES (E.G. TRANSDUCER) FOR LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE P
K1037	DOCKING STATION FOR USE WITH ORAL DEVICE APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY
L0112	CRANIAL CERVICAL ORTHOSIS CONGENITAL TORTICOLLIS TYPE W WO SOFT INTERFACE MATERIAL ADJUSTABLE RANGE

L0113	CRANIAL CERVICAL ORTHOSIS TORTICOLLIS TYPE W WO JOINT W WO SOFT INTERFACE MATERIAL PREFABRICATED INC
L0120	Cervical flexible non-adjustable prefabricated off-the-shelf (foam collar)
L0130	Cervical flexible thermoplastic collar molded to patient
L0140	Cervical semi-rigid adjustable (plastic collar)
L0150	Cervical semi-rigid adjustable molded chin cup (plastic collar with mandibular occipital piece)
L0160	Cervical semi-rigid wire frame occipital mandibular support prefabricated off-the-shelf
L0170	Cervical collar molded to patient model
L0172	Cervical collar semi-rigid thermoplastic foam two-piece prefabricated off-the-shelf
L0174	CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE WITH THORACIC EXTENSION PREFABRICATED OFF-TH
L0180	Cervical multiple post collar occipital mandibular supports adjustable
L0190	CERVICAL MULTIPLE POST COLLAR OCCIPITAL MANDIBULAR SUPPORTS ADJUSTABLE CERVICAL BARS (SOMI GUILFORD
L0200	CERVICAL MULTIPLE POST COLLAR OCCIPITAL MANDIBULAR SUPPORTS ADJUSTABLE CERVICAL BARS AND THORACIC EX
L0220	Thoracic rib belt custom fabricated
L0450	TLSO FLEXIBLE PROVIDES TRUNK SUPPORT UPPER THORACIC REGION PRODUCES INTRACAVITARY PRESSURE TO REDUCE
L0452	TLSO FLEXIBLE PROVIDES TRUNK SUPPORT UPPER THORACIC REGION PRODUCES INTRACAVITARY PRESSURE TO REDUCE
L0454	TLSO FLEXIBLE PROVIDES TRUNK SUPPORT EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA REST
L0455	TLSO FLEXIBLE PROVIDES TRUNK SUPPORT EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA REST
L0456	TLSO FLEXIBLE PROVIDES TRUNK SUPPORT THORACIC REGION RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON E
L0457	TLSO FLEXIBLE PROVIDES TRUNK SUPPORT THORACIC REGION RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON E
L0458	TLSO TRIPLANAR CONTROL MODULAR SEGMENTED SPINAL SYSTEM TWO RIGID PLASTIC SHELLS POSTERIOR EXTENDS FR
L0460	TLSO TRIPLANAR CONTROL MODULAR SEGMENTED SPINAL SYSTEM TWO RIGID PLASTIC SHELLS POSTERIOR EXTENDS FR

L0462	TLSO TRIPLANAR CONTROL MODULAR SEGMENTED SPINAL SYSTEM THREE RIGID PLASTIC SHELLS POSTERIOR EXTENDS
L0464	TLSO TRIPLANAR CONTROL MODULAR SEGMENTED SPINAL SYSTEM FOUR RIGID PLASTIC SHELLS POSTERIOR EXTENDS F
L0466	TLSO SAGITTAL CONTROL RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS CLOSURES AN
L0467	TLSO SAGITTAL CONTROL RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS CLOSURES AN
L0468	TLSO SAGITTAL-CORONAL CONTROL RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS CLO
L0469	TLSO SAGITTAL-CORONAL CONTROL RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS CLO
L0470	TLSO TRIPLANAR CONTROL RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS CLOSURES A
L0472	TLSO TRIPLANAR CONTROL HYPEREXTENSION RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS
L0480	TLSO TRIPLANAR CONTROL ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER WITH MULTIPLE STRAPS AN
L0482	TLSO TRIPLANAR CONTROL ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER MULTIPLE STRAPS AND CLOSUR
L0484	TLSO TRIPLANAR CONTROL TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER WITH MULTIPLE STRAPS AN
L0486	TLSO TRIPLANAR CONTROL TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER MULTIPLE STRAPS AND CLOSUR
L0488	TLSO TRIPLANAR CONTROL ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER MULTIPLE STRAPS AND CLOSUR
L0490	TLSO SAGITTAL-CORONAL CONTROL ONE PIECE RIGID PLASTIC SHELL WITH OVERLAPPING REINFORCED ANTERIOR WIT
L0491	TLSO SAGITTAL-CORONAL CONTROL MODULAR SEGMENTED SPINAL SYSTEM TWO RIGID PLASTIC SHELLS POSTERIOR EXT
L0492	TLSO SAGITTAL-CORONAL CONTROL MODULAR SEGMENTED SPINAL SYSTEM THREE RIGID PLASTIC SHELLS POSTERIOR E
L0621	SACROILIAC ORTHOSIS FLEXIBLE PROVIDES PELVIC-SACRAL SUPPORT REDUCES MOTION ABOUT THE SACROILIAC JOIN

L0622	SACROILIAC ORTHOSIS FLEXIBLE PROVIDES PELVIC-SACRAL SUPPORT REDUCES MOTION ABOUT THE SACROILIAC JOIN
L0623	SACROILIAC ORTHOSIS PROVIDES PELVIC-SACRAL SUPPORT WITH RIGID OR SEMI-RIGID PANELS OVER THE SACRUM A
L0624	SACROILIAC ORTHOSIS PROVIDES PELVIC-SACRAL SUPPORT WITH RIGID OR SEMI-RIGID PANELS PLACED OVER THE S
L0625	LUMBAR ORTHOSIS FLEXIBLE PROVIDES LUMBAR SUPPORT POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA PR
L0626	LUMBAR ORTHOSIS SAGITTAL CONTROL WITH RIGID POSTERIOR PANEL(S) POSTERIOR EXTENDS FROM L-1 TO BELOW L
L0627	LUMBAR ORTHOSIS SAGITTAL CONTROL WITH RIGID ANTERIOR AND POSTERIOR PANELS POSTERIOR EXTENDS FROM L-1
L0628	LUMBAR-SACRAL ORTHOSIS FLEXIBLE PROVIDES LUMBO-SACRAL SUPPORT POSTERIOR EXTENDS FROM SACROCOCCYGEAL
L0629	LUMBAR-SACRAL ORTHOSIS FLEXIBLE PROVIDES LUMBO-SACRAL SUPPORT POSTERIOR EXTENDS FROM SACROCOCCYGEAL
L0630	LUMBAR-SACRAL ORTHOSIS SAGITTAL CONTROL WITH RIGID POSTERIOR PANEL(S) POSTERIOR EXTENDS FROM SACROCO
L0631	LUMBAR-SACRAL ORTHOSIS SAGITTAL CONTROL WITH RIGID ANTERIOR AND POSTERIOR PANELS POSTERIOR EXTENDS F
L0632	LUMBAR-SACRAL ORTHOSIS SAGITTAL CONTROL WITH RIGID ANTERIOR AND POSTERIOR PANELS POSTERIOR EXTENDS F
L0633	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL WITH RIGID POSTERIOR FRAME PANEL(S) POSTERIOR EXTEND
L0634	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL WITH RIGID POSTERIOR FRAME PANEL(S) POSTERIOR EXTEND
L0635	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL LUMBAR FLEXION RIGID POSTERIOR FRAME PANEL(S) LATERA
L0636	LUMBAR SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL LUMBAR FLEXION RIGID POSTERIOR FRAME PANELS LATERAL
L0637	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL WITH RIGID ANTERIOR AND POSTERIOR FRAME PANELS POSTE
L0638	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL WITH RIGID ANTERIOR AND POSTERIOR FRAME PANELS POSTE

L0639	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL RIGID SHELL(S) PANEL(S) POSTERIOR EXTENDS FROM SACRO
L0640	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL RIGID SHELL(S) PANEL(S) POSTERIOR EXTENDS FROM SACRO
L0641	LUMBAR ORTHOSIS SAGITTAL CONTROL WITH RIGID POSTERIOR PANEL(S) POSTERIOR EXTENDS FROM L-1 TO BELOW L
L0642	LUMBAR ORTHOSIS SAGITTAL CONTROL WITH RIGID ANTERIOR AND POSTERIOR PANELS POSTERIOR EXTENDS FROM L-1
L0643	LUMBAR-SACRAL ORTHOSIS SAGITTAL CONTROL WITH RIGID POSTERIOR PANEL(S) POSTERIOR EXTENDS FROM SACROCO
L0648	LUMBAR-SACRAL ORTHOSIS SAGITTAL CONTROL WITH RIGID ANTERIOR AND POSTERIOR PANELS POSTERIOR EXTENDS F
L0649	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL WITH RIGID POSTERIOR FRAME PANEL(S) POSTERIOR EXTEND
L0650	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL WITH RIGID ANTERIOR AND POSTERIOR FRAME PANEL(S) POS
L0651	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL RIGID SHELL(S) PANEL(S) POSTERIOR EXTENDS FROM SACRO
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO) ANTERIOR-POSTERIOR-LATERAL CONTROL MOLDED TO PATIEN
L0710	CTLSO ANTERIOR-POSTERIOR-LATERAL-CONTROL MOLDED TO PATIENT MODEL WITH INTERFACE MATERIAL (MINERVA TY
L0720	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO) ANTERIOR-POSTERIOR-LATERAL CONTROL PREFABRICATED IT
L0810	Halo procedure cervical halo incorporated into jacket vest
L0820	Halo procedure cervical halo incorporated into plaster body jacket
L0830	Halo procedure cervical halo incorporated into milwaukee type orthosis
L0859	Addition to halo procedure magnetic resonance image compatible systems rings and pins any material
L0861	Addition to halo procedure replacement liner interface material
L0970	Tlso corset front
L0972	Lso corset front
L0974	Tlso full corset
L0976	Lso full corset
L0978	Axillary crutch extension

L0980	Peroneal straps prefabricated off-the-shelf pair
L0982	Stocking supporter grips prefabricated off-the-shelf set of four (4)
L0984	Protective body sock prefabricated off-the-shelf each
L0999	Addition to spinal orthosis not otherwise specified
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE) INCLUSIVE OF FURNISHING INITIAL ORTHOSI
L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS IMMOBILIZER INFANT SIZE PREFABRICATED INCLUDES FITTING AND
L1005	Tension based scoliosis orthosis and accessory pads includes fitting and adjustment
L1006	SCOLIOSIS ORTHOSIS SAGITTAL-CORONAL CONTROL PROVIDED BY A RIGID LATERAL FRAME EXTENDS FROM AXILLA TO
L1010	Addition to cervical-thoracic-lumbar-sacral orthosis (ctlso) or scoliosis orthosis axilla sling
L1020	Addition to ctlso or scoliosis orthosis kyphosis pad
L1025	Addition to ctlso or scoliosis orthosis kyphosis pad floating
L1030	Addition to ctlso or scoliosis orthosis lumbar bolster pad
L1040	Addition to ctlso or scoliosis orthosis lumbar or lumbar rib pad
L1050	Addition to ctlso or scoliosis orthosis sternal pad
L1060	Addition to ctlso or scoliosis orthosis thoracic pad
L1070	Addition to ctlso or scoliosis orthosis trapezius sling
L1080	Addition to ctlso or scoliosis orthosis outrigger
L1085	Addition to ctlso or scoliosis orthosis outrigger bilateral with vertical extensions
L1090	Addition to ctlso or scoliosis orthosis lumbar sling
L1100	Addition to ctlso or scoliosis orthosis ring flange plastic or leather
L1110	Addition to ctlso or scoliosis orthosis ring flange plastic or leather molded to patient model
L1120	Addition to ctlso scoliosis orthosis cover for upright each
L1200	Thoracic-lumbar-sacral-orthosis (tlso) inclusive of furnishing initial orthosis only
L1210	Addition to tlso (low profile) lateral thoracic extension
L1220	Addition to tlso (low profile) anterior thoracic extension
L1230	Addition to tlso (low profile) milwaukee type superstructure
L1240	Addition to tlso (low profile) lumbar derotation pad
L1250	Addition to tlso (low profile) anterior asis pad
L1260	Addition to tlso (low profile) anterior thoracic derotation pad
L1270	Addition to tlso (low profile) abdominal pad
L1280	Addition to tlso (low profile) rib gusset (elastic) each

L1290	Addition to tlso (low profile) lateral trochanteric pad
L1300	Other scoliosis procedure body jacket molded to patient model
L1310	Other scoliosis procedure post-operative body jacket
L1320	THORACIC PECTUS CARINATUM ORTHOSIS STERNAL COMPRESSION RIGID CIRCUMFERENTIAL FRAME WITH ANTERIOR AND
L1499	Spinal orthosis not otherwise specified
L1600	HIP ORTHOSIS ABDUCTION CONTROL OF HIP JOINTS FLEXIBLE FREJKA TYPE WITH COVER PREFABRICATED ITEM THAT
L1610	HIP ORTHOSIS ABDUCTION CONTROL OF HIP JOINTS FLEXIBLE (FREJKA COVER ONLY) PREFABRICATED ITEM THAT HA
L1620	HIP ORTHOSIS ABDUCTION CONTROL OF HIP JOINTS FLEXIBLE (PAVLIK HARNESS) PREFABRICATED ITEM THAT HAS B
L1630	HIP ORTHOSIS ABDUCTION CONTROL OF HIP JOINTS SEMI-FLEXIBLE (VON ROSEN TYPE) CUSTOM FABRICATED
L1640	HIP ORTHOSIS ABDUCTION CONTROL OF HIP JOINTS STATIC PELVIC BAND OR SPREADER BAR THIGH CUFFS CUSTOM F
L1650	HIP ORTHOSIS ABDUCTION CONTROL OF HIP JOINTS STATIC ADJUSTABLE (ILFLED TYPE) PREFABRICATED INCLUDES
L1652	HIP ORTHOSIS BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR ADULT SIZE PREFABRICATED IN
L1653	HIP ORTHOSIS BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR ADULT SIZE PREFABRICATED OF
L1660	HIP ORTHOSIS ABDUCTION CONTROL OF HIP JOINTS STATIC PLASTIC PREFABRICATED INCLUDES FITTING AND ADJUS
L1680	HIP ORTHOSIS ABDUCTION CONTROL OF HIP JOINTS DYNAMIC PELVIC CONTROL ADJUSTABLE HIP MOTION CONTROL TH
L1681	HIP ORTHOSIS BILATERAL HIP JOINTS AND THIGH CUFFS ADJUSTABLE FLEXION EXTENSION ABDUCTION CONTROL OF
L1685	Hip orthosis abduction control of hip joint postoperative hip abduction type custom fabricated
L1686	HIP ORTHOSIS ABDUCTION CONTROL OF HIP JOINT POSTOPERATIVE HIP ABDUCTION TYPE PREFABRICATED INCLUDES
L1690	COMBINATION BILATERAL LUMBO-SACRAL HIP FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONT
L1700	LEGG PERTHES ORTHOSIS (TORONTO TYPE) CUSTOM FABRICATED

L1710	Legg perthes orthosis (newington type) custom fabricated
L1720	LEGG PERTHES ORTHOSIS TRILATERAL (TACHDIJAN TYPE) CUSTOM FABRICATED
L1730	LEGG PERTHES ORTHOSIS (SCOTTISH RITE TYPE) CUSTOM FABRICATED
L1755	LEGG PERTHES ORTHOSIS (PATTEN BOTTOM TYPE) CUSTOM FABRICATED
L1810	KNEE ORTHOSIS ELASTIC WITH JOINTS PREFABRICATED ITEM THAT HAS BEEN TRIMMED BENT MOLDED ASSEMBLED OR
L1812	Knee orthosis elastic with joints prefabricated off-the-shelf
L1820	KNEE ORTHOSIS ELASTIC WITH CONDYLAR PADS AND JOINTS W WO PATELLAR CONTROL PREFABRICATED ITEM THAT HA
L1821	KNEE ORTHOSIS ELASTIC WITH CONDYLAR PADS AND JOINTS W WO PATELLAR CONTROL PREFABRICATED OFF THE SHEL
L1830	Knee orthosis immobilizer canvas longitudinal prefabricated off-the-shelf
L1831	KNEE ORTHOSIS LOCKING KNEE JOINT(S) POSITIONAL ORTHOSIS PREFABRICATED INCLUDES FITTING AND ADJUSTMEN
L1832	KNEE ORTHOSIS ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC) POSITIONAL ORTHOSIS RIGID SUPPORT P
L1833	KNEE ORTHOSIS ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC) POSITIONAL ORTHOSIS RIGID SUPPORT P
L1834	KNEE ORTHOSIS WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED
L1836	Knee orthosis rigid without joint(s) includes soft interface material prefabricated off-the-shelf
L1840	Knee orthosis derotation medial-lateral anterior cruciate ligament custom fabricated
L1843	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC
L1844	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC
L1845	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC
L1846	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC
L1847	KNEE ORTHOSIS DOUBLE UPRIGHT WITH ADJUSTABLE JOINT WITH INFLATABLE AIR SUPPORT CHAMBER(S) PREFABRICA
L1848	KNEE ORTHOSIS DOUBLE UPRIGHT WITH ADJUSTABLE JOINT WITH INFLATABLE AIR SUPPORT CHAMBER(S) PREFABRICA
L1850	Knee orthosis swedish type prefabricated off-the-shelf

L1851	KNEE ORTHOSIS (KO) SINGLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICEN
L1852	KNEE ORTHOSIS (KO) DOUBLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICEN
L1860	KNEE ORTHOSIS MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET CUSTOM FABRICATED (SK)
L1900	ANKLE FOOT ORTHOSIS SPRING WIRE DORSIFLEXION ASSIST CALF BAND CUSTOM FABRICATED
L1902	ANKLE ORTHOSIS ANKLE GAUNTLET OR SIMILAR W WO JOINTS PREFABRICATED OFF-THE-SHELF
L1904	ANKLE ORTHOSIS ANKLE GAUNTLET OR SIMILAR W WO JOINTS CUSTOM FABRICATED
L1906	ANKLE FOOT ORTHOSIS MULTILIGAMENTOUS ANKLE SUPPORT PREFABRICATED OFF-THE-SHELF
L1907	ANKLE ORTHOSIS SUPRAMALLEOLAR WITH STRAPS W WO INTERFACE PADS CUSTOM FABRICATED
L1910	ANKLE FOOT ORTHOSIS POSTERIOR SINGLE BAR CLASP ATTACHMENT TO SHOE COUNTER PREFABRICATED INCLUDES FIT
L1920	ANKLE FOOT ORTHOSIS SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE) CUSTOM
L1930	Ankle foot orthosis plastic or other material prefabricated includes fitting and adjustment
L1932	ANKLE FOOT ORTHOSIS RIGID ANTERIOR TIBIAL SECTION TOTAL CARBON FIBER OR EQUAL MATERIAL PREFABRICATED
L1933	ANKLE FOOT ORTHOSIS RIGID ANTERIOR TIBIAL SECTION TOTAL CARBON FIBER OR EQUAL MATERIAL PREFABRICATED
L1940	ANKLE FOOT ORTHOSIS PLASTIC OR OTHER MATERIAL CUSTOM FABRICATED
L1945	ANKLE FOOT ORTHOSIS PLASTIC RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION) CUSTOM FABRICATED
L1950	ANKLE FOOT ORTHOSIS SPIRAL (INSTITUTE OF REHABILITATIVE MEDICINE TYPE) PLASTIC CUSTOM FABRICATED
L1951	ANKLE FOOT ORTHOSIS SPIRAL (INSTITUTE OF REHABILITATIVE MEDICINE TYPE) PLASTIC OR OTHER MATERIAL PRE
L1952	ANKLE FOOT ORTHOSIS SPIRAL (INSTITUTE OF REHABILITATIVE MEDICINE TYPE) PLASTIC OR OTHER MATERIAL PRE
L1960	ANKLE FOOT ORTHOSIS POSTERIOR SOLID ANKLE PLASTIC CUSTOM FABRICATED
L1970	ANKLE FOOT ORTHOSIS PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED
L1971	ANKLE FOOT ORTHOSIS PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT W WO DORSIFLEXION ASSIST PREFABRICATE
L1980	ANKLE FOOT ORTHOSIS SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION SOLID STIRRUP CALF BAND CUFF (SINGLE BA

L1990	ANKLE FOOT ORTHOSIS DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION SOLID STIRRUP CALF BAND CUFF (DOUBLE BA
L2000	KNEE ANKLE FOOT ORTHOSIS SINGLE UPRIGHT FREE KNEE FREE ANKLE SOLID STIRRUP THIGH AND CALF BANDS CUFF
L2005	KNEE ANKLE FOOT ORTHOSIS ANY MATERIAL SINGLE OR DOUBLE UPRIGHT STANCE CONTROL AUTOMATIC LOCK AND SWI
L2006	GKNEE ANKLE FOOT DEVICE ANY MATERIAL SINGLE OR DOUBLE UPRIGHT SWING AND STANCE PHASE MICROPROCESSOR
L2010	KNEE ANKLE FOOT ORTHOSIS SINGLE UPRIGHT FREE ANKLE SOLID STIRRUP THIGH AND CALF BANDS CUFFS (SINGLE
L2020	KNEE ANKLE FOOT ORTHOSIS DOUBLE UPRIGHT FREE ANKLE SOLID STIRRUP THIGH AND CALF BANDS CUFFS (DOUBLE
L2030	KNEE ANKLE FOOT ORTHOSIS DOUBLE UPRIGHT FREE ANKLE SOLID STIRRUP THIGH AND CALF BANDS CUFFS (DOUBLE
L2034	KNEE ANKLE FOOT ORTHOSIS FULL PLASTIC SINGLE UPRIGHT W WO FREE MOTION KNEE MEDIAL LATERAL ROTATION C
L2035	KNEE ANKLE FOOT ORTHOSIS FULL PLASTIC STATIC (PEDIATRIC SIZE) WITHOUT FREE MOTION ANKLE PREFABRICATE
L2036	KNEE ANKLE FOOT ORTHOSIS FULL PLASTIC DOUBLE UPRIGHT W WO FREE MOTION KNEE W WO FREE MOTION ANKLE CU
L2037	KNEE ANKLE FOOT ORTHOSIS FULL PLASTIC SINGLE UPRIGHT W WO FREE MOTION KNEE W WO FREE MOTION ANKLE CU
L2038	KNEE ANKLE FOOT ORTHOSIS FULL PLASTIC W WO FREE MOTION KNEE MULTI-AXIS ANKLE CUSTOM FABRICATED
L2040	HIP KNEE ANKLE FOOT ORTHOSIS TORSION CONTROL BILATERAL ROTATION STRAPS PELVIC BAND BELT CUSTOM FABRI
L2050	HIP KNEE ANKLE FOOT ORTHOSIS TORSION CONTROL BILATERAL TORSION CABLES HIP JOINT PELVIC BAND BELT CUS
L2060	HIP KNEE ANKLE FOOT ORTHOSIS TORSION CONTROL BILATERAL TORSION CABLES BALL BEARING HIP JOINT PELVIC
L2070	HIP KNEE ANKLE FOOT ORTHOSIS TORSION CONTROL UNILATERAL ROTATION STRAPS PELVIC BAND BELT CUSTOM FABR
L2080	HIP KNEE ANKLE FOOT ORTHOSIS TORSION CONTROL UNILATERAL TORSION CABLE HIP JOINT PELVIC BAND BELT CUS

L2090	HIP KNEE ANKLE FOOT ORTHOSIS TORSION CONTROL UNILATERAL TORSION CABLE BALL BEARING HIP JOINT PELVIC
L2106	ANKLE FOOT ORTHOSIS FRACTURE ORTHOSIS TIBIAL FRACTURE CAST ORTHOSIS THERMOPLASTIC TYPE CASTING MATER
L2108	ANKLE FOOT ORTHOSIS FRACTURE ORTHOSIS TIBIAL FRACTURE CAST ORTHOSIS CUSTOM FABRICATED
L2112	ANKLE FOOT ORTHOSIS FRACTURE ORTHOSIS TIBIAL FRACTURE ORTHOSIS SOFT PREFABRICATED INCLUDES FITTING A
L2114	ANKLE FOOT ORTHOSIS FRACTURE ORTHOSIS TIBIAL FRACTURE ORTHOSIS SEMI-RIGID PREFABRICATED INCLUDES FIT
L2116	ANKLE FOOT ORTHOSIS FRACTURE ORTHOSIS TIBIAL FRACTURE ORTHOSIS RIGID PREFABRICATED INCLUDES FITTING
L2126	KNEE ANKLE FOOT ORTHOSIS FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS THERMOPLASTIC TYPE CASTING
L2128	KNEE ANKLE FOOT ORTHOSIS FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS CUSTOM FABRICATED
L2132	KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS SOFT PREFABRICATED INCLUDES FITTING AND ADJUST
L2134	KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS SEMI-RIGID PREFABRICATED INCLUDES FITTING AND
L2136	KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS RIGID PREFABRICATED INCLUDES FITTING AND ADJUS
L2180	Addition to lower extremity fracture orthosis plastic shoe insert with ankle joints
L2182	Addition to lower extremity fracture orthosis drop lock knee joint
L2184	Addition to lower extremity fracture orthosis limited motion knee joint
L2186	Addition to lower extremity fracture orthosis adjustable motion knee joint lerman type
L2188	Addition to lower extremity fracture orthosis quadrilateral brim
L2190	Addition to lower extremity fracture orthosis waist belt
L2192	Addition to lower extremity fracture orthosis hip joint pelvic band thigh flange and pelvic belt
L2200	Addition to lower extremity limited ankle motion each joint
L2210	Addition to lower extremity dorsiflexion assist (plantar flexion resist) each joint
L2220	Addition to lower extremity dorsiflexion and plantar flexion assist resist each joint
L2230	Addition to lower extremity split flat caliper stirrups and plate attachment
L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS FOR CUSTOM

L2240	Addition to lower extremity round caliper and plate attachment
L2250	Addition to lower extremity foot plate molded to patient model stirrup attachment
L2260	Addition to lower extremity reinforced solid stirrup (scott-craig type)
L2265	Addition to lower extremity long tongue stirrup
L2270	Addition to lower extremity varus valgus correction (t) strap padded lined or malleolus pad
L2275	Addition to lower extremity varus valgus correction plastic modification padded lined
L2280	Addition to lower extremity molded inner boot
L2300	Addition to lower extremity abduction bar (bilateral hip involvement) jointed adjustable
L2310	Addition to lower extremity abduction bar-straight
L2320	Addition to lower extremity non-molded lacer for custom fabricated orthosis only
L2330	Addition to lower extremity lacer molded to patient model for custom fabricated orthosis only
L2335	Addition to lower extremity anterior swing band
L2340	Addition to lower extremity pre-tibial shell molded to patient model
L2350	ADDITION TO LOWER EXTREMITY PROSTHETIC TYPE (BK) SOCKET MOLDED TO PATIENT MODEL (USED FOR PTB AFO OR
L2360	Addition to lower extremity extended steel shank
L2370	Addition to lower extremity patten bottom
L2375	Addition to lower extremity torsion control ankle joint and half solid stirrup
L2380	Addition to lower extremity torsion control straight knee joint each joint
L2385	Addition to lower extremity straight knee joint heavy duty each joint
L2387	ADDITION TO LOWER EXTREMITY POLYCENTRIC KNEE JOINT FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS EA
L2390	Addition to lower extremity offset knee joint each joint
L2395	Addition to lower extremity offset knee joint heavy duty each joint
L2397	Addition to lower extremity orthosis suspension sleeve
L2405	Addition to knee joint drop lock each
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL CABLE OR EQUAL) ANY MATERIAL EACH JOIN
L2425	Addition to knee joint disc or dial lock for adjustable knee flexion each joint
L2430	Addition to knee joint ratchet lock for active and progressive knee extension each joint
L2492	Addition to knee joint lift loop for drop lock ring
L2500	Addition to lower extremity thigh weight bearing gluteal ischial weight bearing ring
L2510	Addition to lower extremity thigh weight bearing quadri- lateral brim molded to patient model
L2520	Addition to lower extremity thigh weight bearing quadri- lateral brim custom fitted

L2525	ADDITION TO LOWER EXTREMITY THIGH WEIGHT BEARING ISCHIAL CONTAINMENT NARROW M-L BRIM MOLDED TO PATIE
L2526	Addition to lower extremity thigh weight bearing ischial containment narrow m-l brim custom fitted
L2530	Addition to lower extremity thigh-weight bearing lacer non-molded
L2540	Addition to lower extremity thigh weight bearing lacer molded to patient model
L2550	Addition to lower extremity thigh weight bearing high roll cuff
L2570	Addition to lower extremity pelvic control hip joint clevis type two position joint each
L2580	Addition to lower extremity pelvic control pelvic sling
L2600	Addition to lower extremity pelvic control hip joint clevis type or thrust bearing free each
L2610	Addition to lower extremity pelvic control hip joint clevis or thrust bearing lock each
L2620	Addition to lower extremity pelvic control hip joint heavy duty each
L2622	Addition to lower extremity pelvic control hip joint adjustable flexion each
L2624	ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT ADJUSTABLE FLEXION EXTENSION ABDUCTION CONTROL
L2627	ADDITION TO LOWER EXTREMITY PELVIC CONTROL PLASTIC MOLDED TO PATIENT MODEL RECIPROCATING HIP JOINT A
L2628	Addition to lower extremity pelvic control metal frame reciprocating hip joint and cables
L2630	Addition to lower extremity pelvic control band and belt unilateral
L2640	Addition to lower extremity pelvic control band and belt bilateral
L2650	Addition to lower extremity pelvic and thoracic control gluteal pad each
L2660	Addition to lower extremity thoracic control thoracic band
L2670	Addition to lower extremity thoracic control paraspinal uprights
L2680	Addition to lower extremity thoracic control lateral support uprights
L2750	Addition to lower extremity orthosis plating chrome or nickel per bar
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS HIGH STRENGTH LIGHTWEIGHT MATERIAL ALL HYBRID LAMINATION PREPRE
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS EXTENSION PER EXTENSION PER BAR (FOR LINEAL ADJUSTMENT FOR GROW
L2768	Orthotic side bar disconnect device per bar
L2780	Addition to lower extremity orthosis non-corrosive finish per bar
L2785	Addition to lower extremity orthosis drop lock retainer each
L2795	Addition to lower extremity orthosis knee control full kneecap
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS KNEE CONTROL KNEE CAP MEDIAL OR LATERAL PULL FOR USE WITH CUSTO

L2810	Addition to lower extremity orthosis knee control condylar pad
L2820	Addition to lower extremity orthosis soft interface for molded plastic below knee section
L2830	Addition to lower extremity orthosis soft interface for molded plastic above knee section
L2840	Addition to lower extremity orthosis tibial length sock fracture or equal each
L2850	Addition to lower extremity orthosis femoral length sock fracture or equal each
L2861	ADDITION TO LOWER EXTREMITY JOINT KNEE OR ANKLE CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CU
L2999	Lower extremity orthoses not otherwise specified
L3000	Foot insert removable molded to patient model ucb type berkeley shell each
L3001	Foot insert removable molded to patient model spenco each
L3002	Foot insert removable molded to patient model plastazote or equal each
L3003	Foot insert removable molded to patient model silicone gel each
L3010	Foot insert removable molded to patient model longitudinal arch support each
L3020	Foot insert removable molded to patient model longitudinal metatarsal support each
L3030	Foot insert removable formed to patient foot each
L3031	FOOT INSERT PLATE REMOVABLE ADDITION TO LOWER EXTREMITY ORTHOSIS HIGH STRENGTH LIGHTWEIGHT MATERIAL
L3040	Foot arch support removable premolded longitudinal each
L3050	Foot arch support removable premolded metatarsal each
L3060	Foot arch support removable premolded longitudinal metatarsal each
L3070	Foot arch support non-removable attached to shoe longitudinal each
L3080	Foot arch support non-removable attached to shoe metatarsal each
L3090	Foot arch support non-removable attached to shoe longitudinal metatarsal each
L3100	Hallus-valgus night dynamic splint prefabricated off-the-shelf
L3140	Foot abduction rotation bar including shoes
L3150	FOOT ABDUCTION ROTATION BAR WITHOUT SHOES
L3160	Foot adjustable shoe-styled positioning device
L3161	FOOT ADDUCTUS POSITIONING DEVICE ADJUSTABLE
L3170	FOOT PLASTIC SILICONE OR EQUAL HEEL STABILIZER PREFABRICATED OFF-THE-SHELF EACH
L3201	ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR INFANT
L3202	ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR CHILD
L3203	ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR JUNIOR
L3204	ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR INFANT
L3206	ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR CHILD

L3207	ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR JUNIOR
L3208	SURGICAL BOOT EACH INFANT
L3209	SURGICAL BOOT EACH CHILD
L3211	SURGICAL BOOT EACH JUNIOR
L3212	BENESCH BOOT PAIR INFANT
L3213	BENESCH BOOT PAIR CHILD
L3214	BENESCH BOOT PAIR JUNIOR
L3215	ORTHOPEDIC FOOTWEAR LADIES SHOE OXFORD EACH
L3216	ORTHOPEDIC FOOTWEAR LADIES SHOE DEPTH INLAY EACH
L3217	ORTHOPEDIC FOOTWEAR LADIES SHOE HIGHTOP DEPTH INLAY EACH
L3219	ORTHOPEDIC FOOTWEAR MENS SHOE OXFORD EACH
L3221	ORTHOPEDIC FOOTWEAR MENS SHOE DEPTH INLAY EACH
L3222	ORTHOPEDIC FOOTWEAR MENS SHOE HIGHTOP DEPTH INLAY EACH
L3224	Orthopedic footwear woman s shoe oxford used as an integral part of a brace (orthosis)
L3225	Orthopedic footwear man s shoe oxford used as an integral part of a brace (orthosis)
L3230	Orthopedic footwear custom shoe depth inlay each
L3250	Orthopedic footwear custom molded shoe removable inner mold prosthetic shoe each
L3251	Foot shoe molded to patient model silicone shoe each
L3252	Foot shoe molded to patient model plastazote (or similar) custom fabricated each
L3253	Foot molded shoe plastazote (or similar) custom fitted each
L3254	Non-standard size or width
L3255	Non-standard size or length
L3257	Orthopedic footwear additional charge for split size
L3260	Surgical boot shoe each
L3265	Plastazote sandal each
L3300	Lift elevation heel tapered to metatarsals per inch
L3310	Lift elevation heel and sole neoprene per inch
L3320	Lift elevation heel and sole cork per inch
L3330	Lift elevation metal extension (skate)
L3332	Lift elevation inside shoe tapered up to one-half inch
L3334	Lift elevation heel per inch
L3340	Heel wedge sach
L3350	Heel wedge
L3360	Sole wedge outside sole

L3370	Sole wedge between sole
L3380	Clubfoot wedge
L3390	Outflare wedge
L3400	Metatarsal bar wedge rocker
L3410	Metatarsal bar wedge between sole
L3420	Full sole and heel wedge between sole
L3430	Heel counter plastic reinforced
L3440	Heel counter leather reinforced
L3450	Heel sach cushion type
L3455	Heel new leather standard
L3460	Heel new rubber standard
L3465	Heel thomas with wedge
L3470	Heel thomas extended to ball
L3480	Heel pad and depression for spur
L3485	Heel pad removable for spur
L3500	Orthopedic shoe addition insole leather
L3510	Orthopedic shoe addition insole rubber
L3520	Orthopedic shoe addition insole felt covered with leather
L3530	Orthopedic shoe addition sole half
L3540	Orthopedic shoe addition sole full
L3550	Orthopedic shoe addition toe tap standard
L3560	Orthopedic shoe addition toe tap horseshoe
L3570	Orthopedic shoe addition special extension to instep (leather with eyelets)
L3580	Orthopedic shoe addition convert instep to velcro closure
L3590	Orthopedic shoe addition convert firm shoe counter to soft counter
L3595	Orthopedic shoe addition march bar
L3600	Transfer of an orthosis from one shoe to another caliper plate existing
L3610	Transfer of an orthosis from one shoe to another caliper plate new
L3620	Transfer of an orthosis from one shoe to another solid stirrup existing
L3630	Transfer of an orthosis from one shoe to another solid stirrup new
L3640	Transfer of an orthosis from one shoe to another dennis browne splint (riveton) both shoes
L3649	Orthopedic shoe modification addition or transfer not otherwise specified
L3650	Shoulder orthosis figure of eight design abduction restrainer prefabricated off-the-shelf

L3660	SHOULDER ORTHOSIS FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER CANVAS AND WEBBING PREFABRICATED OFF-T
L3670	Shoulder orthosis acromio clavicular (canvas and webbing type) prefabricated off-the-shelf
L3671	SHOULDER ORTHOSIS SHOULDER JOINT DESIGN WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STRAPS CUSTOM FABR
L3674	SHOULDER ORTHOSIS ABDUCTION POSITIONING (AIRPLANE DESIGN) THORACIC COMPONENT AND SUPPORT BAR W WO NO
L3675	SHOULDER ORTHOSIS VEST TYPE ABDUCTION RESTRAINER CANVAS WEBBING TYPE OR EQUAL PREFABRICATED OFF-THE-
L3677	SHOULDER ORTHOSIS SHOULDER JOINT DESIGN WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STRAPS PREFABRICAT
L3678	SHOULDER ORTHOSIS SHOULDER JOINT DESIGN WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STRAPS PREFABRICAT
L3702	ELBOW ORTHOSIS WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STRAPS CUSTOM FABRICATED INCLUDES FITTING A
L3710	Elbow orthosis elastic with metal joints prefabricated off-the-shelf
L3720	ELBOW ORTHOSIS DOUBLE UPRIGHT WITH FOREARM ARM CUFFS FREE MOTION CUSTOM FABRICATED
L3730	ELBOW ORTHOSIS DOUBLE UPRIGHT WITH FOREARM ARM CUFFS EXTENSION FLEXION ASSIST CUSTOM FABRICATED
L3740	ELBOW ORTHOSIS DOUBLE UPRIGHT WITH FOREARM ARM CUFFS ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL CU
L3760	ELBOW ORTHOSIS (EO) WITH ADJUSTABLE POSITION LOCKING JOINT(S) PREFABRICATED ITEM THAT HAS BEEN TRIMM
L3761	ELBOW ORTHOSIS (EO) WITH ADJUSTABLE POSITION LOCKING JOINT(S) PREFABRICATED OFF-THE-SHELF
L3762	Elbow orthosis rigid without joints includes soft interface material prefabricated off-the-shelf
L3763	ELBOW WRIST HAND ORTHOSIS RIGID WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STRAPS CUSTOM FABRICATED I
L3764	ELBOW WRIST HAND ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINTS ELASTIC BANDS TURNBUCKLES MAY INCLU
L3765	ELBOW WRIST HAND FINGER ORTHOSIS RIGID WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STRAPS CUSTOM FABRI
L3766	ELBOW WRIST HAND FINGER ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINTS ELASTIC BANDS TURNBUCKLES MA

L3806	WRIST HAND FINGER ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINT(S) TURNBUCKLES ELASTIC BANDS SPRING
L3807	WRIST HAND FINGER ORTHOSIS WITHOUT JOINT(S) PREFABRICATED ITEM THAT HAS BEEN TRIMMED BENT MOLDED ASS
L3808	WRIST HAND FINGER ORTHOSIS RIGID WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE MATERIAL STRAPS CUSTOM FA
L3809	Wrist hand finger orthosis without joint(s) prefabricated off-the-shelf any type
L3891	ADDITION TO UPPER EXTREMITY JOINT WRIST OR ELBOW CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR C
L3900	WRIST HAND FINGER ORTHOSIS DYNAMIC FLEXOR HINGE RECIPROCAL WRIST EXTENSION FLEXION FINGER FLEXION EX
L3901	WRIST HAND FINGER ORTHOSIS DYNAMIC FLEXOR HINGE RECIPROCAL WRIST EXTENSION FLEXION FINGER FLEXION EX
L3904	WRIST HAND FINGER ORTHOSIS EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED
L3905	WRIST HAND ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINTS ELASTIC BANDS TURNBUCKLES MAY INCLUDE SOF
L3906	WRIST HAND ORTHOSIS WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STRAPS CUSTOM FABRICATED INCLUDES FITT
L3908	Wrist hand orthosis wrist extension control cock-up non molded prefabricated off-the-shelf
L3912	Hand finger orthosis (hfo) flexion glove with elastic finger control prefabricated off-the-shelf
L3913	HAND FINGER ORTHOSIS WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STRAPS CUSTOM FABRICATED INCLUDES FIT
L3915	WRIST HAND ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINT(S) ELASTIC BANDS TURNBUCKLES MAY INCLUDE S
L3916	WRIST HAND ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINT(S) ELASTIC BANDS TURNBUCKLES MAY INCLUDE S
L3917	HAND ORTHOSIS METACARPAL FRACTURE ORTHOSIS PREFABRICATED ITEM THAT HAS BEEN TRIMMED BENT MOLDED ASSE
L3918	Hand orthosis metacarpal fracture orthosis prefabricated off-the-shelf
L3919	HAND ORTHOSIS WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STRAPS CUSTOM FABRICATED INCLUDES FITTING AN
L3921	HAND FINGER ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINTS ELASTIC BANDS TURNBUCKLES MAY INCLUDE SO

L3923	HAND FINGER ORTHOSIS WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STRAPS PREFABRICATED ITEM THAT HAS BE
L3924	Hand finger orthosis without joints may include soft interface straps prefabricated off-the-shelf
L3925	FINGER ORTHOSIS PROXIMAL INTERPHALANGEAL (PIP) DISTAL INTERPHALANGEAL (DIP) NON TORSION JOINT SPRING
L3927	FINGER ORTHOSIS PROXIMAL INTERPHALANGEAL (PIP) DISTAL INTERPHALANGEAL (DIP) WITHOUT JOINT SPRING EXT
L3929	HAND FINGER ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINT(S) TURNBUCKLES ELASTIC BANDS SPRINGS MAY
L3930	HAND FINGER ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINT(S) TURNBUCKLES ELASTIC BANDS SPRINGS MAY
L3931	WRIST HAND FINGER ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINT(S) TURNBUCKLES ELASTIC BANDS SPRING
L3933	FINGER ORTHOSIS WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE CUSTOM FABRICATED INCLUDES FITTING AND ADJ
L3935	FINGER ORTHOSIS NONTORSION JOINT MAY INCLUDE SOFT INTERFACE CUSTOM FABRICATED INCLUDES FITTING AND A
L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS ANY MATERIAL PER JOINT
L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS ABDUCTION POSITIONING AIRPLANE DESIGN PREFABRICATED INCLUDES FITT
L3961	SHOULDER ELBOW WRIST HAND ORTHOSIS SHOULDER CAP DESIGN WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STR
L3962	SHOULDER ELBOW WRIST HAND ORTHOSIS ABDUCTION POSITIONING ERB S PALSEY DESIGN PREFABRICATED INCLUDES
L3967	SHOULDER ELBOW WRIST HAND ORTHOSIS ABDUCTION POSITIONING (AIRPLANE DESIGN) THORACIC COMPONENT AND SU
L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS SHOULDER CAP DESIGN INCLUDES ONE OR MORE NONTORSION JOINTS ELASTI
L3973	SHOULDER ELBOW WRIST HAND ORTHOSIS ABDUCTION POSITIONING (AIRPLANE DESIGN) THORACIC COMPONENT AND SU
L3975	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS SHOULDER CAP DESIGN WITHOUT JOINTS MAY INCLUDE SOFT INTERF
L3976	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS ABDUCTION POSITIONING (AIRPLANE DESIGN) THORACIC COMPONENT

L3977	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS SHOULDER CAP DESIGN INCLUDES ONE OR MORE NONTORSION JOINTS
L3978	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS ABDUCTION POSITIONING (AIRPLANE DESIGN) THORACIC COMPONENT
L3980	Upper extremity fracture orthosis humeral prefabricated includes fitting and adjustment
L3981	UPPER EXTREMITY FRACTURE ORTHOSIS HUMERAL PREFABRICATED INCLUDES SHOULDER CAP DESIGN W WO JOINTS FOR
L3982	Upper extremity fracture orthosis radius ulnar prefabricated includes fitting and adjustment
L3984	Upper extremity fracture orthosis wrist prefabricated includes fitting and adjustment
L3995	Addition to upper extremity orthosis sock fracture or equal each
L3999	Upper limb orthosis not otherwise specified
L4000	Replace girdle for spinal orthosis (ctlso or so)
L4002	Replacement strap any orthosis includes all components any length any type
L4010	Replace trilateral socket brim
L4020	Replace quadrilateral socket brim molded to patient model
L4030	Replace quadrilateral socket brim custom fitted
L4040	Replace molded thigh lacer for custom fabricated orthosis only
L4045	Replace non-molded thigh lacer for custom fabricated orthosis only
L4050	Replace molded calf lacer for custom fabricated orthosis only
L4055	Replace non-molded calf lacer for custom fabricated orthosis only
L4060	Replace high roll cuff
L4070	Replace proximal and distal upright for kafo
L4080	Replace metal bands kafo proximal thigh
L4090	Replace metal bands kafo-afo calf or distal thigh
L4100	Replace leather cuff kafo proximal thigh
L4110	Replace leather cuff kafo-afo calf or distal thigh
L4130	Replace pretibial shell
L4205	Repair of orthotic device labor component per 15 minutes
L4210	Repair of orthotic device repair or replace minor parts
L4350	ANKLE CONTROL ORTHOSIS STIRRUP STYLE RIGID INCLUDES ANY TYPE INTERFACE (E.G. PNEUMATIC GEL) PREFABRI
L4360	WALKING BOOT PNEUMATIC AND OR VACUUM W WO JOINTS W WO INTERFACE MATERIAL PREFABRICATED ITEM THAT HAS

L4361	WALKING BOOT PNEUMATIC AND OR VACUUM W WO JOINTS W WO INTERFACE MATERIAL PREFABRICATED OFF-THE-SHELF
L4370	Pneumatic full leg splint prefabricated off-the-shelf
L4386	WALKING BOOT NON-PNEUMATIC W WO JOINTS W WO INTERFACE MATERIAL PREFABRICATED ITEM THAT HAS BEEN TRIM
L4387	WALKING BOOT NON-PNEUMATIC W WO JOINTS W WO INTERFACE MATERIAL PREFABRICATED OFF-THE-SHELF
L4392	Replacement soft interface material static afo
L4394	Replace soft interface material foot drop splint
L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS INCLUDING SOFT INTERFACE MATERIAL ADJUSTABLE FOR FIT FOR POSIT
L4397	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS INCLUDING SOFT INTERFACE MATERIAL ADJUSTABLE FOR FIT FOR POSIT
L4398	Foot drop splint recumbent positioning device prefabricated off-the-shelf
L4631	ANKLE FOOT ORTHOSIS WALKING BOOT TYPE VARUS VALGUS CORRECTION ROCKER BOTTOM ANTERIOR TIBIAL SHELL SO
L5000	Partial foot shoe insert with longitudinal arch toe filler
L5010	Partial foot molded socket ankle height with toe filler
L5020	Partial foot molded socket tibial tubercle height with toe filler
L5050	Ankle symes molded socket sach foot
L5060	Ankle symes metal frame molded leather socket articulated ankle foot
L5100	Below knee molded socket shin sach foot
L5105	Below knee plastic socket joints and thigh lacer sach foot
L5150	Knee disarticulation (or through knee) molded socket external knee joints shin sach foot
L5160	KNEE DISARTICULATION (OR THROUGH KNEE) MOLDED SOCKET BENT KNEE CONFIGURATION EXTERNAL KNEE JOINTS SH
L5200	Above knee molded socket single axis constant friction knee shin sach foot
L5210	Above knee short prosthesis no knee joint (stubbies) with foot blocks no ankle joints each
L5220	ABOVE KNEE SHORT PROSTHESIS NO KNEE JOINT (STUBBIES) WITH ARTICULATED ANKLE FOOT DYNAMICALLY ALIGN
L5230	Above knee for proximal femoral focal deficiency constant friction knee shin sach foot
L5250	HIP DISARTICULATION CANADIAN TYPE MOLDED SOCKET HIP JOINT SINGLE AXIS CONSTANT FRICTION KNEE SHIN SA

L5270	HIP DISARTICULATION TILT TABLE TYPE MOLDED SOCKET LOCKING HIP JOINT SINGLE AXIS CONSTANT FRICTION KN
L5280	HEMIPELVECTOMY CANADIAN TYPE MOLDED SOCKET HIP JOINT SINGLE AXIS CONSTANT FRICTION KNEE SHIN SACH FO
L5301	Below knee molded socket shin sach foot endoskeletal system
L5312	KNEE DISARTICULATION (OR THROUGH KNEE) MOLDED SOCKET SINGLE AXIS KNEE PYLON SACH FOOT ENDOSKELETAL S
L5321	Above knee molded socket open end sach foot endoskeletal system single axis knee
L5331	HIP DISARTICULATION CANADIAN TYPE MOLDED SOCKET ENDOSKELETAL SYSTEM HIP JOINT SINGLE AXIS KNEE SACH
L5341	Hemipelvectomy canadian type molded socket endoskeletal system hip joint single axis knee sach foot
L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALI
L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALI
L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALI
L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INITIAL RIGID DRESSING INCL. FITTING ALIGNME
L5450	Immediate post surgical or early fitting application of non-weight bearing rigid dressing below knee
L5460	Immediate post surgical or early fitting application of non-weight bearing rigid dressing above knee
L5500	INITIAL BELOW KNEE PTB TYPE SOCKET NON-ALIGNABLE SYSTEM PYLON NO COVER SACH FOOT PLASTER SOCKET DIRE
L5505	INITIAL ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET NON-ALIGNABLE SYSTEM PYLON NO COVER S
L5510	PREPARATORY BELOW KNEE PTB TYPE SOCKET NON-ALIGNABLE SYSTEM PYLON NO COVER SACH FOOT PLASTER SOCKET
L5520	PREPARATORY BELOW KNEE PTB TYPE SOCKET NON-ALIGNABLE SYSTEM PYLON NO COVER SACH FOOT THERMOPLASTIC O
L5530	PREPARATORY BELOW KNEE PTB TYPE SOCKET NON-ALIGNABLE SYSTEM PYLON NO COVER SACH FOOT THERMOPLASTIC O
L5535	PREPARATORY BELOW KNEE PTB TYPE SOCKET NON-ALIGNABLE SYSTEM NO COVER SACH FOOT PREFABRICATED ADJUSTA

L5540	PREPARATORY BELOW KNEE PTB TYPE SOCKET NON-ALIGNABLE SYSTEM PYLON NO COVER SACH FOOT LAMINATED SOCKE
L5560	PREPARATORY ABOVE KNEE- KNEE DISARTICULATION ISCHIAL LEVEL SOCKET NON-ALIGNABLE SYSTEM PYLON NO COVE
L5570	PREPARATORY ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET NON-ALIGNABLE SYSTEM PYLON NO COV
L5580	PREPARATORY ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET NON-ALIGNABLE SYSTEM PYLON NO COV
L5585	PREPARATORY ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET NON-ALIGNABLE SYSTEM PYLON NO COV
L5590	PREPARATORY ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET NON-ALIGNABLE SYSTEM PYLON NO COV
L5595	PREPARATORY HIP DISARTICULATION-HEMIPELVECTOMY PYLON NO COVER SACH FOOT THERMOPLASTIC OR EQUAL MOLDE
L5600	PREPARATORY HIP DISARTICULATION-HEMIPELVECTOMY PYLON NO COVER SACH FOOT LAMINATED SOCKET MOLDED TO P
L5610	Addition to lower extremity endoskeletal system above knee hydracadence system
L5611	ADDITION TO LOWER EXTREMITY ENDOSKELETAL SYSTEM ABOVE KNEE - KNEE DISARTICULATION 4 BAR LINKAGE WITH
L5613	ADDITION TO LOWER EXTREMITY ENDOSKELETAL SYSTEM ABOVE KNEE-KNEE DISARTICULATION 4 BAR LINKAGE WITH H
L5614	ADDITION TO LOWER EXTREMITY EXOSKELETAL SYSTEM ABOVE KNEE-KNEE DISARTICULATION 4 BAR LINKAGE WITH PN
L5615	ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM 4 BAR LINKAGE OR MULTIAXIAL FLUID SWING AND STANCE PHASE CONT
L5616	ADDITION TO LOWER EXTREMITY ENDOSKELETAL SYSTEM ABOVE KNEE UNIVERSAL MULTIPLEX SYSTEM FRICTION SWING
L5617	Addition to lower extremity quick change self-aligning unit above knee or below knee each
L5618	Addition to lower extremity test socket symes
L5620	Addition to lower extremity test socket below knee
L5622	Addition to lower extremity test socket knee disarticulation
L5624	Addition to lower extremity test socket above knee
L5626	Addition to lower extremity test socket hip disarticulation
L5628	Addition to lower extremity test socket hemipelvectomy

L5629	Addition to lower extremity below knee acrylic socket
L5630	Addition to lower extremity symes type expandable wall socket
L5631	Addition to lower extremity above knee or knee disarticulation acrylic socket
L5632	Addition to lower extremity symes type ptb brim design socket
L5634	Addition to lower extremity symes type posterior opening (canadian) socket
L5636	Addition to lower extremity symes type medial opening socket
L5637	Addition to lower extremity below knee total contact
L5638	Addition to lower extremity below knee leather socket
L5639	Addition to lower extremity below knee wood socket
L5640	Addition to lower extremity knee disarticulation leather socket
L5642	Addition to lower extremity above knee leather socket
L5643	Addition to lower extremity hip disarticulation flexible inner socket external frame
L5644	Addition to lower extremity above knee wood socket
L5645	Addition to lower extremity below knee flexible inner socket external frame
L5646	Addition to lower extremity below knee air fluid gel or equal cushion socket
L5647	Addition to lower extremity below knee suction socket
L5648	Addition to lower extremity above knee air fluid gel or equal cushion socket
L5649	Addition to lower extremity ischial containment narrow m-l socket
L5650	Additions to lower extremity total contact above knee or knee disarticulation socket
L5651	Addition to lower extremity above knee flexible inner socket external frame
L5652	Addition to lower extremity suction suspension above knee or knee disarticulation socket
L5653	Addition to lower extremity knee disarticulation expandable wall socket
L5654	Addition to lower extremity socket insert symes (kemblo pelite aliplast plastazote or equal)
L5655	Addition to lower extremity socket insert below knee (kemblo pelite aliplast plastazote or equal)
L5656	ADDITION TO LOWER EXTREMITY SOCKET INSERT KNEE DISARTICULATION (KEMBLO PELITE ALIPLAST PLASTAZOTE OR
L5658	Addition to lower extremity socket insert above knee (kemblo pelite aliplast plastazote or equal)
L5661	Addition to lower extremity socket insert multi-durometer symes
L5665	Addition to lower extremity socket insert multi-durometer below knee
L5666	Addition to lower extremity below knee cuff suspension
L5668	Addition to lower extremity below knee molded distal cushion
L5670	Addition to lower extremity below knee molded supracondylar suspension (pts or similar)
L5671	ADDITION TO LOWER EXTREMITY BELOW KNEE ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE LANYARD OR E

L5672	Addition to lower extremity below knee removable medial brim suspension
L5673	ADDITION TO LOWER EXTREMITY BELOW KNEE ABOVE KNEE CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICA
L5676	Additions to lower extremity below knee knee joints single axis pair
L5677	Additions to lower extremity below knee knee joints polycentric pair
L5678	Additions to lower extremity below knee joint covers pair
L5679	ADDITION TO LOWER EXTREMITY BELOW KNEE ABOVE KNEE CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICA
L5680	Addition to lower extremity below knee thigh lacer nonmolded
L5681	ADDITION TO LOWER EXTREMITY BELOW KNEE ABOVE KNEE CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR
L5682	Addition to lower extremity below knee thigh lacer gluteal ischial molded
L5683	ADDITION TO LOWER EXTREMITY BELOW KNEE ABOVE KNEE CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CON
L5684	Addition to lower extremity below knee fork strap
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS BELOW KNEE SUSPENSION SEALING SLEEVE W WO VALVE ANY MATERIAL
L5686	Addition to lower extremity below knee back check (extension control)
L5688	Addition to lower extremity below knee waist belt webbing
L5690	Addition to lower extremity below knee waist belt padded and lined
L5692	Addition to lower extremity above knee pelvic control belt light
L5694	Addition to lower extremity above knee pelvic control belt padded and lined
L5695	Addition to lower extremity above knee pelvic control sleeve suspension neoprene or equal each
L5696	Addition to lower extremity above knee or knee disarticulation pelvic joint
L5697	Addition to lower extremity above knee or knee disarticulation pelvic band
L5698	Addition to lower extremity above knee or knee disarticulation silesian bandage
L5699	All lower extremity prostheses shoulder harness
L5700	Replacement socket below knee molded to patient model
L5701	REPLACEMENT SOCKET ABOVE KNEE KNEE DISARTICULATION INCLUDING ATTACHMENT PLATE MOLDED TO PATIENT MODE
L5702	Replacement socket hip disarticulation including hip joint molded to patient model
L5703	ANKLE SYMES MOLDED TO PATIENT MODEL SOCKET WITHOUT SOLID ANKLE CUSHION HEEL (SACH) FOOT REPLACEMENT
L5704	Custom shaped protective cover below knee

L5705	Custom shaped protective cover above knee
L5706	Custom shaped protective cover knee disarticulation
L5707	Custom shaped protective cover hip disarticulation
L5710	Addition exoskeletal knee-shin system single axis manual lock
L5711	Additions exoskeletal knee-shin system single axis manual lock ultra-light material
L5712	ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KN
L5714	Addition exoskeletal knee-shin system single axis variable friction swing phase control
L5716	Addition exoskeletal knee-shin system polycentric mechanical stance phase lock
L5718	Addition exoskeletal knee-shin system polycentric friction swing and stance phase control
L5722	Addition exoskeletal knee-shin system single axis pneumatic swing friction stance phase control
L5724	Addition exoskeletal knee-shin system single axis fluid swing phase control
L5726	Addition exoskeletal knee-shin system single axis external joints fluid swing phase control
L5728	Addition exoskeletal knee-shin system single axis fluid swing and stance phase control
L5780	Addition exoskeletal knee-shin system single axis pneumatic hydra pneumatic swing phase control
L5781	ADDITION TO LOWER LIMB PROSTHESIS VACUUM PUMP RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATIO
L5782	ADDITION TO LOWER LIMB PROSTHESIS VACUUM PUMP RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATIO
L5783	ADDITION TO LOWER EXTREMITY USER ADJUSTABLE MECHANICAL RESIDUAL LIMB VOLUME MANAGEMENT SYSTEM (W WO
L5785	Addition exoskeletal system below knee ultra-light material (titanium carbon fiber or equal)
L5790	Addition exoskeletal system above knee ultra-light material (titanium carbon fiber or equal)
L5795	ADDITION EXOSKELETAL SYSTEM HIP DISARTICULATION ULTRA-LIGHT MATERIAL (TITANIUM CARBON FIBER OR EQUAL
L5810	Addition endoskeletal knee-shin system single axis manual lock
L5811	Addition endoskeletal knee-shin system single axis manual lock ultra-light material
L5812	ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FRICTION SWING AND STANCE PHASE CONTROL (SAFETY K
L5814	ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC HYDRAULIC SWING PHASE CONTROL MECHANICAL STANCE P
L5816	Addition endoskeletal knee-shin system polycentric mechanical stance phase lock
L5818	Addition endoskeletal knee-shin system polycentric friction swing and stance phase control
L5822	Addition endoskeletal knee-shin system single axis pneumatic swing friction stance phase control

L5824	Addition endoskeletal knee-shin system single axis fluid swing phase control
L5826	ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS HYDRAULIC SWING PHASE CONTROL WITH MINIATURE HIGH
L5827	ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS ELECTROMECHANICAL SWING AND STANCE PHASE CONTROL W WO SHOC
L5828	Addition endoskeletal knee-shin system single axis fluid swing and stance phase control
L5830	Addition endoskeletal knee-shin system single axis pneumatic swing phase control
L5840	Addition endoskeletal knee shin system 4-bar linkage or multiaxial pneumatic swing phase control
L5841	ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC PNEUMATIC SWING AND STANCE PHASE CONTROL
L5845	Addition endoskeletal knee-shin system stance flexion feature adjustable
L5848	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM FLUID STANCE EXTENSION DAMPENING FEATURE W WO ADJUSTABILIT
L5850	Addition endoskeletal system above knee or hip disarticulation knee extension assist
L5855	Addition endoskeletal system hip disarticulation mechanical hip extension assist
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS ENDOSKELETAL KNEE-SHIN SYSTEM MICROPROCESSOR CONTROL FEATURE
L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS ENDOSKELETAL KNEE-SHIN SYSTEM MICROPROCESSOR CONTROL FEATURE
L5858	ADDITION TO LOWER EXTREMITY PROSTHESIS ENDOSKELETAL KNEE SHIN SYSTEM MICROPROCESSOR CONTROL FEATURE
L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS ENDOSKELETAL KNEE-SHIN SYSTEM POWERED AND PROGRAMMABLE FLEXIO
L5910	Addition endoskeletal system below knee alignable system
L5920	Addition endoskeletal system above knee or hip disarticulation alignable system
L5925	Addition endoskeletal system above knee knee disarticulation or hip disarticulation manual lock
L5926	ADDITION TO LOWER EXTREMITY PROSTHESIS ENDOSKELETAL KNEE DISARTICULATION ABOVE KNEE HIP DISARTICULAT
L5930	Addition endoskeletal system high activity knee control frame
L5940	Addition endoskeletal system below knee ultra-light material (titanium carbon fiber or equal)
L5950	Addition endoskeletal system above knee ultra-light material (titanium carbon fiber or equal)
L5960	ADDITION ENDOSKELETAL SYSTEM HIP DISARTICULATION ULTRA-LIGHT MATERIAL (TITANIUM CARBON FIBER OR EQUA

L5961	ADDITION ENDOSKELETAL SYSTEM POLYCENTRIC HIP JOINT PNEUMATIC OR HYDRAULIC CONTROL ROTATION CONTROL W
L5962	Addition endoskeletal system below knee flexible protective outer surface covering system
L5964	Addition endoskeletal system above knee flexible protective outer surface covering system
L5966	Addition endoskeletal system hip disarticulation flexible protective outer surface covering system
L5968	Addition to lower limb prosthesis multiaxial ankle with swing phase active dorsiflexion feature
L5969	Addition endoskeletal ankle-foot or ankle system power assist includes any type motor(s)
L5970	All lower extremity prostheses foot external keel sach foot
L5971	All lower extremity prosthesis solid ankle cushion heel (sach) foot replacement only
L5972	All lower extremity prostheses foot flexible keel
L5973	ENDOSKELETAL ANKLE FOOT SYSTEM MICROPROCESSOR CONTROLLED FEATURE DORSIFLEXION AND OR PLANTAR FLEXION
L5974	All lower extremity prostheses foot single axis ankle foot
L5975	All lower extremity prosthesis combination single axis ankle and flexible keel foot
L5976	All lower extremity prostheses energy storing foot (seattle carbon copy ii or equal)
L5978	All lower extremity prostheses foot multiaxial ankle foot
L5979	All lower extremity prosthesis multi-axial ankle dynamic response foot one piece system
L5980	All lower extremity prostheses flex foot system
L5981	All lower extremity prostheses flex-walk system or equal
L5982	All exoskeletal lower extremity prostheses axial rotation unit
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS AXIAL ROTATION UNIT W WO ADJUSTABILITY
L5985	All endoskeletal lower extremity prostheses dynamic prosthetic pylon
L5986	All lower extremity prostheses multi-axial rotation unit (mcp or equal)
L5987	All lower extremity prosthesis shank foot system with vertical loading pylon
L5988	Addition to lower limb prosthesis vertical shock reducing pylon feature
L5990	Addition to lower extremity prosthesis user adjustable heel height
L5991	ADDITION TO LOWER EXTREMITY PROSTHESES OSSEOINTEGRATED EXTERNAL PROSTHETIC CONNECTOR
L5999	Lower extremity prosthesis not otherwise specified
L6000	Partial hand thumb remaining
L6010	Partial hand little and or ring finger remaining
L6020	Partial hand no finger remaining
L6026	TRANSCARPAL METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS EXTERNAL POWER SELF-SUSPENDED INNE

L6028	PARTIAL HAND FINGER AND THUMB PROSTHESIS WITHOUT PROSTHETIC DIGIT(S) THUMB AMPUTATION AT METACARPAL
L6029	UPPER EXTREMITY ADDITION TEST SOCKET INTERFACE PARTIAL HAND INCLUDING FINGERS
L6030	UPPER EXTREMITY ADDITION EXTERNAL FRAME PARTIAL HAND INCLUDING FINGERS
L6031	REPLACEMENT SOCKET INTERFACE PARTIAL HAND INCLUDING FINGERS MOLDED TO PATIENT MODEL FOR USE W WO EXT
L6032	ADDITION TO UPPER EXTREMITY PROSTHESIS PARTIAL HAND INCLUDING FINGERS ULTRALIGHT MATERIAL (TITANIUM
L6033	ADDITION TO UPPER EXTREMITY PROSTHESIS PARTIAL HAND INCLUDING FINGERS ACRYLIC MATERIAL
L6037	IMMEDIATE POST-SURGICAL OR EARLY FITTING APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALI
L6050	Wrist disarticulation molded socket flexible elbow hinges triceps pad
L6055	Wrist disarticulation molded socket with expandable interface flexible elbow hinges triceps pad
L6100	Below elbow molded socket flexible elbow hinge triceps pad
L6110	Below elbow molded socket (muenster or northwestern suspension types)
L6120	Below elbow molded double wall split socket step-up hinges half cuff
L6130	Below elbow molded double wall split socket stump activated locking hinge half cuff
L6200	Elbow disarticulation molded socket outside locking hinge forearm
L6205	Elbow disarticulation molded socket with expandable interface outside locking hinges forearm
L6250	Above elbow molded double wall socket internal locking elbow forearm
L6300	SHOULDER DISARTICULATION MOLDED SOCKET SHOULDER BULKHEAD HUMERAL SECTION INTERNAL LOCKING ELBOW FORE
L6310	Shoulder disarticulation passive restoration (complete prosthesis)
L6320	Shoulder disarticulation passive restoration (shoulder cap only)
L6350	INTERSCAPULAR THORACIC MOLDED SOCKET SHOULDER BULKHEAD HUMERAL SECTION INTERNAL LOCKING ELBOW FOREAR
L6360	Interscapular thoracic passive restoration (complete prosthesis)
L6370	Interscapular thoracic passive restoration (shoulder cap only)
L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALI
L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALI
L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALI

L6386	Immediate post surgical or early fitting each additional cast change and realignment
L6388	Immediate post surgical or early fitting application of rigid dressing only
L6400	Below elbow molded socket endoskeletal system including soft prosthetic tissue shaping
L6450	Elbow disarticulation molded socket endoskeletal system including soft prosthetic tissue shaping
L6500	Above elbow molded socket endoskeletal system including soft prosthetic tissue shaping
L6550	Shoulder disarticulation molded socket endoskeletal system including soft prosthetic tissue shaping
L6570	Interscapular thoracic molded socket endoskeletal system including soft prosthetic tissue shaping
L6580	PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW SINGLE WALL PLASTIC SOCKET FRICTION WRIST FLEXIBLE
L6582	PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW SINGLE WALL SOCKET FRICTION WRIST FLEXIBLE ELBOW HI
L6584	PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW SINGLE WALL PLASTIC SOCKET FRICTION WRIST LOCKING E
L6586	PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW SINGLE WALL SOCKET FRICTION WRIST LOCKING ELBOW FIG
L6588	PREPARATORY SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC SINGLE WALL PLASTIC SOCKET SHOULDER J
L6590	PREPARATORY SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC SINGLE WALL SOCKET SHOULDER JOINT LOC
L6600	Upper extremity additions polycentric hinge pair
L6605	Upper extremity additions single pivot hinge pair
L6610	Upper extremity additions flexible metal hinge pair
L6611	Addition to upper extremity prosthesis external powered additional switch any type
L6615	Upper extremity addition disconnect locking wrist unit
L6616	Upper extremity addition additional disconnect insert for locking wrist unit each
L6620	UPPER EXTREMITY ADDITION FLEXION EXTENSION WRIST UNIT W WO FRICTION
L6621	UPPER EXTREMITY PROSTHESIS ADDITION FLEXION EXTENSION WRIST W WO FRICTION FOR USE WITH EXTERNAL POWE
L6623	Upper extremity addition spring assisted rotational wrist unit with latch release
L6624	Upper extremity addition flexion extension and rotation wrist unit
L6625	Upper extremity addition rotation wrist unit with cable lock
L6628	Upper extremity addition quick disconnect hook adapter otto bock or equal
L6629	Upper extremity addition quick disconnect lamination collar with coupling piece otto bock or equal
L6630	Upper extremity addition stainless steel any wrist

L6632	Upper extremity addition latex suspension sleeve each
L6635	Upper extremity addition lift assist for elbow
L6637	Upper extremity addition nudge control elbow lock
L6638	UPPER EXTREMITY ADDITION TO PROSTHESIS ELECTRIC LOCKING FEATURE ONLY FOR USE WITH MANUALLY POWERED E
L6640	Upper extremity additions shoulder abduction joint pair
L6641	Upper extremity addition excursion amplifier pulley type
L6642	Upper extremity addition excursion amplifier lever type
L6645	Upper extremity addition shoulder flexion-abduction joint each
L6646	UPPER EXTREMITY ADDITION SHOULDER JOINT MULTIPOSITIONAL LOCKING FLEXION ADJUSTABLE ABDUCTION FRICTIO
L6647	Upper extremity addition shoulder lock mechanism body powered actuator
L6648	Upper extremity addition shoulder lock mechanism external powered actuator
L6650	Upper extremity addition shoulder universal joint each
L6655	Upper extremity addition standard control cable extra
L6660	Upper extremity addition heavy duty control cable
L6665	Upper extremity addition teflon or equal cable lining
L6670	Upper extremity addition hook to hand cable adapter
L6672	Upper extremity addition harness chest or shoulder saddle type
L6675	Upper extremity addition harness (e.g. figure of eight type) single cable design
L6676	Upper extremity addition harness (e.g. figure of eight type) dual cable design
L6677	Upper extremity addition harness triple control simultaneous operation of terminal device and elbow
L6680	Upper extremity addition test socket wrist disarticulation or below elbow
L6682	Upper extremity addition test socket elbow disarticulation or above elbow
L6684	Upper extremity addition test socket shoulder disarticulation or interscapular thoracic
L6686	Upper extremity addition suction socket
L6687	Upper extremity addition frame type socket below elbow or wrist disarticulation
L6688	Upper extremity addition frame type socket above elbow or elbow disarticulation
L6689	Upper extremity addition frame type socket shoulder disarticulation
L6690	Upper extremity addition frame type socket interscapular-thoracic
L6691	Upper extremity addition removable insert each
L6692	UPPER EXTREMITY ADDITION SILICONE GEL INSERT OR EQUAL W WO LOCKING MECHANISM EACH
L6693	Upper extremity addition locking elbow forearm counterbalance

L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS BELOW ELBOW ABOVE ELBOW CUSTOM FABRICATED FROM EXISTING MOLD
L6695	ADDITION TO UPPER EXTREMITY PROSTHESIS BELOW ELBOW ABOVE ELBOW CUSTOM FABRICATED FROM EXISTING MOLD
L6696	ADDITION TO UPPER EXTREMITY PROSTHESIS BELOW ELBOW ABOVE ELBOW CUSTOM FABRICATED SOCKET INSERT FOR C
L6697	ADDITION TO UPPER EXTREMITY PROSTHESIS BELOW ELBOW ABOVE ELBOW CUSTOM FABRICATED SOCKET INSERT FOR O
L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS LOCK MECHANISM EXCLUDES SOCKET INSERT
L6700	UPPER EXTREMITY ADDITION EXTERNAL POWERED FEATURE MYOELECTRONIC CONTROL MODULE ADDITIONAL EMG INPUTS
L6703	Terminal device passive hand mitt any material any size
L6704	Terminal device sport recreational work attachment any material any size
L6706	Terminal device hook mechanical voluntary opening any material any size lined or unlined
L6707	Terminal device hook mechanical voluntary closing any material any size lined or unlined
L6708	Terminal device hand mechanical voluntary opening any material any size
L6709	Terminal device hand mechanical voluntary closing any material any size
L6711	TERMINAL DEVICE HOOK MECHANICAL VOLUNTARY OPENING ANY MATERIAL ANY SIZE LINED OR UNLINED PEDIATRIC
L6712	TERMINAL DEVICE HOOK MECHANICAL VOLUNTARY CLOSING ANY MATERIAL ANY SIZE LINED OR UNLINED PEDIATRIC
L6713	TERMINAL DEVICE HAND MECHANICAL VOLUNTARY OPENING ANY MATERIAL ANY SIZE PEDIATRIC
L6714	TERMINAL DEVICE HAND MECHANICAL VOLUNTARY CLOSING ANY MATERIAL ANY SIZE PEDIATRIC
L6715	Terminal device multiple articulating digit includes motor(s) initial issue or replacement
L6721	TERMINAL DEVICE HOOK OR HAND HEAVY DUTY MECHANICAL VOLUNTARY OPENING ANY MATERIAL ANY SIZE LINED OR
L6722	TERMINAL DEVICE HOOK OR HAND HEAVY DUTY MECHANICAL VOLUNTARY CLOSING ANY MATERIAL ANY SIZE LINED OR
L6805	Addition to terminal device modifier wrist unit
L6810	Addition to terminal device precision pinch device
L6880	ELECTRIC HAND SWITCH OR MYOELECTRIC CONTROLLED INDEPENDENTLY ARTICULATING DIGITS ANY GRASP PATTERN O
L6881	Automatic grasp feature addition to upper limb electric prosthetic terminal device
L6882	Microprocessor control feature addition to upper limb prosthetic terminal device

L6883	REPLACEMENT SOCKET BELOW ELBOW WRIST DISARTICULATION MOLDED TO PATIENT MODEL FOR USE W WO EXTERNAL P
L6884	REPLACEMENT SOCKET ABOVE ELBOW ELBOW DISARTICULATION MOLDED TO PATIENT MODEL FOR USE W WO EXTERNAL P
L6885	REPLACEMENT SOCKET SHOULDER DISARTICULATION INTERSCAPULAR THORACIC MOLDED TO PATIENT MODEL FOR USE W
L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS GLOVE FOR TERMINAL DEVICE ANY MATERIAL PREFABRICATED INCLUDES
L6895	Addition to upper extremity prosthesis glove for terminal device any material custom fabricated
L6900	HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED) PARTIAL HAND WITH GLOVE THUMB OR ONE FING
L6905	HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED) PARTIAL HAND WITH GLOVE MULTIPLE FINGERS
L6910	HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED) PARTIAL HAND WITH GLOVE NO FINGERS REMAIN
L6915	Hand restoration (shading and measurements included) replacement glove for above
L6920	WRIST DISARTICULATION EXTERNAL POWER SELF-SUSPENDED INNER SOCKET REMOVABLE FOREARM SHELL OTTO BOCK O
L6925	WRIST DISARTICULATION EXTERNAL POWER SELF-SUSPENDED INNER SOCKET REMOVABLE FOREARM SHELL OTTO BOCK O
L6930	BELOW ELBOW EXTERNAL POWER SELF-SUSPENDED INNER SOCKET REMOVABLE FOREARM SHELL OTTO BOCK OR EQUAL SW
L6935	BELOW ELBOW EXTERNAL POWER SELF-SUSPENDED INNER SOCKET REMOVABLE FOREARM SHELL OTTO BOCK OR EQUAL EL
L6940	ELBOW DISARTICULATION EXTERNAL POWER MOLDED INNER SOCKET REMOVABLE HUMERAL SHELL OUTSIDE LOCKING HIN
L6945	ELBOW DISARTICULATION EXTERNAL POWER MOLDED INNER SOCKET REMOVABLE HUMERAL SHELL OUTSIDE LOCKING HIN
L6950	ABOVE ELBOW EXTERNAL POWER MOLDED INNER SOCKET REMOVABLE HUMERAL SHELL INTERNAL LOCKING ELBOW FOREAR
L6955	ABOVE ELBOW EXTERNAL POWER MOLDED INNER SOCKET REMOVABLE HUMERAL SHELL INTERNAL LOCKING ELBOW FOREAR
L6960	SHOULDER DISARTICULATION EXTERNAL POWER MOLDED INNER SOCKET REMOVABLE SHOULDER SHELL SHOULDER BULKHE

L6965	SHOULDER DISARTICULATION EXTERNAL POWER MOLDED INNER SOCKET REMOVABLE SHOULDER SHELL SHOULDER BULKHE
L6970	INTERSCAPULAR-THORACIC EXTERNAL POWER MOLDED INNER SOCKET REMOVABLE SHOULDER SHELL SHOULDER BULKHEAD
L6975	INTERSCAPULAR-THORACIC EXTERNAL POWER MOLDED INNER SOCKET REMOVABLE SHOULDER SHELL SHOULDER BULKHEAD
L7007	Electric hand switch or myoelectric controlled adult
L7008	Electric hand switch or myoelectric controlled pediatric
L7009	Electric hook switch or myoelectric controlled adult
L7040	Prehensile actuator switch controlled
L7045	Electric hook switch or myoelectric controlled pediatric
L7170	Electronic elbow hosmer or equal switch controlled
L7180	Electronic elbow microprocessor sequential control of elbow and terminal device
L7181	Electronic elbow microprocessor simultaneous control of elbow and terminal device
L7185	Electronic elbow adolescent variety village or equal switch controlled
L7186	Electronic elbow child variety village or equal switch controlled
L7190	Electronic elbow adolescent variety village or equal myoelectronically controlled
L7191	Electronic elbow child variety village or equal myoelectronically controlled
L7259	ELECTRONIC WRIST ROTATOR ANY TYPE
L7360	Six volt battery each
L7362	Battery charger six volt each
L7364	Twelve volt battery each
L7366	Battery charger twelve volt each
L7367	LITHIUM ION BATTERY RECHARGEABLE REPLACEMENT
L7368	Lithium ion battery charger replacement only
L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS BELOW ELBOW WRIST DISARTICULATION ULTRALIGHT MATERIAL (TITANI
L7401	ADDITION TO UPPER EXTREMITY PROSTHESIS ABOVE ELBOW DISARTICULATION ULTRALIGHT MATERIAL (TITANIUM CAR
L7402	ADDITION TO UPPER EXTREMITY PROSTHESIS SHOULDER DISARTICULATION INTERSCAPULAR THORACIC ULTRALIGHT MA
L7403	Addition to upper extremity prosthesis below elbow wrist disarticulation acrylic material
L7404	Addition to upper extremity prosthesis above elbow disarticulation acrylic material

L7405	ADDITION TO UPPER EXTREMITY PROSTHESIS SHOULDER DISARTICULATION INTERSCAPULAR THORACIC ACRYLIC MATER
L7406	ADDITION TO UPPER EXTREMITY PROSTHESIS USER ADJUSTABLE MECHANICAL RESIDUAL LIMB VOLUME MANAGEMENT SY
L7499	Upper extremity prosthesis not otherwise specified
L7510	Repair of prosthetic device repair or replace minor parts
L7520	Repair prosthetic device labor component per 15 minutes
L7600	Prosthetic donning sleeve any material each
L7700	GASKET OR SEAL FOR USE WITH PROSTHETIC SOCKET INSERT ANY TYPE EACH
L7900	MALE VACUUM ERECTION SYSTEM
L7902	TENSION RING FOR VACUUM ERECTION DEVICE ANY TYPE REPLACEMENT ONLY EACH
L8000	Breast prosthesis mastectomy bra without integrated breast prosthesis form any size any type
L8001	Breast prosthesis mastectomy bra with integrated breast prosthesis form unilateral any size any type
L8002	Breast prosthesis mastectomy bra with integrated breast prosthesis form bilateral any size any type
L8010	BREAST PROSTHESIS MASTECTOMY SLEEVE
L8015	External breast prosthesis garment with mastectomy form post mastectomy
L8020	Breast prosthesis mastectomy form
L8030	Breast prosthesis silicone or equal without integral adhesive
L8031	Breast prosthesis silicone or equal with integral adhesive
L8032	NIPPLE PROSTHESIS PREFABRICATED REUSABLE ANY TYPE EACH
L8033	NIPPLE PROSTHESIS CUSTOM FABRICATED REUSABLE ANY MATERIAL ANY TYPE EACH
L8035	Custom breast prosthesis post mastectomy molded to patient model
L8039	Breast prosthesis not otherwise specified
L8040	Nasal prosthesis provided by a non-physician
L8041	Midfacial prosthesis provided by a non-physician
L8042	Orbital prosthesis provided by a non-physician
L8043	Upper facial prosthesis provided by a non-physician
L8044	Hemi-facial prosthesis provided by a non-physician
L8045	Auricular prosthesis provided by a non-physician
L8046	Partial facial prosthesis provided by a non-physician
L8047	Nasal septal prosthesis provided by a non-physician
L8048	Unspecified maxillofacial prosthesis by report provided by a non-physician
L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS LABOR COMPONENT 15 MINUTE INCREMENTS PROVIDED BY

L8300	Truss single with standard pad
L8310	Truss double with standard pads
L8320	Truss addition to standard pad water pad
L8330	Truss addition to standard pad scrotal pad
L8400	Prosthetic sheath below knee each
L8410	Prosthetic sheath above knee each
L8415	Prosthetic sheath upper limb each
L8417	Prosthetic sheath sock including a gel cushion layer below knee or above knee each
L8420	Prosthetic sock multiple ply below knee each
L8430	Prosthetic sock multiple ply above knee each
L8435	Prosthetic sock multiple ply upper limb each
L8440	Prosthetic shrinker below knee each
L8460	Prosthetic shrinker above knee each
L8465	Prosthetic shrinker upper limb each
L8470	Prosthetic sock single ply fitting below knee each
L8480	Prosthetic sock single ply fitting above knee each
L8485	Prosthetic sock single ply fitting upper limb each
L8499	Unlisted procedure for miscellaneous prosthetic services
L8500	Artificial larynx any type
L8501	Tracheostomy speaking valve
L8505	Artificial larynx replacement battery accessory any type
L8507	Tracheo-esophageal voice prosthesis patient inserted any type each
L8509	Tracheo-esophageal voice prosthesis inserted by a licensed health care provider any type
L8510	Voice amplifier
L8511	INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROSTHESIS W WO VALVE REPLACEMENT ONLY EACH
L8512	GELATIN CAPSULES OR EQUIVALENT FOR USE WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS REPLACEMENT ONLY PER
L8513	CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS PIPET BRUSH OR EQUAL REPLACEMENT ONLY E
L8514	Tracheoesophageal puncture dilator replacement only each
L8515	Gelatin capsule application device for use with tracheoesophageal voice prosthesis each
L8600	Implantable breast prosthesis silicone or equal
L8603	INJECTABLE BULKING AGENT COLLAGEN IMPLANT URINARY TRACT 2.5 ML SYRINGE INCLUDES SHIPPING AND NECESSA

L8604	INJECTABLE BULKING AGENT DEXTRANOMER HYALURONIC ACID COPOLYMER IMPLANT URINARY TRACT 1 ML INCLUDES S
L8605	INJECTABLE BULKING AGENT DEXTRANOMER HYALURONIC ACID COPOLYMER IMPLANT ANAL CANAL 1 ML INCLUDES SHIP
L8606	INJECTABLE BULKING AGENT SYNTHETIC IMPLANT URINARY TRACT 1 ML SYRINGE INCLUDES SHIPPING AND NECESSAR
L8607	INJECTABLE BULKING AGENT FOR VOCAL CORD MEDIALIZATION 0.1 ML INCLUDES SHIPPING AND NECESSARY SUPPLIE
L8608	MISCELLANEOUS EXTERNAL COMPONENT SUPPLY OR ACCESSORY FOR USE WITH THE ARGUS II RETINAL PROSTHESIS SY
L8609	Artificial cornea
L8610	Ocular implant
L8612	Aqueous shunt
L8613	Ossicula implant
L8614	Cochlear device includes all internal and external components
L8615	Headset headpiece for use with cochlear implant device replacement
L8616	Microphone for use with cochlear implant device replacement
L8617	Transmitting coil for use with cochlear implant device replacement
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE OR AUDITORY OSSEOINTEGRATED DEVICE REPLACEMEN
L8619	Cochlear implant external speech processor and controller integrated system replacement
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE AND AUDITORY OSSEOINTEGRATED SOUND PROCESSORS
L8622	Alkaline battery for use with cochlear implant device any size replacement each
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR OTHER THAN EAR LEVEL REPLA
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE SPEECH PROCESSO
L8625	EXTERNAL RECHARGING SYSTEM FOR BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEV
L8627	Cochlear implant external speech processor component replacement
L8628	Cochlear implant external controller component replacement
L8629	Transmitting coil and cable integrated for use with cochlear implant device replacement
L8630	Metacarpophalangeal joint implant

L8631	METACARPAL PHALANGEAL JOINT REPLACEMENT TWO OR MORE PIECES METAL (E.G. STAINLESS STEEL OR COBALT CHR
L8641	Metatarsal joint implant
L8642	Hallux implant
L8658	Interphalangeal joint spacer silicone or equal each
L8659	INTERPHALANGEAL FINGER JOINT REPLACEMENT 2 OR MORE PIECES METAL (E.G. STAINLESS STEEL OR COBALT CHRO
L8670	Vascular graft material synthetic implant
L8678	ELECTRICAL STIMULATOR SUPPLIES (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR PER MONTH
L8679	Implantable neurostimulator pulse generator any type
L8680	Implantable neurostimulator electrode each
L8681	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR
L8682	Implantable neurostimulator radiofrequency receiver
L8683	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIV
L8684	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEUROSTIMULATOR RECEIVER
L8685	Implantable neurostimulator pulse generator single array rechargeable includes extension
L8686	Implantable neurostimulator pulse generator single array non-rechargeable includes extension
L8687	Implantable neurostimulator pulse generator dual array rechargeable includes extension
L8688	Implantable neurostimulator pulse generator dual array non-rechargeable includes extension
L8689	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR REPLACEME
L8690	Auditory osseointegrated device includes all internal and external components
L8691	AUDITORY OSSEOINTEGRATED DEVICE EXTERNAL SOUND PROCESSOR EXCLUDES TRANSDUCER ACTUATOR REPLACEMENT ON
L8692	AUDITORY OSSEOINTEGRATED DEVICE EXTERNAL SOUND PROCESSOR USED WITHOUT OSSEOINTEGRATION BODY WORN INC
L8693	Auditory osseointegrated device abutment any length replacement only
L8694	AUDITORY OSSEOINTEGRATED DEVICE TRANSDUCER ACTUATOR REPLACEMENT ONLY EACH
L8695	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR REPLACEME

L8696	ANTENNA (EXTERNAL) FOR USE WITH IMPLANTABLE DIAPHRAGMATIC PHRENIC NERVE STIMULATION DEVICE REPLACEME
L8698	MISCELLANEOUS COMPONENT SUPPLY OR ACCESSORY FOR USE WITH TOTAL ARTIFICIAL HEART SYSTEM
L8699	Prosthetic implant not otherwise specified
L8701	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE ELBOW WRIST HAND WITH SINGLE OR DOUBLE UPRIGHT
L8702	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE ELBOW WRIST HAND FINGER SINGLE OR DOUBLE UPRIG
L8720	EXTERNAL LOWER EXTREMITY SENSORY PROSTHETIC DEVICE CUTANEOUS STIMULATION OF MECHANORECEPTORS PROXIMA
L8721	RECEPTOR SOLE FOR USE WITH L8720 REPLACEMENT EACH
L9900	Orthotic and prosthetic supply accessory and or service component of another hcpcs l code
M0001	ADVANCING CANCER CARE MIPS VALUE PATHWAYS
M0002	OPTIMAL CARE FOR KIDNEY HEALTH MIPS VALUE PATHWAYS
M0003	OPTIMAL CARE FOR PATIENTS WITH EPISODIC NEUROLOGICAL CONDITIONS MIPS VALUE PATHWAYS
M0004	QUALITY CARE FOR PATIENTS WITH NEUROLOGICAL CONDITIONS MIPS VALUE PATHWAY
M0005	VALUE IN PRIMARY CARE MIPS VALUE PATHWAY
M0010	ENHANCING ONCOLOGY MODEL (EOM) MONTHLY ENHANCED ONCOLOGY SERVICES (MEOS) PAYMENT FOR EOM ENHANCED SE
M0075	Cellular therapy
M0076	Prolotherapy
M0100	Intragastric hypothermia using gastric freezing
M0201	ADMINISTRATION OF PNEUMOCOCCAL INFLUENZA HEPATITIS B AND OR COVID-19 VACCINE INSIDE A PATIENT S HOME
M0220	INJECTION TIXAGEVIMAB AND CILGAVIMAB FOR THE PRE-EXPOSURE PROPHYLAXIS ONLY FOR CERTAIN ADULTS AND PE
M0221	INJECTION TIXAGEVIMAB AND CILGAVIMAB FOR THE PRE-EXPOSURE PROPHYLAXIS ONLY FOR CERTAIN ADULTS AND PE
M0222	INTRAVENOUS INJECTION BEBTELOVIMAB INCLUDES INJECTION AND POST ADMINISTRATION MONITORING
M0223	INTRAVENOUS INJECTION BEBTELOVIMAB INCLUDES INJECTION AND POST ADMINISTRATION MONITORING IN THE HOME
M0224	PEMIVIBART INFUSION
M0239	INTRAVENOUS INFUSION BAMLANIVIMAB-XXXX INCLUDES INFUSION AND POST ADMINISTRATION MONITORING

M0240	INTRAVENOUS INFUSION OR SUBCUTANEOUS INJECTION CASIRIVIMAB AND IMDEVIMAB INCUDES INFUSION OR INJECTI
M0241	INTRAVENOUS INFUSION OR SUBCUTANEOUS INJECTION CASIRIVIMAB AND IMDEVIMAB INCLUDES INFUSION OR INJECT
M0243	INTRAVENOUS INFUSION OR SUBCUTANEOUS INJECTION CASIRIVIMAB AND IMDEVIMAB INCLUDES INFUSION OR INJECT
M0244	INTRAVENOUS INFUSION OR SUBCUTANEOUS INJECTION CASIRIVIMAB AND IMDEVIMAB INCLUDES INFUSION OR INJECT
M0245	INTRAVENOUS INFUSION BAMLANIVIMAB AND ETESEVIMAB INCLUDES INFUSION AND POST ADMINISTRATION MONITORIN
M0246	INTRAVENOUS INFUSION BAMLANIVIMAB AND ETESEVIMAB INCLUDES INFUSION AND POST ADMINISTRATION MONITORIN
M0247	INTRAVENOUS INFUSION SOTROVIMAB INCLUDES INFUSION AND POST ADMINISTRATION MONITORING
M0248	INTRAVENOUS INFUSION SOTROVIMAB INCLUDES INFUSION AND POST ADMINISTRATION MONITORING IN THE HOME OR
M0249	INTRAVENOUS INFUSION TOCILIZUMAB FOR HOSPITALIZED ADULTS AND PEDIATRIC PATIENTS (2 YEARS OF AGE AND
M0250	INTRAVENOUS INFUSION TOCILIZUMAB FOR HOSPITALIZED ADULTS AND PEDIATRIC PATIENTS (2 YEARS OF AGE AND
M0300	Iv chelation therapy (chemical endarterectomy)
M0301	Fabric wrapping of abdominal aneurysm
M1003	TB SCREENING PERFORMED AND RESULTS INTERPRETED WITHIN TWELVE MONTHS PRIOR TO INITIATION OF FIRST-TIM
M1004	DOCUMENTATION OF MEDICAL REASON FOR NOT SCREENING FOR TB OR INTERPRETING RESULTS (I.E. PATIENT POSIT
M1005	TB SCREENING NOT PERFORMED OR RESULTS NOT INTERPRETED REASON NOT GIVEN
M1006	DISEASE ACTIVITY NOT ASSESSED REASON NOT GIVEN
M1007	=50% OF TOTAL NUMBER OF A PATIENT S OUTPATIENT RA ENCOUNTERS ASSESSED
M1008	50% OF TOTAL NUMBER OF A PATIENT S OUTPATIENT RA ENCOUNTERS ASSESSED
M1009	DISCHARGE DISCONTINUATION OF THE EPISODE OF CARE DOCUMENTED IN THE MEDICAL RECORD
M1010	DISCHARGE DISCONTINUATION OF THE EPISODE OF CARE DOCUMENTED IN THE MEDICAL RECORD
M1011	DISCHARGE DISCONTINUATION OF THE EPISODE OF CARE DOCUMENTED IN THE MEDICAL RECORD
M1012	DISCHARGE DISCONTINUATION OF THE EPISODE OF CARE DOCUMENTED IN THE MEDICAL RECORD
M1013	DISCHARGE DISCONTINUATION OF THE EPISODE OF CARE DOCUMENTED IN THE MEDICAL RECORD

M1014	DISCHARGE DISCONTINUATION OF THE EPISODE OF CARE DOCUMENTED IN THE MEDICAL RECORD
M1016	FEMALE PATIENTS UNABLE TO BEAR CHILDREN
M1017	PATIENT ADMITTED TO PALLIATIVE CARE SERVICES
M1018	PATIENTS WITH AN ACTIVE DIAGNOSIS OR HISTORY OF CANCER (EXCEPT BASAL CELL AND SQUAMOUS CELL SKIN CAR
M1019	ADOLESCENT PATIENTS 12 TO 17 YEARS OF AGE WITH MAJOR DEPRESSION OR DYSTHYMIA WHO REACHED REMISSION A
M1020	ADOLESCENT PATIENTS 12 TO 17 YEARS OF AGE WITH MAJOR DEPRESSION OR DYSTHYMIA WHO DID NOT REACH REMIS
M1021	PATIENT HAD ONLY URGENT CARE VISITS DURING THE PERFORMANCE PERIOD
M1022	PATIENTS WHO WERE IN HOSPICE AT ANY TIME DURING THE PERFORMANCE PERIOD
M1025	PATIENTS WHO WERE IN HOSPICE AT ANY TIME DURING THE PERFORMANCE PERIOD
M1026	PATIENTS WHO WERE IN HOSPICE AT ANY TIME DURING THE PERFORMANCE PERIOD
M1027	IMAGING OF THE HEAD (CT OR MRI) WAS OBTAINED
M1028	DOCUMENTATION OF PATIENTS WITH PRIMARY HEADACHE DIAGNOSIS AND IMAGING OTHER THAN CT OR MRI OBTAINED
M1029	IMAGING OF THE HEAD (CT OR MRI) WAS NOT OBTAINED REASON NOT GIVEN
M1031	PATIENTS WITH NO CLINICAL INDICATIONS FOR IMAGING OF THE HEAD
M1032	ADULTS CURRENTLY TAKING PHARMACOTHERAPY FOR OUD
M1034	ADULTS WHO HAVE AT LEAST 180 DAYS OF CONTINUOUS PHARMACOTHERAPY WITH A MEDICATION PRESCRIBED FOR OUD
M1035	ADULTS WHO ARE DELIBERATELY PHASED OUT OF MEDICATION ASSISTED TREATMENT (MAT) PRIOR TO 180 DAYS OF C
M1036	ADULTS WHO HAVE NOT HAD AT LEAST 180 DAYS OF CONTINUOUS PHARMACOTHERAPY WITH A MEDICATION PRESCRIBED
M1037	PATIENTS WITH A DIAGNOSIS OF LUMBAR SPINE REGION CANCER AT THE TIME OF THE PROCEDURE
M1038	PATIENTS WITH A DIAGNOSIS OF LUMBAR SPINE REGION FRACTURE AT THE TIME OF THE PROCEDURE
M1039	PATIENTS WITH A DIAGNOSIS OF LUMBAR SPINE REGION INFECTION AT THE TIME OF THE PROCEDURE
M1040	PATIENTS WITH A DIAGNOSIS OF LUMBAR IDIOPATHIC OR CONGENITAL SCOLIOSIS
M1041	PATIENT HAD CANCER ACUTE FRACTURE OR INFECTION RELATED TO THE LUMBAR SPINE OR PATIENT HAD NEUROMUSCU
M1043	FUNCTIONAL STATUS WAS NOT MEASURED BY THE OSWESTRY DISABILITY INDEX (ODI VERSION 2.1A) AT ONE YEAR (

M1045	FUNCTIONAL STATUS MEASURED BY THE OXFORD KNEE SCORE (OKS) AT ONE YEAR (9 TO 15 MONTHS) POSTOPERATIVE
M1046	FUNCTIONAL STATUS MEASURED BY THE OXFORD KNEE SCORE (OKS) AT ONE YEAR (9 TO 15 MONTHS) POSTOPERATIVE
M1049	FUNCTIONAL STATUS WAS NOT MEASURED BY THE OSWESTRY DISABILITY INDEX (ODI VERSION 2.1A) AT THREE MONT
M1051	PATIENT HAD CANCER ACUTE FRACTURE OR INFECTION RELATED TO THE LUMBAR SPINE OR PATIENT HAD NEUROMUSCU
M1052	LEG PAIN WAS NOT MEASURED BY THE VISUAL ANALOG SCALE (VAS) OR NUMERIC PAIN SCALE AT ONE YEAR (9 TO 1
M1054	PATIENT HAD ONLY URGENT CARE VISITS DURING THE PERFORMANCE PERIOD
M1055	ASPIRIN OR ANOTHER ANTIPLATELET THERAPY USED
M1056	PRESCRIBED ANTICOAGULANT MEDICATION DURING THE PERFORMANCE PERIOD HISTORY OF GI BLEEDING HISTORY OF
M1057	ASPIRIN OR ANOTHER ANTIPLATELET THERAPY NOT USED REASON NOT GIVEN
M1058	PATIENT WAS A PERMANENT NURSING HOME RESIDENT AT ANY TIME DURING THE PERFORMANCE PERIOD
M1059	PATIENT WAS IN HOSPICE OR RECEIVING PALLIATIVE CARE AT ANY TIME DURING THE PERFORMANCE PERIOD
M1060	PATIENT DIED PRIOR TO THE END OF THE PERFORMANCE PERIOD
M1067	HOSPICE SERVICES FOR PATIENT PROVIDED ANY TIME DURING THE MEASUREMENT PERIOD
M1068	ADULTS WHO ARE NOT AMBULATORY
M1069	PATIENT SCREENED FOR FUTURE FALL RISK
M1070	PATIENT NOT SCREENED FOR FUTURE FALL RISK REASON NOT GIVEN
M1071	PATIENT HAD ANY ADDITIONAL SPINE PROCEDURES PERFORMED ON THE SAME DATE AS THE LUMBAR DISCECTOMY LAMI
M1072	RADIATION THERAPY FOR ANAL CANCER UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE PROFESSIONAL COM
M1073	RADIATION THERAPY FOR ANAL CANCER UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE TECHNICAL COMPON
M1074	RADIATION THERAPY FOR BLADDER CANCER UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE PROFESSIONAL
M1075	RADIATION THERAPY FOR BLADDER CANCER UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE TECHNICAL COM

M1076	RADIATION THERAPY FOR BONE METASTASES UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE PROFESSIONAL
M1077	RADIATION THERAPY FOR BONE METASTASES UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE TECHNICAL CO
M1078	RADIATION THERAPY FOR BRAIN METASTASES UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE PROFESSIONA
M1079	RADIATION THERAPY FOR BRAIN METASTASES UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE TECHNICAL C
M1080	RADIATION THERAPY FOR BREAST CANCER UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE PROFESSIONAL C
M1081	RADIATION THERAPY FOR BREAST CANCER UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE TECHNICAL COMP
M1082	RADIATION THERAPY FOR CERVICAL CANCER UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE PROFESSIONAL
M1083	RADIATION THERAPY FOR CERVICAL CANCER UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE TECHNICAL CO
M1084	RADIATION THERAPY FOR CNS TUMORS UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE PROFESSIONAL COMP
M1085	RADIATION THERAPY FOR CNS TUMORS UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE TECHNICAL COMPONE
M1086	RADIATION THERAPY FOR COLORECTAL CANCER UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE PROFESSION
M1087	RADIATION THERAPY FOR COLORECTAL CANCER UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE TECHNICAL
M1088	RADIATION THERAPY FOR HEAD AND NECK CANCER UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE PROFESS
M1089	RADIATION THERAPY FOR HEAD AND NECK CANCER UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE TECHNIC
M1094	RADIATION THERAPY FOR LUNG CANCER UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE PROFESSIONAL COM
M1095	RADIATION THERAPY FOR LUNG CANCER UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE TECHNICAL COMPON
M1096	RADIATION THERAPY FOR LYMPHOMA UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE PROFESSIONAL COMPON

M1097	RADIATION THERAPY FOR LYMPHOMA UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE TECHNICAL COMPONENT
M1098	RADIATION THERAPY FOR PANCREATIC CANCER UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE PROFESSION
M1099	RADIATION THERAPY FOR PANCREATIC CANCER UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE TECHNICAL
M1100	RADIATION THERAPY FOR PROSTATE CANCER UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE PROFESSIONAL
M1101	RADIATION THERAPY FOR PROSTATE CANCER UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE TECHNICAL CO
M1102	RADIATION THERAPY FOR UPPER GI CANCER UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE PROFESSIONAL
M1103	RADIATION THERAPY FOR UPPER GI CANCER UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE TECHNICAL CO
M1104	RADIATION THERAPY FOR UTERINE CANCER UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE PROFESSIONAL
M1105	RADIATION THERAPY FOR UTERINE CANCER UNDER THE RADIATION ONCOLOGY MODEL 90 DAY EPISODE TECHNICAL COM
M1106	THE START OF AN EPISODE OF CARE DOCUMENTED IN THE MEDICAL RECORD
M1107	DOCUMENTATION STATING PATIENT HAS A DIAGNOSIS OF A DEGENERATIVE NEUROLOGICAL CONDITION SUCH AS ALS M
M1108	ONGOING CARE NOT CLINICALLY INDICATED BECAUSE THE PATIENT NEEDED A HOME PROGRAM ONLY REFERRAL TO ANO
M1109	ONGOING CARE NOT MEDICALLY POSSIBLE BECAUSE THE PATIENT WAS DISCHARGED EARLY DUE TO SPECIFIC MEDICAL
M1110	ONGOING CARE NOT POSSIBLE BECAUSE THE PATIENT SELF-DISCHARGED EARLY (E.G. FINANCIAL OR INSURANCE REA
M1111	THE START OF AN EPISODE OF CARE DOCUMENTED IN THE MEDICAL RECORD
M1112	DOCUMENTATION STATING PATIENT HAS A DIAGNOSIS OF A DEGENERATIVE NEUROLOGICAL CONDITION SUCH AS ALS M
M1113	ONGOING CARE NOT CLINICALLY INDICATED BECAUSE THE PATIENT NEEDED A HOME PROGRAM ONLY REFERRAL TO ANO
M1114	ONGOING CARE NOT MEDICALLY POSSIBLE BECAUSE THE PATIENT WAS DISCHARGED EARLY DUE TO SPECIFIC MEDICAL

M1115	ONGOING CARE NOT POSSIBLE BECAUSE THE PATIENT SELF-DISCHARGED EARLY (E.G. FINANCIAL OR INSURANCE REA
M1116	THE START OF AN EPISODE OF CARE DOCUMENTED IN THE MEDICAL RECORD
M1117	DOCUMENTATION STATING PATIENT HAS A DIAGNOSIS OF A DEGENERATIVE NEUROLOGICAL CONDITION SUCH AS ALS M
M1118	ONGOING CARE NOT CLINICALLY INDICATED BECAUSE THE PATIENT NEEDED A HOME PROGRAM ONLY REFERRAL TO ANO
M1119	ONGOING CARE NOT MEDICALLY POSSIBLE BECAUSE THE PATIENT WAS DISCHARGED EARLY DUE TO SPECIFIC MEDICAL
M1120	ONGOING CARE NOT POSSIBLE BECAUSE THE PATIENT SELF-DISCHARGED EARLY (E.G. FINANCIAL OR INSURANCE REA
M1121	THE START OF AN EPISODE OF CARE DOCUMENTED IN THE MEDICAL RECORD
M1122	DOCUMENTATION STATING PATIENT HAS A DIAGNOSIS OF A DEGENERATIVE NEUROLOGICAL CONDITION SUCH AS ALS M
M1123	ONGOING CARE NOT CLINICALLY INDICATED BECAUSE THE PATIENT NEEDED A HOME PROGRAM ONLY REFERRAL TO ANO
M1124	ONGOING CARE NOT MEDICALLY POSSIBLE BECAUSE THE PATIENT WAS DISCHARGED EARLY DUE TO SPECIFIC MEDICAL
M1125	ONGOING CARE NOT POSSIBLE BECAUSE THE PATIENT SELF-DISCHARGED EARLY (E.G. FINANCIAL OR INSURANCE REA
M1126	THE START OF AN EPISODE OF CARE DOCUMENTED IN THE MEDICAL RECORD
M1127	DOCUMENTATION STATING PATIENT HAS A DIAGNOSIS OF A DEGENERATIVE NEUROLOGICAL CONDITION SUCH AS ALS M
M1128	ONGOING CARE NOT CLINICALLY INDICATED BECAUSE THE PATIENT NEEDED A HOME PROGRAM ONLY REFERRAL TO ANO
M1129	ONGOING CARE NOT MEDICALLY POSSIBLE BECAUSE THE PATIENT WAS DISCHARGED EARLY DUE TO SPECIFIC MEDICAL
M1130	ONGOING CARE NOT POSSIBLE BECAUSE THE PATIENT SELF-DISCHARGED EARLY (E.G. FINANCIAL OR INSURANCE REA
M1131	DOCUMENTATION STATING PATIENT HAS A DIAGNOSIS OF A DEGENERATIVE NEUROLOGICAL CONDITION SUCH AS ALS M
M1132	ONGOING CARE NOT CLINICALLY INDICATED BECAUSE THE PATIENT NEEDED A HOME PROGRAM ONLY REFERRAL TO ANO

M1133	ONGOING CARE NOT MEDICALLY POSSIBLE BECAUSE THE PATIENT WAS DISCHARGED EARLY DUE TO SPECIFIC MEDICAL
M1134	ONGOING CARE NOT POSSIBLE BECAUSE THE PATIENT SELF-DISCHARGED EARLY (E.G. FINANCIAL OR INSURANCE REA
M1135	THE START OF AN EPISODE OF CARE DOCUMENTED IN THE MEDICAL RECORD
M1141	FUNCTIONAL STATUS WAS NOT MEASURED BY THE OXFORD KNEE SCORE (OKS) OR THE KNEE INJURY AND OSTEOARTHRI
M1142	EMERGENT CASES
M1143	INITIATED EPISODE OF REHABILITATION THERAPY MEDICAL OR CHIROPRACTIC CARE FOR NECK IMPAIRMENT
M1145	MOST FAVORED NATION (MFN) MODEL DRUG ADD-ON AMOUNT PER DOSE (DO NOT BILL WITH LINE ITEMS THAT HAVE T
M1146	ONGOING CARE NOT CLINICALLY INDICATED BECAUSE THE PATIENT NEEDED A HOME PROGRAM ONLY REFERRAL TO ANO
M1147	ONGOING CARE NOT MEDICALLY POSSIBLE BECAUSE THE PATIENT WAS DISCHARGED EARLY DUE TO SPECIFIC MEDICAL
M1148	ONGOING CARE NOT POSSIBLE BECAUSE THE PATIENT SELF-DISCHARGED EARLY (E.G. FINANCIAL OR INSURANCE REA
M1149	PATIENT UNABLE TO COMPLETE THE NECK FS PROM AT INITIAL EVALUATION AND OR DISCHARGE DUE TO BLINDNESS
M1150	CURRENT OR PRIOR LEFT VENTRICULAR EJECTION FRACTION (LVEF) LESS THAN OR EQUAL TO 40% OR DOCUMENTATIO
M1151	PATIENTS WITH A HISTORY OF HEART TRANSPLANT OR WITH A LEFT VENTRICULAR ASSIST DEVICE (LVAD)
M1152	PATIENTS WITH A HISTORY OF HEART TRANSPLANT OR WITH A LEFT VENTRICULAR ASSIST DEVICE (LVAD)
M1153	PATIENT WITH DIAGNOSIS OF OSTEOPOROSIS ON DATE OF ENCOUNTER
M1154	HOSPICE SERVICES PROVIDED TO PATIENT ANY TIME DURING THE MEASUREMENT PERIOD
M1155	PATIENT HAD ANAPHYLAXIS DUE TO THE PNEUMOCOCCAL VACCINE ANY TIME DURING OR BEFORE THE MEASUREMENT PE
M1156	PATIENT RECEIVED ACTIVE CHEMOTHERAPY ANY TIME DURING THE MEASUREMENT PERIOD
M1157	PATIENT RECEIVED BONE MARROW TRANSPLANT ANY TIME DURING THE MEASUREMENT PERIOD
M1158	PATIENT HAD HISTORY OF IMMUNOCOMPROMISING CONDITIONS PRIOR TO OR DURING THE MEASUREMENT PERIOD
M1159	HOSPICE SERVICES PROVIDED TO PATIENT ANY TIME DURING THE MEASUREMENT PERIOD

M1160	PATIENT HAD ANAPHYLAXIS DUE TO THE MENINGOCOCCAL VACCINE ANY TIME ON OR BEFORE THE PATIENT S 13TH BI
M1161	PATIENT HAD ANAPHYLAXIS DUE TO THE TETANUS DIPHTHERIA OR PERTUSSIS VACCINE ANY TIME ON OR BEFORE THE
M1162	PATIENT HAD ENCEPHALITIS DUE TO THE TETANUS DIPHTHERIA OR PERTUSSIS VACCINE ANY TIME ON OR BEFORE TH
M1163	PATIENT HAD ANAPHYLAXIS DUE TO THE HPV VACCINE ANY TIME ON OR BEFORE THE PATIENT S 13TH BIRTHDAY
M1164	PATIENTS WITH DEMENTIA ANY TIME DURING THE PATIENT S HISTORY THROUGH THE END OF THE MEASUREMENT PERI
M1165	PATIENTS WHO USE HOSPICE SERVICES ANY TIME DURING THE MEASUREMENT PERIOD
M1166	PATHOLOGY REPORT FOR TISSUE SPECIMENS PRODUCED FROM WIDE LOCAL EXCISIONS OR RE-EXCISIONS
M1167	IN HOSPICE OR USING HOSPICE SERVICES DURING THE MEASUREMENT PERIOD
M1168	PATIENT RECEIVED AN INFLUENZA VACCINE ON OR BETWEEN JULY 1 OF THE YEAR PRIOR TO THE MEASUREMENT PERI
M1169	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT ADMINISTERING INFLUENZA VACCINE (E.G. PRIOR ANAPHYLAXIS D
M1170	PATIENT DID NOT RECEIVE AN INFLUENZA VACCINE ON OR BETWEEN JULY 1 OF THE YEAR PRIOR TO THE MEASUREME
M1171	PATIENT RECEIVED AT LEAST ONE TD VACCINE OR ONE TDAP VACCINE BETWEEN NINE YEARS PRIOR TO THE ENCOUNT
M1172	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT ADMINISTERING TD OR TDAP VACCINE (E.G. PRIOR ANAPHYLAXIS
M1173	PATIENT DID NOT RECEIVE AT LEAST ONE TD VACCINE OR ONE TDAP VACCINE BETWEEN NINE YEARS PRIOR TO THE
M1174	PATIENT RECEIVED AT LEAST TWO DOSES OF THE HERPES ZOSTER RECOMBINANT VACCINE (AT LEAST 28 DAYS APART
M1175	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT ADMINISTERING ZOSTER VACCINE (E.G. PRIOR ANAPHYLAXIS DUE
M1176	PATIENT DID NOT RECEIVE TWO DOSES OF THE HERPES ZOSTER RECOMBINANT VACCINE (AT LEAST 28 DAYS APART)
M1177	PATIENT RECEIVED ANY PNEUMOCOCCAL CONJUGATE OR POLYSACCHARIDE VACCINE ON OR AFTER THEIR 19TH BIRTHDA

M1178	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT ADMINISTERING PNEUMOCOCCAL VACCINE (E.G. PRIOR ANAPHYLAXI
M1179	PATIENT DID NOT RECEIVE ANY PNEUMOCOCCAL CONJUGATE OR POLYSACCHARIDE VACCINE ON OR AFTER THEIR 19TH
M1180	PATIENTS ON IMMUNE CHECKPOINT INHIBITOR THERAPY
M1181	GRADE 2 OR ABOVE DIARRHEA AND OR GRADE 2 OR ABOVE COLITIS
M1182	PATIENTS NOT ELIGIBLE DUE TO PRE-EXISTING INFLAMMATORY BOWEL DISEASE (IBD) (E.G. ULCERATIVE COLITIS
M1183	DOCUMENTATION OF IMMUNE CHECKPOINT INHIBITOR THERAPY HELD AND CORTICOSTEROIDS OR IMMUNOSUPPRESSANTS
M1184	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PRESCRIBING OR ADMINISTERING CORTICOSTEROID OR IMMUNOSUPP
M1185	DOCUMENTATION OF IMMUNE CHECKPOINT INHIBITOR THERAPY NOT HELD AND OR CORTICOSTEROIDS OR IMMUNOSUPPRE
M1186	PATIENTS WHO HAVE AN ORDER FOR OR ARE RECEIVING HOSPICE OR PALLIATIVE CARE
M1187	PATIENTS WITH A DIAGNOSIS OF END STAGE RENAL DISEASE (ESRD)
M1188	PATIENTS WITH A DIAGNOSIS OF CHRONIC KIDNEY DISEASE (CKD) STAGE 5
M1189	DOCUMENTATION OF A KIDNEY HEALTH EVALUATION DEFINED BY AN ESTIMATED GLOMERULAR FILTRATION RATE (EGFR
M1190	DOCUMENTATION OF A KIDNEY HEALTH EVALUATION WAS NOT PERFORMED OR DEFINED BY AN ESTIMATED GLOMERULAR
M1191	HOSPICE SERVICES PROVIDED TO PATIENT ANY TIME DURING THE MEASUREMENT PERIOD
M1192	PATIENTS WITH AN EXISTING DIAGNOSIS OF SQUAMOUS CELL CARCINOMA OF THE ESOPHAGUS
M1193	SURGICAL PATHOLOGY REPORTS THAT CONTAIN IMPRESSION OR CONCLUSION OF OR RECOMMENDATION FOR TESTING OF
M1194	DOCUMENTATION OF MEDICAL REASON(S) SURGICAL PATHOLOGY REPORTS DID NOT CONTAIN IMPRESSION OR CONCLUSI
M1195	SURGICAL PATHOLOGY REPORTS THAT DO NOT CONTAIN IMPRESSION OR CONCLUSION OF OR RECOMMENDATION FOR TES
M1196	INITIAL (INDEX VISIT) NUMERIC RATING SCALE (NRS) VISUAL RATING SCALE (VRS) OR ITCHYQUANT ASSESSMENT
M1197	ITCH SEVERITY ASSESSMENT SCORE IS REDUCED BY 3 OR MORE POINTS FROM THE INITIAL (INDEX) ASSESSMENT SC

M1198	ITCH SEVERITY ASSESSMENT SCORE WAS NOT REDUCED BY AT LEAST 3 POINTS FROM INITIAL (INDEX) SCORE TO TH
M1199	PATIENTS RECEIVING RRT
M1200	ACE INHIBITOR (ACE-I) OR ARB THERAPY PRESCRIBED DURING THE MEASUREMENT PERIOD
M1201	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PRESCRIBING ACE INHIBITOR (ACE-I) OR ARB THERAPY DURING T
M1202	DOCUMENTATION OF PATIENT REASON(S) FOR NOT PRESCRIBING ACE INHIBITOR OR ARB THERAPY DURING THE MEASU
M1203	ACE INHIBITOR OR ARB THERAPY NOT PRESCRIBED DURING THE MEASUREMENT PERIOD REASON NOT GIVEN
M1204	INITIAL (INDEX VISIT) NUMERIC RATING SCALE (NRS) VISUAL RATING SCALE (VRS) OR ITCHYQUANT ASSESSMENT
M1205	ITCH SEVERITY ASSESSMENT SCORE IS REDUCED BY 3 OR MORE POINTS FROM THE INITIAL (INDEX) ASSESSMENT SC
M1206	ITCH SEVERITY ASSESSMENT SCORE WAS NOT REDUCED BY AT LEAST 3 POINTS FROM INITIAL (INDEX) SCORE TO TH
M1207	PATIENT IS SCREENED FOR FOOD INSECURITY HOUSING INSTABILITY TRANSPORTATION NEEDS UTILITY DIFFICULTIE
M1208	PATIENT IS NOT SCREENED FOR FOOD INSECURITY HOUSING INSTABILITY TRANSPORTATION NEEDS UTILITY DIFFICU
M1209	AT LEAST TWO ORDERS FOR HIGH-RISK MEDICATIONS FROM THE SAME DRUG CLASS (TABLE 4) NOT ORDERED
M1210	AT LEAST TWO ORDERS FOR HIGH-RISK MEDICATIONS FROM THE SAME DRUG CLASS (TABLE 4) NOT ORDERED
M1211	MOST RECENT GLYCEMIC STATUS ASSESSMENT (HBA1C OR GMI) LEVEL 9.0%
M1212	GLYCEMIC STATUS ASSESSMENT (HBA1C OR GMI) LEVEL IS MISSING OR WAS NOT PERFORMED DURING THE MEASUREME
M1213	NO HISTORY OF SPIROMETRY RESULTS WITH CONFIRMED AIRFLOW OBSTRUCTION (FEV1 FVC 70%) AND PRESENT SPIRO
M1214	SPIROMETRY RESULTS WITH CONFIRMED AIRFLOW OBSTRUCTION (FEV1 FVC 70%) DOCUMENTED AND REVIEWED
M1215	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT DOCUMENTING AND REVIEWING SPIROMETRY RESULTS (E.G. PATIEN

M1216	NO SPIROMETRY RESULTS WITH CONFIRMED AIRFLOW OBSTRUCTION (FEV1 FVC 70%) DOCUMENTED AND OR NO SPIROME
M1217	DOCUMENTATION OF SYSTEM REASON(S) FOR NOT DOCUMENTING AND REVIEWING SPIROMETRY RESULTS (E.G. SPIROME
M1218	PATIENT HAS COPD SYMPTOMS (E.G. DYSPNEA COUGH SPUTUM WHEEZING)
M1219	ANAPHYLAXIS DUE TO THE VACCINE ON OR BEFORE THE DATE OF THE ENCOUNTER
M1220	DILATED RETINAL EYE EXAM WITH INTERPRETATION BY AN OPHTHALMOLOGIST OR OPTOMETRIST OR ARTIFICIAL INTE
M1221	DILATED RETINAL EYE EXAM WITH INTERPRETATION BY AN OPHTHALMOLOGIST OR OPTOMETRIST OR ARTIFICIAL INTE
M1222	GLAUCOMA PLAN OF CARE NOT DOCUMENTED REASON NOT OTHERWISE SPECIFIED
M1223	GLAUCOMA PLAN OF CARE DOCUMENTED
M1224	INTRAOCULAR PRESSURE (IOP) REDUCED BY A VALUE LESS THAN 20% FROM THE PRE-INTERVENTION LEVEL
M1225	INTRAOCULAR PRESSURE (IOP) REDUCED BY A VALUE OF GREATER THAN OR EQUAL TO 20% FROM THE PRE-INTERVENT
M1226	IOP MEASUREMENT NOT DOCUMENTED REASON NOT OTHERWISE SPECIFIED
M1227	EVIDENCE-BASED THERAPY WAS PRESCRIBED
M1228	PATIENT WHO HAS A REACTIVE HCV ANTIBODY TEST AND HAS A FOLLOW UP HCV VIRAL TEST THAT DETECTED HCV VI
M1229	PATIENT WHO HAS A REACTIVE HCV ANTIBODY TEST AND HAS A FOLLOW UP HCV VIRAL TEST THAT DETECTED HCV VI
M1230	PATIENT HAS A REACTIVE HCV ANTIBODY TEST AND DOES NOT HAVE A FOLLOW UP HCV VIRAL TEST OR PATIENT HAS
M1231	PATIENT RECEIVES HCV ANTIBODY TEST WITH NONREACTIVE RESULT
M1232	PATIENT RECEIVES HCV ANTIBODY TEST WITH REACTIVE RESULT
M1233	PATIENT DOES NOT RECEIVE HCV ANTIBODY TEST OR PATIENT DOES RECEIVE HCV ANTIBODY TEST BUT RESULTS NOT
M1234	PATIENT HAS A REACTIVE HCV ANTIBODY TEST AND HAS A FOLLOW UP HCV VIRAL TEST THAT DOES NOT DETECT HCV
M1235	DOCUMENTATION OR PATIENT REPORT OF HCV ANTIBODY TEST OR HCV RNA TEST WHICH OCCURRED PRIOR TO THE PER
M1236	BASELINE MRS 2
M1237	PATIENT REASON FOR NOT SCREENING FOR FOOD INSECURITY HOUSING INSTABILITY TRANSPORTATION NEEDS UTILIT

M1238	DOCUMENTATION THAT ADMINISTRATION OF SECOND RECOMBINANT ZOSTER VACCINE COULD NOT OCCUR DURING THE PE
M1239	PATIENT DID NOT RESPOND TO THE QUESTION OF PATIENT FELT HEARD AND UNDERSTOOD BY THIS PROVIDER AND TE
M1240	PATIENT DID NOT RESPOND TO THE QUESTION OF PATIENT FELT THIS PROVIDER AND TEAM PUT MY BEST INTERESTS
M1241	PATIENT DID NOT RESPOND TO THE QUESTION OF PATIENT FELT THIS PROVIDER AND TEAM SAW ME AS A PERSON NO
M1242	PATIENT DID NOT RESPOND TO THE QUESTION OF PATIENT FELT THIS PROVIDER AND TEAM UNDERSTOOD WHAT IS IM
M1243	PATIENT PROVIDED A RESPONSE OTHER THAN COMPLETELY TRUE FOR THE QUESTION OF PATIENT FELT HEARD AND UN
M1244	PATIENT PROVIDED A RESPONSE OTHER THAN COMPLETELY TRUE FOR THE QUESTION OF PATIENT FELT THIS PROVIDE
M1245	PATIENT PROVIDED A RESPONSE OTHER THAN COMPLETELY TRUE FOR THE QUESTION OF PATIENT FELT THIS PROVIDE
M1246	PATIENT PROVIDED A RESPONSE OTHER THAN COMPLETELY TRUE FOR THE QUESTION OF PATIENT FELT THIS PROVIDE
M1247	PATIENT RESPONDED COMPLETELY TRUE FOR THE QUESTION OF PATIENT FELT THIS PROVIDER AND TEAM PUT MY BES
M1248	PATIENT RESPONDED COMPLETELY TRUE FOR THE QUESTION OF PATIENT FELT THIS PROVIDER AND TEAM SAW ME AS
M1249	PATIENT RESPONDED COMPLETELY TRUE FOR THE QUESTION OF PATIENT FELT THIS PROVIDER AND TEAM UNDERSTOOD
M1250	PATIENT RESPONDED AS COMPLETELY TRUE FOR THE QUESTION OF PATIENT FELT HEARD AND UNDERSTOOD BY THIS P
M1251	PATIENTS FOR WHOM A PROXY COMPLETED THE ENTIRE HU SURVEY ON THEIR BEHALF FOR ANY REASON (NO PATIENT
M1252	PATIENTS WHO DID NOT COMPLETE AT LEAST ONE OF THE FOUR PATIENT EXPERIENCE HU SURVEY ITEMS AND RETURN
M1253	PATIENTS WHO RESPOND ON THE PATIENT EXPERIENCE HU SURVEY THAT THEY DID NOT RECEIVE CARE BY THE LISTE
M1254	PATIENTS WHO WERE DECEASED WHEN THE HU SURVEY REACHED THEM

M1255	PATIENTS WHO HAVE ANOTHER REASON FOR VISITING THE CLINIC [NOT PRENATAL OR POSTPARTUM CARE] AND HAVE
M1256	PRIOR HISTORY OF KNOWN CVD
M1257	CVD RISK ASSESSMENT NOT PERFORMED OR INCOMPLETE (E.G. CVD RISK ASSESSMENT WAS NOT DOCUMENTED) REASON
M1258	CVD RISK ASSESSMENT PERFORMED HAVE A DOCUMENTED CALCULATED RISK SCORE
M1259	PATIENT STATUS DOCUMENTED WITHIN THE FIRST YEAR OF INITIATING DIALYSIS
M1260	PATIENT STATUS NOT DOCUMENTED WITHIN THE FIRST YEAR OF INITIATING DIALYSIS
M1261	PATIENTS THAT WERE ON THE KIDNEY OR KIDNEY-PANCREAS WAITLIST PRIOR TO INITIATION OF DIALYSIS
M1262	PATIENTS WHO HAD A TRANSPLANT PRIOR TO INITIATION OF DIALYSIS
M1263	PATIENTS IN HOSPICE ON THEIR INITIATION OF DIALYSIS DATE OR DURING THE MONTH OF EVALUATION
M1264	PATIENTS AGE 75 OR OLDER ON THEIR INITIATION OF DIALYSIS DATE
M1265	CMS MEDICAL EVIDENCE FORM 2728 FOR DIALYSIS PATIENTS: INITIAL FORM COMPLETED
M1266	PATIENTS ADMITTED TO A SKILLED NURSING FACILITY (SNF)
M1267	PATIENTS NOT OBSERVED IN ACTIVE STATUS ON ANY KIDNEY OR KIDNEY-PANCREAS TRANSPLANT WAITLIST AS OF TH
M1268	PATIENTS OBSERVED IN ACTIVE STATUS ON ANY KIDNEY OR KIDNEY-PANCREAS TRANSPLANT WAITLIST AS OF THE LA
M1269	RECEIVING ESRD MCP DIALYSIS SERVICES BY THE PROVIDER ON THE LAST DAY OF THE REPORTING MONTH
M1270	PATIENTS NOT ON ANY KIDNEY OR KIDNEY-PANCREAS TRANSPLANT WAITLIST AS OF THE LAST DAY OF EACH MONTH D
M1271	PATIENTS WITH DEMENTIA AT ANY TIME PRIOR TO OR DURING THE MONTH
M1272	PATIENTS OBSERVED ON ANY KIDNEY OR KIDNEY-PANCREAS TRANSPLANT WAITLIST AS OF THE LAST DAY OF EACH MO
M1273	PATIENTS WHO WERE ADMITTED TO A SKILLED NURSING FACILITY (SNF) WITHIN ONE YEAR OF DIALYSIS INITIATIO
M1274	PATIENTS WHO WERE ADMITTED TO A SKILLED NURSING FACILITY (SNF) DURING THE MONTH OF EVALUATION WERE E
M1275	PATIENTS DETERMINED TO BE IN HOSPICE WERE EXCLUDED FROM MONTH OF EVALUATION AND THE REMAINDER OF REP
M1276	BMI DOCUMENTED OUTSIDE NORMAL PARAMETERS NO FOLLOW-UP PLAN DOCUMENTED NO REASON GIVEN
M1277	COLORECTAL CANCER SCREENING RESULTS DOCUMENTED AND REVIEWED

M1278	ELEVATED OR HYPERTENSIVE BLOOD PRESSURE READING DOCUMENTED AND THE INDICATED FOLLOW-UP IS DOCUMENTED
M1279	ELEVATED OR HYPERTENSIVE BLOOD PRESSURE READING DOCUMENTED INDICATED FOLLOW-UP NOT DOCUMENTED REASON
M1280	WOMEN WHO HAD A BILATERAL MASTECTOMY OR WHO HAVE A HISTORY OF A BILATERAL MASTECTOMY OR FOR WHOM THE
M1281	BLOOD PRESSURE READING NOT DOCUMENTED REASON NOT GIVEN
M1282	PATIENT SCREENED FOR TOBACCO USE AND IDENTIFIED AS A TOBACCO NON-USER
M1283	PATIENT SCREENED FOR TOBACCO USE AND IDENTIFIED AS A TOBACCO USER
M1284	PATIENTS AGE 66 OR OLDER IN INSTITUTIONAL SPECIAL NEEDS PLANS (SNP) OR RESIDING IN LONG TERM CARE WI
M1285	SCREENING DIAGNOSTIC FILM DIGITAL OR DIGITAL BREAST TOMOSYNTHESIS (3D) MAMMOGRAPHY RESULTS WERE NOT
M1286	BMI IS DOCUMENTED AS BEING OUTSIDE OF NORMAL PARAMETERS FOLLOW-UP PLAN IS NOT COMPLETED FOR DOCUMENT
M1287	BMI IS DOCUMENTED BELOW NORMAL PARAMETERS AND A FOLLOW-UP PLAN IS DOCUMENTED
M1288	DOCUMENTED REASON FOR NOT SCREENING OR RECOMMENDING A FOLLOW-UP FOR HIGH BLOOD PRESSURE
M1289	PATIENT IDENTIFIED AS TOBACCO USER DID NOT RECEIVE TOBACCO CESSATION INTERVENTION DURING THE MEASURE
M1290	PATIENT NOT ELIGIBLE DUE TO ACTIVE DIAGNOSIS OF HYPERTENSION
M1291	PATIENTS 66 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM ENCOUNTER FOR FRAILTY DURING THE MEASUREM
M1292	PATIENTS 66 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM ENCOUNTER FOR FRAILTY DURING THE MEASUREM
M1293	BMI IS DOCUMENTED ABOVE NORMAL PARAMETERS AND A FOLLOW-UP PLAN IS DOCUMENTED
M1294	NORMAL BLOOD PRESSURE READING DOCUMENTED FOLLOW-UP NOT REQUIRED
M1295	PATIENTS WITH A DIAGNOSIS OR PAST HISTORY OF TOTAL COLECTOMY OR COLORECTAL CANCER
M1296	BMI IS DOCUMENTED WITHIN NORMAL PARAMETERS AND NO FOLLOW-UP PLAN IS REQUIRED
M1297	BMI NOT DOCUMENTED DUE TO MEDICAL REASON OR PATIENT REFUSAL OF HEIGHT OR WEIGHT MEASUREMENT
M1298	DOCUMENTATION OF PATIENT PREGNANCY ANYTIME DURING THE MEASUREMENT PERIOD PRIOR TO AND INCLUDING THE
M1299	INFLUENZA IMMUNIZATION ADMINISTERED OR PREVIOUSLY RECEIVED

M1300	INFLUENZA IMMUNIZATION WAS NOT ADMINISTERED FOR REASONS DOCUMENTED BY CLINICIAN (E.G. PATIENT ALLERG
M1301	PATIENT IDENTIFIED AS A TOBACCO USER RECEIVED TOBACCO CESSATION INTERVENTION DURING THE MEASUREMENT
M1302	SCREENING DIAGNOSTIC FILM DIGITAL OR DIGITAL BREAST TOMOSYNTHESIS (3D) MAMMOGRAPHY RESULTS DOCUMENTE
M1303	HOSPICE SERVICES PROVIDED TO PATIENT ANY TIME DURING THE MEASUREMENT PERIOD
M1304	PATIENT DID NOT RECEIVE ANY PNEUMOCOCCAL CONJUGATE OR POLYSACCHARIDE VACCINE ON OR AFTER THEIR 19TH
M1305	PATIENT RECEIVED ANY PNEUMOCOCCAL CONJUGATE OR POLYSACCHARIDE VACCINE ON OR AFTER THEIR 19TH BIRTHDA
M1306	PATIENT HAD ANAPHYLAXIS DUE TO THE PNEUMOCOCCAL VACCINE ANY TIME DURING OR BEFORE THE MEASUREMENT PE
M1307	DOCUMENTATION STATING THE PATIENT HAS RECEIVED OR IS CURRENTLY RECEIVING PALLIATIVE OR HOSPICE CARE
M1308	INFLUENZA IMMUNIZATION WAS NOT ADMINISTERED REASON NOT GIVEN
M1309	PALLIATIVE CARE SERVICES PROVIDED TO PATIENT ANY TIME DURING THE MEASUREMENT PERIOD
M1310	PATIENT SCREENED FOR TOBACCO USE AND RECEIVED TOBACCO CESSATION INTERVENTION DURING THE MEASUREMENT
M1311	ANAPHYLAXIS DUE TO THE VACCINE ON OR BEFORE THE DATE OF THE ENCOUNTER
M1312	PATIENT NOT SCREENED FOR TOBACCO USE
M1313	TOBACCO SCREENING NOT PERFORMED OR TOBACCO CESSATION INTERVENTION NOT PROVIDED DURING THE MEASUREMEN
M1314	BMI NOT DOCUMENTED AND NO REASON IS GIVEN
M1315	COLORECTAL CANCER SCREENING RESULTS WERE NOT DOCUMENTED AND REVIEWED REASON NOT OTHERWISE SPECIFIED
M1316	CURRENT TOBACCO NON-USER
M1317	PATIENTS WHO ARE COUNSELED ON CONNECTION WITH A CSP AND EXPLICITLY OPT OUT
M1318	PATIENTS WHO DID NOT HAVE DOCUMENTED CONTACT WITH A CSP FOR AT LEAST ONE OF THEIR SCREENED POSITIVE
M1319	PATIENTS WHO HAD DOCUMENTED CONTACT WITH A CSP FOR AT LEAST ONE OF THEIR SCREENED POSITIVE HRSNS WIT
M1320	PATIENTS WHO SCREENED POSITIVE FOR AT LEAST 1 OF THE 5 HRSNS

M1321	PATIENTS WHO WERE NOT SEEN WITHIN 7 WEEKS FOLLOWING THE DATE OF INJECTION FOR FOLLOW UP OR WHO DID N
M1322	PATIENTS SEEN WITHIN 7 WEEKS FOLLOWING THE DATE OF INJECTION AND ARE SCREENED FOR ELEVATED INTRAOCUL
M1323	PATIENTS SEEN WITHIN 7 WEEKS FOLLOWING THE DATE OF INJECTION AND ARE SCREENED FOR ELEVATED INTRAOCUL
M1324	PATIENTS WHO HAD AN INTRAVITREAL OR PERIOCULAR CORTICOSTEROID INJECTION (E.G. TRIAMCINOLONE PRESERVA
M1325	PATIENTS WHO WERE NOT SEEN FOR REASONS DOCUMENTED BY CLINICIAN FOR PATIENT OR MEDICAL REASONS (E.G.
M1326	PATIENTS WITH A DIAGNOSIS OF HYPOTONY
M1327	PATIENTS WHO WERE NOT APPROPRIATELY EVALUATED DURING THE INITIAL EXAM AND OR WHO WERE NOT RE-EVALUAT
M1328	PATIENTS WITH A DIAGNOSIS OF ACUTE VITREOUS HEMORRHAGE
M1329	PATIENTS WITH A POST-OPERATIVE ENCOUNTER OF THE EYE WITH THE ACUTE PVD WITHIN 2 WEEKS BEFORE THE INI
M1330	DOCUMENTATION OF PATIENT REASON(S) FOR NOT HAVING A FOLLOW UP EXAM (E.G. INADEQUATE TIME FOR FOLLOW
M1331	PATIENTS WHO WERE APPROPRIATELY EVALUATED DURING THE INITIAL EXAM AND WERE RE-EVALUATED NO LATER THA
M1332	PATIENTS WHO WERE NOT APPROPRIATELY EVALUATED DURING THE INITIAL EXAM AND OR WHO WERE NOT RE-EVALUAT
M1333	ACUTE VITREOUS HEMORRHAGE
M1334	PATIENTS WITH A POST-OPERATIVE ENCOUNTER OF THE EYE WITH THE ACUTE PVD WITHIN 2 WEEKS BEFORE THE INI
M1335	DOCUMENTATION OF PATIENT REASON(S) FOR NOT HAVING A FOLLOW UP EXAM (E.G. INADEQUATE TIME FOR FOLLOW
M1336	PATIENTS WHO WERE APPROPRIATELY EVALUATED DURING THE INITIAL EXAM AND WERE RE-EVALUATED NO LATER THA
M1337	ACUTE PVD
M1338	PATIENTS WHO HAD FOLLOW-UP ASSESSMENT 30 TO 180 DAYS AFTER THE INDEX ASSESSMENT WHO DID NOT DEMONSTR
M1339	PATIENTS WHO HAD FOLLOW-UP ASSESSMENT 30 TO 180 DAYS AFTER THE INDEX ASSESSMENT WHO DEMONSTRATED POS

M1340	INDEX ASSESSMENT COMPLETED USING THE 12-ITEM WHODAS 2.0 OR SDS DURING THE DENOMINATOR IDENTIFICATION
M1341	PATIENTS WHO DID NOT HAVE A FOLLOW-UP ASSESSMENT OR DID NOT HAVE AN ASSESSMENT WITHIN 30 TO 180 DAYS
M1342	PATIENTS WHO DIED DURING THE PERFORMANCE PERIOD
M1343	PATIENTS WHO ARE AT PAM LEVEL 4 AT BASELINE OR PATIENTS WHO ARE FLAGGED WITH EXTREME STRAIGHT LINE R
M1344	PATIENTS WHO DID NOT HAVE A BASELINE PAM SCORE AND OR A SECOND SCORE WITHIN 4 TO 12 MONTHS OF BASELI
M1345	PATIENTS WHO HAD A BASELINE PAM SCORE AND A SECOND SCORE WITHIN 4 TO 12 MONTH OF BASELINE PAM SCORE
M1346	PATIENTS WHO DID NOT HAVE A NET INCREASE IN PAM SCORE OF AT LEAST 6 POINTS WITHIN A 4 TO 12 MONTH PE
M1347	PATIENTS WHO ACHIEVED A NET INCREASE IN PAM SCORE OF AT LEAST 3 POINTS IN A 4 TO 12 MONTH PERIOD (PA
M1348	PATIENTS WHO ACHIEVED A NET INCREASE IN PAM SCORE OF AT LEAST 6-POINTS IN A 4 TO 12 MONTH PERIOD (EX
M1349	PATIENTS WHO DID NOT HAVE A NET INCREASE IN PAM SCORE OF AT LEAST 3 POINTS WITHIN A 4 TO 12 MONTH PE
M1350	PATIENTS WHO HAD A COMPLETED SUICIDE SAFETY PLAN INITIATED REVIEWED OR UPDATED IN COLLABORATION WITH
M1351	PATIENTS WHO HAD A SUICIDE SAFETY PLAN INITIATED REVIEWED OR UPDATED AND REVIEWED AND UPDATED IN COL
M1352	SUICIDAL IDEATION AND OR BEHAVIOR SYMPTOMS BASED ON THE C-SSRS OR EQUIVALENT ASSESSMENT
M1353	PATIENTS WHO DID NOT HAVE A COMPLETED SUICIDE SAFETY PLAN INITIATED REVIEWED OR UPDATED IN COLLABORA
M1354	PATIENTS WHO DID NOT HAVE A SUICIDE SAFETY PLAN INITIATED REVIEWED OR UPDATED OR REVIEWED AND UPDATE
M1355	SUICIDE RISK BASED ON THEIR CLINICIAN S EVALUATION OR A CLINICIAN-RATED TOOL
M1356	PATIENTS WHO DIED DURING THE MEASUREMENT PERIOD
M1357	PATIENTS WHO HAD A REDUCTION IN SUICIDAL IDEATION AND OR BEHAVIOR UPON FOLLOW-UP ASSESSMENT WITHIN 1
M1358	PATIENTS WHO DID NOT HAVE A REDUCTION IN SUICIDAL IDEATION AND OR BEHAVIOR UPON FOLLOW-UP ASSESSMENT

M1359	INDEX ASSESSMENT DURING THE DENOMINATOR PERIOD WHEN THE SUICIDAL IDEATION AND OR BEHAVIOR SYMPTOMS O
M1360	SUICIDAL IDEATION AND OR BEHAVIOR SYMPTOMS BASED ON THE C-SSRS
M1361	SUICIDE RISK BASED ON THEIR CLINICIAN S EVALUATION OR A CLINICIAN-RATED TOOL
M1362	PATIENTS WHO DIED DURING THE MEASUREMENT PERIOD
M1363	PATIENTS WHO DID NOT HAVE A FOLLOW-UP ASSESSMENT WITHIN 120 DAYS OF THE INDEX ASSESSMENT
M1364	CALCULATED 10-YEAR ASCVD RISK SCORE OF = 20 PERCENT DURING THE PERFORMANCE PERIOD
M1365	PATIENT ENCOUNTER DURING THE PERFORMANCE PERIOD WITH HOSPICE AND PALLIATIVE CARE SPECIALTY CODE 17
M1366	FOCUSING ON WOMEN S HEALTH MIPS VALUE PATHWAY
M1367	QUALITY CARE FOR THE TREATMENT OF EAR NOSE AND THROAT DISORDERS MIPS VALUE PATHWAY
M1368	PREVENTION AND TREATMENT OF INFECTIOUS DISORDERS INCLUDING HEPATITIS C AND HIV MIPS VALUE PATHWAY
M1369	QUALITY CARE IN MENTAL HEALTH AND SUBSTANCE USE DISORDERS MIPS VALUE PATHWAY
M1370	REHABILITATIVE SUPPORT FOR MUSCULOSKELETAL CARE MIPS VALUE PATHWAY
M1371	MOST RECENT GLYCEMIC STATUS ASSESSMENT (HBA1C OR GMI) LEVEL 7.0%
M1372	MOST RECENT GLYCEMIC STATUS ASSESSMENT (HBA1C OR GMI) LEVEL = 7.0% AND 8.0%
M1373	MOST RECENT GLYCEMIC STATUS ASSESSMENT (HBA1C OR GMI) LEVEL = 8.0% AND = 9.0%
M1374	AN ADDITIONAL ENCOUNTER WITH AN RA DIAGNOSIS DURING THE PERFORMANCE PERIOD OR PRIOR PERFORMANCE PERI
M1375	AN ADDITIONAL ENCOUNTER WITH AN RA DIAGNOSIS DURING THE PERFORMANCE PERIOD OR PRIOR PERFORMANCE PERI
M1376	AN ADDITIONAL ENCOUNTER WITH AN RA DIAGNOSIS DURING THE PERFORMANCE PERIOD OR PRIOR PERFORMANCE PERI
M1377	RECOMMENDED FOLLOW-UP INTERVAL FOR REPEAT COLONOSCOPY OF 10 YEARS DOCUMENTED IN COLONOSCOPY REPORT A
M1378	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT RECOMMENDING A 10 YEAR FOLLOW-UP INTERVAL (E.G. INADEQUAT
M1379	A 10 YEAR FOLLOW-UP INTERVAL FOR COLONOSCOPY NOT RECOMMENDED REASON NOT OTHERWISE SPECIFIED
M1380	FILLED AT LEAST TWO PRESCRIPTIONS DURING THE PERFORMANCE PERIOD FOR ANY COMBINATION OF THE QUALIFYIN
M1381	PATIENTS WITH SECONDARY STROKE (E.G. A SUBSEQUENT STROKE THAT MAY OCCUR WITH VASOSPASM IN THE SETTIN

M1382	PATIENT ENCOUNTER DURING THE PERFORMANCE PERIOD WITH PLACE OF SERVICE CODE 11
M1383	ACUTE PVD
M1384	PATIENTS WHO DIED DURING THE PERFORMANCE PERIOD
M1385	DOCUMENTATION OF PATIENT REASONS FOR PATIENTS WHO WERE NOT SEEN FOR THE SECOND PAM SURVEY (E.G. LESS
M1386	PATIENTS WITH AN EXCISIONAL SURGERY FOR MELANOMA OR MELANOMA IN SITU IN THE PAST 5 YEARS WITH AN INI
M1387	PATIENTS WHO DIED DURING THE PERFORMANCE PERIOD
M1388	PATIENTS WITH DOCUMENTATION OF AN EXAM PERFORMED FOR RECURRENCE OF MELANOMA
M1389	DOCUMENTATION OF PATIENT REASONS FOR NO EXAMINATION I.E. REFUSAL OF EXAMINATION OR LOST TO FOLLOW-UP
M1390	PATIENTS WHO DO NOT HAVE A DOCUMENTED EXAM PERFORMED FOR RECURRENCE OF MELANOMA OR NO DOCUMENTATION
M1391	ALL PATIENTS WHO WERE DIAGNOSED WITH RECURRENT MELANOMA DURING THE CURRENT PERFORMANCE PERIOD
M1392	DOCUMENTATION OF PATIENT REASONS FOR NO EXAMINATION I.E. REFUSAL OF EXAMINATION OR LOST TO FOLLOW-UP
M1393	PATIENTS WHO WERE NOT DIAGNOSED WITH RECURRENT MELANOMA DURING THE CURRENT PERFORMANCE PERIOD
M1394	STAGES I-III BREAST CANCER
M1395	PATIENTS RECEIVING AN INITIAL CHEMOTHERAPY REGIMEN WITH A DEFINED DURATION WITH THE ELIGIBLE CLINICI
M1396	PATIENTS ON A THERAPEUTIC CLINICAL TRIAL
M1397	PATIENTS WITH RECURRENCE DISEASE PROGRESSION
M1398	PATIENTS WITH BASELINE AND FOLLOW-UP PROMIS SURVEYS DOCUMENTED IN THE MEDICAL RECORD
M1399	PATIENTS WHO LEAVE THE PRACTICE DURING THE FOLLOW-UP PERIOD
M1400	PATIENTS WHO DIED DURING THE FOLLOW-UP PERIOD
M1401	STAGES I-III BREAST CANCER
M1402	PATIENTS RECEIVING AN INITIAL CHEMOTHERAPY REGIMEN WITH A DEFINED DURATION WITH THE ELIGIBLE CLINICI
M1403	PATIENTS WITH BASELINE AND FOLLOW-UP PROMIS SURVEYS DOCUMENTED IN THE MEDICAL RECORD
M1404	PATIENTS ON A THERAPEUTIC CLINICAL TRIAL
M1405	PATIENTS WITH RECURRENCE DISEASE PROGRESSION
M1406	PATIENTS WHO LEAVE THE PRACTICE DURING THE FOLLOW-UP PERIOD

M1407	PATIENTS WHO DIED DURING THE FOLLOW-UP PERIOD
M1408	PATIENTS WHO HAVE GERMLINE BRCA TESTING COMPLETED BEFORE DIAGNOSIS OF EPITHELIAL OVARIAN FALLOPIAN T
M1409	PATIENTS WHO RECEIVED GERMLINE TESTING FOR BRCA1 AND BRCA2 OR GENETIC COUNSELING COMPLETED WITHIN 6
M1410	PATIENTS WHO DID NOT HAVE GERMLINE TESTING FOR BRCA1 AND BRCA2 OR GENETIC COUNSELING COMPLETED WITHI
M1411	CURRENTLY ON FIRST-LINE IMMUNE CHECKPOINT INHIBITORS WITHOUT CHEMOTHERAPY
M1412	PATIENTS WITH METASTATIC NSCLC WITH EPIDERMAL GROWTH FACTOR RECEPTOR (EGFR) MUTATIONS ALK GENOMIC TU
M1413	PATIENTS WHO HAD A POSITIVE PD-L1 BIOMARKER EXPRESSION TEST RESULT PRIOR TO THE INITIATION OF FIRST-
M1414	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PERFORMING THE PD-L1 BIOMARKER EXPRESSION TEST PRIOR TO I
M1415	PATIENTS WHO DID NOT HAVE A POSITIVE PD-L1 BIOMARKER EXPRESSION TEST RESULT PRIOR TO THE INITIATION
M1416	PATIENT RECEIVED HOSPICE SERVICES ANY TIME DURING THE PERFORMANCE PERIOD
M1417	PATIENTS WHO ARE UP TO DATE ON THEIR COVID-19 VACCINATIONS AS DEFINED BY CDC RECOMMENDATIONS ON CURR
M1418	PATIENTS WHO ARE NOT UP TO DATE ON THEIR COVID-19 VACCINATIONS AS DEFINED BY CDC RECOMMENDATIONS ON
M1419	PATIENTS WHO ARE NOT UP TO DATE ON THEIR COVID-19 VACCINATIONS AS DEFINED BY CDC RECOMMENDATIONS ON
M1420	COMPLETE OPHTHALMOLOGIC CARE MIPS VALUE PATHWAY
M1421	DERMATOLOGICAL CARE MIPS VALUE PATHWAY
M1422	GASTROENTEROLOGY CARE MIPS VALUE PATHWAY
M1423	OPTIMAL CARE FOR PATIENTS WITH UROLOGIC CONDITIONS MIPS VALUE PATHWAY
M1424	PULMONOLOGY CARE MIPS VALUE PATHWAY
M1425	SURGICAL CARE MIPS VALUE PATHWAY
P2028	Cephalin floculation blood
P2029	Congo red blood
P2031	Hair analysis (excluding arsenic)
P2033	Thymol turbidity blood
P2038	Mucoprotein blood (seromucoid) (medical necessity procedure)

P3000	SCREENING PAPANICOLAOU SMEAR CERVICAL OR VAGINAL UP TO THREE SMEARS BY TECHNICIAN UNDER PHYSICIAN SU
P3001	SCREENING PAPANICOLAOU SMEAR CERVICAL OR VAGINAL UP TO THREE SMEARS REQUIRING INTERPRETATION BY PHYS
P7001	CULTURE BACTERIAL URINE QUANTITATIVE SENSITIVITY STUDY
P9010	Blood (whole) for transfusion per unit
P9011	Blood split unit
P9012	Cryoprecipitate each unit
P9016	Red blood cells leukocytes reduced each unit
P9017	Fresh frozen plasma (single donor) frozen within 8 hours of collection each unit
P9019	Platelets each unit
P9020	Platelet rich plasma each unit
P9021	Red blood cells each unit
P9022	Red blood cells washed each unit
P9023	Plasma pooled multiple donor solvent detergent treated frozen each unit
P9025	PLASMA CRYOPRECIPITATE REDUCED PATHOGEN REDUCED EACH UNIT
P9026	CRYOPRECIPITATED FIBRINOGEN COMPLEX PATHOGEN REDUCED EACH UNIT
P9027	RED BLOOD CELLS LEUKOCYTES REDUCED OXYGEN CARBON DIOXIDE REDUCED EACH UNIT
P9031	Platelets leukocytes reduced each unit
P9032	Platelets irradiated each unit
P9033	Platelets leukocytes reduced irradiated each unit
P9034	Platelets pheresis each unit
P9035	Platelets pheresis leukocytes reduced each unit
P9036	Platelets pheresis irradiated each unit
P9037	Platelets pheresis leukocytes reduced irradiated each unit
P9038	Red blood cells irradiated each unit
P9039	Red blood cells deglycerolized each unit
P9040	Red blood cells leukocytes reduced irradiated each unit
P9041	INFUSION ALBUMIN (HUMAN) 5% 50 ML
P9043	Infusion plasma protein fraction (human) 5% 50 ml
P9044	Plasma cryoprecipitate reduced each unit
P9045	INFUSION ALBUMIN (HUMAN) 5% 250 ML
P9046	INFUSION ALBUMIN (HUMAN) 25% 20 ML
P9047	INFUSION ALBUMIN (HUMAN) 25% 50 ML

P9048	INFUSION PLASMA PROTEIN FRACTION (HUMAN) 5% 250 ML
P9050	Granulocytes pheresis each unit
P9051	Whole blood or red blood cells leukocytes reduced cmv-negative each unit
P9052	Platelets hla-matched leukocytes reduced apheresis pheresis each unit
P9053	Platelets pheresis leukocytes reduced cmv-negative irradiated each unit
P9054	Whole blood or red blood cells leukocytes reduced frozen deglycerol washed each unit
P9055	Platelets leukocytes reduced cmv-negative apheresis pheresis each unit
P9056	Whole blood leukocytes reduced irradiated each unit
P9057	Red blood cells frozen deglycerolized washed leukocytes reduced irradiated each unit
P9058	Red blood cells leukocytes reduced cmv-negative irradiated each unit
P9059	Fresh frozen plasma between 8-24 hours of collection each unit
P9060	Fresh frozen plasma donor retested each unit
P9070	PLASMA POOLED MULTIPLE DONOR PATHOGEN REDUCED FROZEN EACH UNIT
P9071	PLASMA (SINGLE DONOR) PATHOGEN REDUCED FROZEN EACH UNIT
P9073	PLATELETS PHERESIS PATHOGEN-REDUCED EACH UNIT
P9099	BLOOD COMPONENT OR PRODUCT NOT OTHERWISE CLASSIFIED
P9100	PATHOGEN(S) TEST FOR PLATELETS
P9603	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY SPECIMEN COLLECTION DRAWN
P9604	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY SPECIMEN COLLECTION DRAWN
P9612	Catheterization for collection of specimen single patient all places of service
P9615	CATHETERIZATION FOR COLLECTION OF SPECIMEN(S) (MULTIPLE PATIENTS)
Q0035	Cardiokymography
Q0081	Infusion therapy using other than chemotherapeutic drugs per visit
Q0083	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE ONLY (E.G. SUBCUTANEOUS INTRAMUSCULAR P
Q0084	Chemotherapy administration by infusion technique only per visit
Q0085	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND OTHER TECHNIQUE(S) (E.G. SUBCUTANEOUS INT
Q0091	SCREENING PAPANICOLAOU SMEAR OBTAINING PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABO
Q0092	Set-up portable x-ray equipment
Q0111	Wet mounts including preparations of vaginal cervical or skin specimens

Q0112	All potassium hydroxide (koh) preparations
Q0113	Pinworm examinations
Q0114	Fern test
Q0115	Post-coital direct qualitative examinations of vaginal or cervical mucous
Q0138	INJECTION FERUMOXYTOL FOR TREATMENT OF IRON DEFICIENCY ANEMIA 1 MG (NON-ESRD USE)
Q0139	INJECTION FERUMOXYTOL FOR TREATMENT OF IRON DEFICIENCY ANEMIA 1 MG (FOR ESRD ON DIALYSIS)
Q0144	Azithromycin dihydrate oral capsules powder 1 gram
Q0155	DRONABINOL (SYNDROS) 0.1 MG ORAL FDA APPROVED PRESCRIPTION ANTI-EMETIC FOR USE AS A COMPLETE THERAPE
Q0161	CHLORPROMAZINE HYDROCHLORIDE 5 MG ORAL FDA APPROVED PRESCRIPTION ANTI-EMETIC FOR USE AS A COMPLETE T
Q0162	ONDANSETRON 1 MG ORAL FDA APPROVED PRESCRIPTION ANTI-EMETIC FOR USE AS A COMPLETE THERAPEUTIC SUBSTI
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE 50 MG ORAL FDA APPROVED PRESCRIPTION ANTI-EMETIC FOR USE AS A COMPLETE
Q0164	PROCHLORPERAZINE MALEATE 5 MG ORAL FDA APPROVED PRESCRIPTION ANTI-EMETIC FOR USE AS A COMPLETE THERA
Q0166	GRANISETRON HYDROCHLORIDE 1 MG ORAL FDA APPROVED PRESCRIPTION ANTI-EMETIC FOR USE AS A COMPLETE THER
Q0167	DRONABINOL 2.5 MG ORAL FDA APPROVED PRESCRIPTION ANTI-EMETIC FOR USE AS A COMPLETE THERAPEUTIC SUBST
Q0169	PROMETHAZINE HYDROCHLORIDE 12.5 MG ORAL FDA APPROVED PRESCRIPTION ANTI-EMETIC FOR USE AS A COMPLETE
Q0173	TRIMETHOBENZAMIDE HYDROCHLORIDE 250 MG ORAL FDA APPROVED PRESCRIPTION ANTI-EMETIC FOR USE AS A COMPL
Q0174	THIETHYLPERAZINE MALEATE 10 MG ORAL FDA APPROVED PRESCRIPTION ANTI-EMETIC FOR USE AS A COMPLETE THER
Q0175	PERPHENAZINE 4 MG ORAL FDA APPROVED PRESCRIPTION ANTI-EMETIC FOR USE AS A COMPLETE THERAPEUTIC SUBST
Q0177	HYDROXYZINE PAMOATE 25 MG ORAL FDA APPROVED PRESCRIPTION ANTI-EMETIC FOR USE AS A COMPLETE THERAPEUT
Q0180	DOLASETRON MESYLATE 100 MG ORAL FDA APPROVED PRESCRIPTION ANTI-EMETIC FOR USE AS A COMPLETE THERAPEU

Q0181	UNSPECIFIED ORAL DOSAGE FORM FDA APPROVED PRESCRIPTION ANTI-EMETIC FOR USE AS A COMPLETE THERAPEUTIC
Q0220	INJECTION TIXAGEVIMAB AND CILGAVIMAB FOR THE PRE-EXPOSURE PROPHYLAXIS ONLY FOR CERTAIN ADULTS AND PE
Q0221	INJECTION TIXAGEVIMAB AND CILGAVIMAB FOR THE PRE-EXPOSURE PROPHYLAXIS ONLY FOR CERTAIN ADULTS AND PE
Q0222	INJECTION BEBTELOVIMAB 175 MG
Q0224	INJ PEMIVIBART 4500 MG
Q0239	INJECTION BAMLANIVIMAB-XXXX 700 MG
Q0240	INJECTION CASIRIVIMAD AND IMDEVIMAD 600 MG
Q0243	INJECTION CASIRIVIMAB AND IMDEVIMAB 2400 MG
Q0244	INJECTION CASIRIVIMAB AND IMDEVIMAB 1200 MG
Q0245	INJECTION BAMLANIVIMAB AND ETESEVIMAB 2100 MG
Q0247	INJECTION SOTROVIMAB 500 MG
Q0249	INJECTION TOCILIZUMAB FOR HOSPITALIZED ADULTS AND PEDIATRIC PATIENTS (2 YEARS OF AGE AND OLDER) WITH
Q0477	POWER MODULE PATIENT CABLE FOR USE WITH ELECTRIC OR ELECTRIC PNEUMATIC VENTRICULAR ASSIST DEVICE REP
Q0478	Power adapter for use with electric or electric pneumatic ventricular assist device vehicle type
Q0479	Power module for use with electric or electric pneumatic ventricular assist device replacement only
Q0480	Driver for use with pneumatic ventricular assist device replacement only
Q0481	Microprocessor control unit for use with electric ventricular assist device replacement only
Q0482	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC PNEUMATIC COMBINATION VENTRICULAR ASSIST DEVICE RE
Q0483	Monitor display module for use with electric ventricular assist device replacement only
Q0484	MONITOR DISPLAY MODULE FOR USE WITH ELECTRIC OR ELECTRIC PNEUMATIC VENTRICULAR ASSIST DEVICE REPLACE
Q0485	Monitor control cable for use with electric ventricular assist device replacement only
Q0486	Monitor control cable for use with electric pneumatic ventricular assist device replacement only
Q0487	LEADS (PNEUMATIC ELECTRICAL) FOR USE WITH ANY TYPE ELECTRIC PNEUMATIC VENTRICULAR ASSIST DEVICE REPL
Q0488	Power pack base for use with electric ventricular assist device replacement only
Q0489	Power pack base for use with electric pneumatic ventricular assist device replacement only
Q0490	Emergency power source for use with electric ventricular assist device replacement only

Q0491	Emergency power source for use with electric pneumatic ventricular assist device replacement only
Q0492	Emergency power supply cable for use with electric ventricular assist device replacement only
Q0493	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC PNEUMATIC VENTRICULAR ASSIST DEVICE REPLACEMENT O
Q0494	EMERGENCY HAND PUMP FOR USE WITH ELECTRIC OR ELECTRIC PNEUMATIC VENTRICULAR ASSIST DEVICE REPLACEMEN
Q0495	BATTERY POWER PACK CHARGER FOR USE WITH ELECTRIC OR ELECTRIC PNEUMATIC VENTRICULAR ASSIST DEVICE REP
Q0496	BATTERY OTHER THAN LITHIUM-ION FOR USE WITH ELECTRIC OR ELECTRIC PNEUMATIC VENTRICULAR ASSIST DEVICE
Q0497	Battery clips for use with electric or electric pneumatic ventricular assist device replacement only
Q0498	Holster for use with electric or electric pneumatic ventricular assist device replacement only
Q0499	BELT VEST BAG FOR USE TO CARRY EXTERNAL PERIPHERAL COMPONENTS OF ANY TYPE VENTRICULAR ASSIST DEVICE
Q0500	Filters for use with electric or electric pneumatic ventricular assist device replacement only
Q0501	Shower cover for use with electric or electric pneumatic ventricular assist device replacement only
Q0502	Mobility cart for pneumatic ventricular assist device replacement only
Q0503	Battery for pneumatic ventricular assist device replacement only each
Q0504	Power adapter for pneumatic ventricular assist device replacement only vehicle type
Q0506	BATTERY LITHIUM-ION FOR USE WITH ELECTRIC OR ELECTRIC PNEUMATIC VENTRICULAR ASSIST DEVICE REPLACEMEN
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device
Q0509	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH ANY IMPLANTED VENTRICULAR ASSIST DEVICE FOR WHICH PAY
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s) first month following transplant
Q0511	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S) FOR THE FIRST
Q0512	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S) FOR A SUBSEQU
Q0513	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S) PER 30 DAYS
Q0514	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S) PER 90 DAYS
Q0515	Injection sermorelin acetate 1 microgram

Q0516	PHARMACY SUPPLYING FEE FOR HIV PRE-EXPOSURE PROPHYLAXIS FDA APPROVED PRESCRIPTION ORAL DRUG PER 30-D
Q0517	PHARMACY SUPPLYING FEE FOR HIV PRE-EXPOSURE PROPHYLAXIS FDA APPROVED PRESCRIPTION ORAL DRUG PER 60-D
Q0518	PHARMACY SUPPLYING FEE FOR HIV PRE-EXPOSURE PROPHYLAXIS FDA APPROVED PRESCRIPTION ORAL DRUG PER 90-D
Q0521	PHARMACY SUPPLYING FEE FOR HIV PRE-EXPOSURE PROPHYLAXIS FDA APPROVED PRESCRIPTION
Q1004	New technology intraocular lens category 4 as defined in federal register notice
Q1005	New technology intraocular lens category 5 as defined in federal register notice
Q2004	Irrigation solution for treatment of bladder calculi for example renacidin per 500 ml
Q2009	Injection fosphenytoin 50 mg phenytoin equivalent
Q2017	INJECTION TENIPOSIDE 50 MG
Q2024	INJECTION BEVACIZUMAB 0.25 MG D1
Q2026	Injection radiesse 0.1 ml
Q2028	Injection sculptra 0.5 mg
Q2034	Influenza virus vaccine split virus for intramuscular use (agriflu)
Q2035	INFLUENZA VIRUS VACCINE SPLIT VIRUS WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER FOR IN
Q2036	INFLUENZA VIRUS VACCINE SPLIT VIRUS WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER FOR IN
Q2037	INFLUENZA VIRUS VACCINE SPLIT VIRUS WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER FOR IN
Q2038	INFLUENZA VIRUS VACCINE SPLIT VIRUS WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER FOR IN
Q2039	INFLUENZA VIRUS VACCINE NOT OTHERWISE SPECIFIED
Q2041	AXICABTAGENE CILOLEUCEL UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS INCLUDING
Q2042	TISAGENLECLEUCEL UP TO 600 MILLION CAR-POSITIVE VIABLE T CELLS INCLUDING LEUKAPHERESIS AND DOSE PREP
Q2043	SIPULEUCEL-T MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF INCLUDING LEUKAP
Q2049	INJECTION DOXORUBICIN HYDROCHLORIDE LIPOSOMAL IMPORTED LIPODOX 10 MG
Q2050	INJECTION DOXORUBICIN HYDROCHLORIDE LIPOSOMAL NOT OTHERWISE SPECIFIED 10 MG

Q2052	SERVICES SUPPLIES AND ACCESSORIES USED IN THE HOME FOR THE ADMINISTRATION OF INTRAVENOUS IMMUNE GLOB
Q2053	BREXUCABTAGENE AUTOLEUCEL UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS INCLUDI
Q2054	LISOCABTAGENE MARALEUCEL UP TO 110 MILLION AUTOLOGOUS ANTI-CD19 CAR-POSITIVE VIABLE T CELLS INCLUDIN
Q2055	IDECABTAGENE VICLEUCEL UP TO 510 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-PO
Q2056	CILTACABTAGENE AUTOLEUCEL UP TO 100 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR
Q2057	AFAMITRESGENE AUTOLEUCEL INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES PER THERAPEUTIC DOS
Q2058	OBECABTAGENE AUTOLEUCEL 10 UP TO 400 MILLION CD19 CAR-POSITIVE VIABLE T CELLS INCLUDING LEUKAPHERESI
Q3000	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT RUBIDIUM RB-82 PER DOSE
Q3001	Radioelements for brachytherapy any type each
Q3014	Telehealth originating site facility fee
Q3019	ALS VEHICLE USED EMERGENCY TRANSPORT NO ALS LEVEL SERVICES FURNISHED
Q3020	ALS VEHICLE USED NON-EMERGENCY TRANSPORT NO ALS LEVEL SERVICE FURNISHED
Q3027	INJECTION INTERFERON BETA-1A 1 MCG FOR INTRAMUSCULAR USE
Q3028	Injection interferon beta-1a 1 mcg for subcutaneous use
Q3030	SODIUM HYALURONATE PER 20 TO 25 MG DOSE FOR INTRA-ARTICULAR INJECTION
Q3031	Collagen skin test
Q4001	CASTING SUPPLIES BODY CAST ADULT W WO HEAD PLASTER
Q4002	CAST SUPPLIES BODY CAST ADULT W WO HEAD FIBERGLASS
Q4003	CAST SUPPLIES SHOULDER CAST ADULT (11 YEARS +) PLASTER
Q4004	CAST SUPPLIES SHOULDER CAST ADULT (11 YEARS +) FIBERGLASS
Q4005	CAST SUPPLIES LONG ARM CAST ADULT (11 YEARS +) PLASTER
Q4006	CAST SUPPLIES LONG ARM CAST ADULT (11 YEARS +) FIBERGLASS
Q4007	CAST SUPPLIES LONG ARM CAST PEDIATRIC (0-10 YEARS) PLASTER
Q4008	CAST SUPPLIES LONG ARM CAST PEDIATRIC (0-10 YEARS) FIBERGLASS
Q4009	CAST SUPPLIES SHORT ARM CAST ADULT (11 YEARS +) PLASTER
Q4010	CAST SUPPLIES SHORT ARM CAST ADULT (11 YEARS +) FIBERGLASS
Q4011	CAST SUPPLIES SHORT ARM CAST PEDIATRIC (0-10 YEARS) PLASTER

Q4012	CAST SUPPLIES SHORT ARM CAST PEDIATRIC (0-10 YEARS) FIBERGLASS
Q4013	CAST SUPPLIES GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND) ADULT (11 YEARS +) PLASTER
Q4014	CAST SUPPLIES GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND) ADULT (11 YEARS +) FIBERGLASS
Q4015	CAST SUPPLIES GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND) PEDIATRIC (0-10 YEARS) PLASTER
Q4016	CAST SUPPLIES GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND) PEDIATRIC (0-10 YEARS) FIBERGLASS
Q4017	CAST SUPPLIES LONG ARM SPLINT ADULT (11 YEARS +) PLASTER
Q4018	CAST SUPPLIES LONG ARM SPLINT ADULT (11 YEARS +) FIBERGLASS
Q4019	CAST SUPPLIES LONG ARM SPLINT PEDIATRIC (0-10 YEARS) PLASTER
Q4020	CAST SUPPLIES LONG ARM SPLINT PEDIATRIC (0-10 YEARS) FIBERGLASS
Q4021	CAST SUPPLIES SHORT ARM SPLINT ADULT (11 YEARS +) PLASTER
Q4022	CAST SUPPLIES SHORT ARM SPLINT ADULT (11 YEARS +) FIBERGLASS
Q4023	CAST SUPPLIES SHORT ARM SPLINT PEDIATRIC (0-10 YEARS) PLASTER
Q4024	CAST SUPPLIES SHORT ARM SPLINT PEDIATRIC (0-10 YEARS) FIBERGLASS
Q4025	CAST SUPPLIES HIP SPICA (ONE OR BOTH LEGS) ADULT (11 YEARS +) PLASTER
Q4026	CAST SUPPLIES HIP SPICA (ONE OR BOTH LEGS) ADULT (11 YEARS +) FIBERGLASS
Q4027	CAST SUPPLIES HIP SPICA (ONE OR BOTH LEGS) PEDIATRIC (0-10 YEARS) PLASTER
Q4028	CAST SUPPLIES HIP SPICA (ONE OR BOTH LEGS) PEDIATRIC (0-10 YEARS) FIBERGLASS
Q4029	CAST SUPPLIES LONG LEG CAST ADULT (11 YEARS +) PLASTER
Q4030	CAST SUPPLIES LONG LEG CAST ADULT (11 YEARS +) FIBERGLASS
Q4031	CAST SUPPLIES LONG LEG CAST PEDIATRIC (0-10 YEARS) PLASTER
Q4032	CAST SUPPLIES LONG LEG CAST PEDIATRIC (0-10 YEARS) FIBERGLASS
Q4033	CAST SUPPLIES LONG LEG CYLINDER CAST ADULT (11 YEARS +) PLASTER
Q4034	CAST SUPPLIES LONG LEG CYLINDER CAST ADULT (11 YEARS +) FIBERGLASS
Q4035	CAST SUPPLIES LONG LEG CYLINDER CAST PEDIATRIC (0-10 YEARS) PLASTER
Q4036	CAST SUPPLIES LONG LEG CYLINDER CAST PEDIATRIC (0-10 YEARS) FIBERGLASS
Q4037	CAST SUPPLIES SHORT LEG CAST ADULT (11 YEARS +) PLASTER
Q4038	CAST SUPPLIES SHORT LEG CAST ADULT (11 YEARS +) FIBERGLASS
Q4039	CAST SUPPLIES SHORT LEG CAST PEDIATRIC (0-10 YEARS) PLASTER
Q4040	CAST SUPPLIES SHORT LEG CAST PEDIATRIC (0-10 YEARS) FIBERGLASS
Q4041	CAST SUPPLIES LONG LEG SPLINT ADULT (11 YEARS +) PLASTER
Q4042	CAST SUPPLIES LONG LEG SPLINT ADULT (11 YEARS +) FIBERGLASS
Q4043	CAST SUPPLIES LONG LEG SPLINT PEDIATRIC (0-10 YEARS) PLASTER
Q4044	CAST SUPPLIES LONG LEG SPLINT PEDIATRIC (0-10 YEARS) FIBERGLASS

Q4045	CAST SUPPLIES SHORT LEG SPLINT ADULT (11 YEARS +) PLASTER
Q4046	CAST SUPPLIES SHORT LEG SPLINT ADULT (11 YEARS +) FIBERGLASS
Q4047	CAST SUPPLIES SHORT LEG SPLINT PEDIATRIC (0-10 YEARS) PLASTER
Q4048	CAST SUPPLIES SHORT LEG SPLINT PEDIATRIC (0-10 YEARS) FIBERGLASS
Q4049	Finger splint static
Q4050	Cast supplies for unlisted types and materials of casts
Q4051	SPLINT SUPPLIES MISCELLANEOUS (INCLUDES THERMOPLASTICS STRAPPING FASTENERS PADDING AND OTHER SUPPLIE
Q4074	ILOPROST INHALATION SOLUTION FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED THROUGH DME UNIT
Q4079	INJECTION NATALIZUMAB 1 MG
Q4080	ILOPROST INHALATION SOLUTION ADMINISTERED THROUGH DME UP TO 20 MICROGRAMS
Q4081	INJECTION EPOETIN ALFA 100 UNITS (FOR ESRD ON DIALYSIS)
Q4082	Drug or biological not otherwise classified part b drug competitive acquisition program (cap)
Q4096	INJECTION VON WILLEBRAND FACTOR COMPLEX HUMAN RISTOCETIN COFACTOR (NOT OTHERWISE SPECIFIED) PER I.U.
Q4097	INJECTION IMMUNE GLOBULIN (PRIVIGEN) INTRAVENOUS NON-LYOPHILIZED (E.G. LIQUID) 500 MG
Q4098	INJECTION IRON DEXTRAN 50 MG
Q4099	FORMOTEROL FUMARATE INHALATION SOLUTION FDA APPROVED FINAL PRODUCT NON-COMPOUNDED ADMINISTERED THROU
Q4100	SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED
Q4101	APLIGRAF PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4102	OASIS WOUND MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4103	OASIS BURN MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD) PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITI
Q4105	INTEGRA DERMAL REGENERATION TEMPLATE (DRT) OR INTEGRA OMNIGRAFT DERMAL REGENERATION MATRIX PER SQUAR
Q4106	DERMAGRAFT PER SQUARE CENTIMETER
Q4107	GRAFTJACKET PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4108	INTEGRA MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)

Q4110	PRIMATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4111	GAMMAGRAFT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4112	CYMETRA INJECTABLE 1 CC
Q4113	GRAFTJACKET XPRESS INJECTABLE 1 CC
Q4114	INTEGRA FLOWABLE WOUND MATRIX INJECTABLE 1 CC
Q4115	ALLOSKIN PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4116	ALLODERM PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4117	HYALOMATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4118	Matristem micromatrix 1 mg
Q4121	THERASKIN PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4122	DERMACELL DERMACELL AWM OR DERMACELL AWM POROUS PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADD
Q4123	ALLOSKIN RT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIM
Q4125	ARTHROFLEX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4126	MEMODERM DERMASPAN TRANZGRAFT OR INTEGUPLY PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION
Q4127	TALYMED PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4128	FLEX HD OR ALLOPATCH HD PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDU
Q4130	STRATTICE TM PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4132	GRAFIX CORE AND GRAFIXPL CORE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY P
Q4133	GRAFIX PRIME GRAFIXPL PRIME STRAVIX AND STRAVIXPL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN A
Q4134	HMATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4135	MEDISKIN PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4136	EZ-DERM PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4137	AMNIOEXCEL AMNIOEXCEL PLUS OR BIODEXCEL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO

Q4138	BIODFENCE DRYFLEX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4139	Amniomatrix or biodmatrix injectable 1 cc
Q4140	BIODFENCE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4141	ALLOSKIN AC PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4142	XCM BIOLOGIC TISSUE MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROC
Q4143	REPRIZA PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4145	Epifix injectable 1 mg
Q4146	TENSIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4147	ARCHITECT ARCHITECT PX OR ARCHITECT FX EXTRACELLULAR MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPAR
Q4148	NEOX CORD 1K NEOX CORD RT OR CLARIX CORD 1K PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITIO
Q4149	Excellagen 0.1 cc
Q4150	ALLOWRAP DS OR DRY PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4151	AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE
Q4152	DERMAPURE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4153	DERMAVEST AND PLURIVEST PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDU
Q4154	BIOVANCE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4155	NEOXFLO OR CLARIXFLO 1 MG
Q4156	NEOX 100 OR CLARIX 100 PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDUR
Q4157	REVITALON PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4158	KERECIS OMEGA3 PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4159	AFFINITY PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4160	NUSHIELD PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4161	BIO-CONNEKT WOUND MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCED
Q4162	WOUNDEX FLOW BIOSKIN FLOW 0.5 CC

Q4163	WOUNDEX BIOSKIN PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4164	HELICOLL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4165	KERAMATRIX OR KERASORB PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDUR
Q4166	CYTAL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4167	TRUSKIN PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4168	AMNIOBAND 1 MG
Q4169	ARTACENT WOUND PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4170	CYGNUS PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4171	INTERFYL 1 MG
Q4173	PALINGEN OR PALINGEN XPLUS PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROC
Q4174	PALINGEN OR PROMATRX 0.36 MG PER 0.25 CC
Q4175	MIRODERM PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4176	NEOPATCH OR THERION PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4177	FLOWERAMNIOFLO 0.1 CC
Q4178	FLOWERAMNIOPATCH PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4179	FLOWERDERM PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4180	REVITA PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4181	AMNIO WOUND PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4182	TRANSCYTE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4183	SURGIGRAFT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4184	CELLESTA OR CELLESTA DUO PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCED
Q4185	CELLESTA FLOWABLE AMNION (25 MG PER CC) PER 0.5 CC
Q4186	EPIFIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4187	EPICORD PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4188	AMNIOARMOR PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)

Q4189	ARTACENT AC 1 MG
Q4190	ARTACENT AC PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4191	RESTORIGIN PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4192	RESTORIGIN 1 CC
Q4193	COLL-E-DERM PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4194	NOVACHOR PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4195	PURAPLY PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4196	PURAPLY AM PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4197	PURAPLY XT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4198	GENESIS AMNIOTIC MEMBRANE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCE
Q4199	CYGNUS MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4200	SKIN TE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4201	MATRION PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4202	KEROXX (2.5G CC) 1CC
Q4203	DERMA-GIDE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4204	XWRAP PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4205	MEMBRANE GRAFT OR MEMBRANE WRAP PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY
Q4206	FLUID FLOW OR FLUID GF 1 CC
Q4208	NOVAFIX PER SQUARE CENITMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4209	SURGRAFT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4210	AXOLOTL GRAFT OR AXOLOTL DUALGRAFT PER SQUARE CENTIMETER
Q4211	AMNION BIO OR AXOBIOMEMBRANE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PR
Q4212	ALLOGEN PER CC
Q4213	ASCENT 0.5 MG
Q4214	CELLESTA CORD PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4215	AXOLOTL AMBIENT OR AXOLOTL CRYO 0.1 MG
Q4216	ARTACENT CORD PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)

Q4217	WOUNDFIX BIOWOUND WOUNDFIX PLUS BIOWOUND PLUS WOUNDFIX XPLUS OR BIOWOUND XPLUS PER SQUARE CENTIMETER
Q4218	SURGICORD PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4219	SURGIGRAFT-DUAL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4220	BELLACELL HD OR SUREDERM PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCED
Q4221	AMNIOWRAP2 PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4222	PROGENAMATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4224	HUMAN HEALTH FACTOR 10 AMNIOTIC PATCH (HHF10-P) PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADD
Q4225	AMNIOBIND OR DERMABIND TL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCE
Q4226	MYOWN SKIN INCLUDES HARVESTING AND PREPARATION PROCEDURES PER SQUARE CENTIMETER
Q4227	AMNIOCORE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4228	BIONEXTPATCH PER SQUARE CENTIMETER
Q4229	COGENEX AMNIOTIC MEMBRANE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCE
Q4230	COGENEX FLOWABLE AMNION PER 0.5 CC
Q4231	CORPLEX P PER CC
Q4232	CORPLEX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4233	SURFACTOR OR NUDYN PER 0.5 CC
Q4234	XCELLERATE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4235	AMNIOREPAIR OR ALTIPLY PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDUR
Q4236	CAREPATCH PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4237	CRYO-CORD PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4238	DERM-MAXX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4239	AMNIO-MAXX OR AMNIO-MAXX LITE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY P
Q4240	CORECYTE FOR TOPICAL USE ONLY PER 0.5 CC
Q4241	POLYCYTE FOR TOPICAL USE ONLY PER 0.5 CC

Q4242	AMNIOCYTE PLUS PER 0.5 CC
Q4244	PROCENTA PER 200 MG
Q4245	AMNIOTEXT PER CC
Q4246	CORETEXT OR PROTEXT PER CC
Q4247	AMNIOTEXT PATCH PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4248	DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO P
Q4249	AMNIPLY FOR TOPICAL USE ONLY PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PR
Q4250	AMNIOAMP-MP PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4251	VIM PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4252	VENDAJE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4253	ZENITH AMNIOTIC MEMBRANE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCED
Q4254	NOVAFIX DL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4255	REGUARD FOR TOPICAL USE ONLY PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PR
Q4256	MLG-COMPLETE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4257	RELESE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4258	ENVERSE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4259	CELERA DUAL LAYER OR CELERA DUAL MEMBRANE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION
Q4260	SIGNATURE APATCH PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4261	TAG PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4262	DUAL LAYER IMPAX MEMBRANE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCE
Q4263	SURGRAFT TL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4264	COCOON MEMBRANE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4265	NEOSTIM TL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)

Q4266	NEOSTIM MEMBRANE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4267	NEOSTIM DL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4268	SURGRAFT FT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4269	SURGRAFT XT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4270	COMPLETE SL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4271	COMPLETE FT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4272	ESANO A PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4273	ESANO AAA PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4274	ESANO AC PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4275	ESANO ACA PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4276	ORION PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4277	WOUNDPLUS MEMBRANE OR E-GRAFT PER SQUARE CENTIMETER
Q4278	EPIEFFECT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4279	VENDAJE AC PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4280	XCELL AMNIO MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4281	BARRERA SL OR BARRERA DL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCED
Q4282	CYGNUS DUAL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4283	BIOVANCE TRI-LAYER OR BIOVANCE 3L PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMA
Q4284	DERMABIND SL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4285	NUDYN DL OR NUDYN DL MESH PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCE
Q4286	NUDYN SL OR NUDYN SLW PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE
Q4287	DERMABIND DL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4288	DERMABIND CH PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4289	REVOSHIELD + AMNIOTIC BARRIER PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY P

Q4290	MEMBRANE WRAP-HYDRO PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4291	LAMELLAS XT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4292	LAMELLAS PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4293	ACESSO DL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4294	AMNIO QUAD-CORE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4295	AMNIO TRI-CORE AMNIOTIC PER SQUARE CENTIMETER
Q4296	REBOUND MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4297	EMERGE MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4298	AMNIOCORE PRO PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4299	AMNIOCORE PRO+ PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4300	ACESSO TL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4301	ACTIVATE MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4302	COMPLETE ACA PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4303	COMPLETE AA PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4304	GRAFIX PLUS PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4305	AMERICAN AMNION AC TRI-LAYER PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PR
Q4306	AMERICAN AMNION AC PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4307	AMERICAN AMNION PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4308	SANOPELLIS PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4309	VIA MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4310	PROCENTA PER 100 MG
Q4311	ACESSO PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4312	ACESSO AC PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)

Q4313	DERMABIND FM PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4314	REEVA FT PER SQUARE CENITMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4315	REGENELINK AMNIOTIC MEMBRANE ALLOGRAFT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO
Q4316	AMCHOPLAST PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4317	VITOGRAFT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4318	E-GRAFT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4319	SANOGRAFT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4320	PELLOGRAFT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4321	RENOGRAFT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4322	CAREGRAFT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4323	ALLOPLY PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4324	AMNIOTX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4325	ACAPATCH PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4326	WOUNDPLUS PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4327	DUOAMNION PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4328	MOST PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4329	SINGLAY PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4330	TOTAL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4331	AXOLOTL GRAFT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4332	AXOLOTL DUALGRAFT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4333	ARDEOGRAFT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4334	AMNIOPLAST 1 PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4335	AMNIOPLAST 2 PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4336	ARTACENT C PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4337	ARTACENT TRIDENT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4338	ARTACENT VELOS PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)

Q4339	ARTACENT VERICLEN PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4340	SIMPLIGRAFT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4341	SIMPLIMAX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4342	THERAMEND PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4343	DERMACYTE AC MATRIX AMNIOTIC MEMBRANE ALLOGRAFT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADD
Q4344	TRI-MEMBRANE WRAP PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4345	MATRIX HD ALLOGRAFT DERMIS PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROC
Q4346	SHELTER DM MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4347	RAMPART DL MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4348	SENTRY SL MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4349	MANTLE DL MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4350	PALISADE DM MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4351	ENCLOSE TL MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4352	OVERLAY SL MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4353	XCEED TL MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4354	PALINGEN DUAL-LAYER MEMBRANE AND DUAL-LAYER PALINGEN X-MEMBRANE PER SQUARE CENTIMETER (ADD-ON LIST S
Q4355	ABIOMEND XPLUS MEMBRANE AND ABIOMEND XPLUS HYDROMEMBRANE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATE
Q4356	ABIOMEND MEMBRANE AND ABIOMEND HYDROMEMBRANE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITI
Q4357	XWRAP PLUS PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)

Q4358	XWRAP DUAL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4359	CHORIPLY PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4360	AMCHOPLAST FD PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4361	EPIXPRESS PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4362	CYGNUS DISK PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4363	AMNIO BURGEON MEMBRANE AND HYDROMEMBRANE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION T
Q4364	AMNIO BURGEON XPLUS MEMBRANE AND XPLUS HYDROMEMBRANE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY I
Q4365	AMNIO BURGEON DUAL-LAYER MEMBRANE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMA
Q4366	DUAL LAYER AMNIO BURGEON X-MEMBRANE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRI
Q4367	AMNIOCORE SL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4368	AMCHOTHICK PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4369	AMNIOPLAST 3 PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4370	AEROGUARD PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4371	NEOGUARD PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4372	AMCHOPLAST EXCEL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4373	MEMBRANE WRAP LITE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4375	DUOGRAFT AC PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4376	DUOGRAFT AA PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4377	TRIGRAFT FT PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4378	RENEW FT MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4379	AMNIODEFEND FT MATRIX PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE

Q4380	ADVOGRAFT ONE PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q4382	ADVOGRAFT DUAL PER SQUARE CENTIMETER (ADD-ON LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
Q5001	Hospice or home health care provided in patient s home residence
Q5002	Hospice or home health care provided in assisted living facility
Q5003	Hospice care provided in nursing long term care facility (ltc) or non-skilled nursing facility (nf)
Q5004	Hospice care provided in skilled nursing facility (snf)
Q5005	Hospice care provided in inpatient hospital
Q5006	Hospice care provided in inpatient hospice facility
Q5007	Hospice care provided in long term care facility
Q5008	Hospice care provided in inpatient psychiatric facility
Q5009	Hospice or home health care provided in place not otherwise specified (nos)
Q5010	Hospice home care provided in a hospice facility
Q5098	INJECTION USTEKINUMAB-SRLF (IMULDOSA) BIOSIMILAR 1 MG
Q5099	INJECTION USTEKINUMAB-STBA (STEQEYMA) BIOSIMILAR 1 MG
Q5100	INJECTION USTEKINUMAB-KFCE (YESINTEK) BIOSIMILAR 1 MG
Q5101	INJECTION FILGRASTIM-SNDZ BIOSIMILAR (ZARXIO) 1 MICROGRAM
Q5103	INJECTION INFLIXIMAB-DYYB BIOSIMILAR (INFLECTRA) 10 MG
Q5104	INJECTION INFLIXIMAB-ABDA BIOSIMILAR (RENFLEXIS) 10 MG
Q5105	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR (RETACRIT) (FOR ESRD ON DIALYSIS) 100 UNITS
Q5106	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR (RETACRIT) (FOR NON-ESRD USE) 1000 UNITS
Q5107	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR (MVASI) 10 MG
Q5108	INJECTION PEGFILGRASTIM-JMDB (FULPHILA) BIOSIMILAR 0.5 MG
Q5109	INJECTION INFLIXIMAB-QBTX BIOSIMILAR (IXIFI) 10 MG
Q5110	INJECTION FILGRASTIM-AAFI BIOSIMILAR (NIVESTYM) 1 MICROGRAM
Q5111	INJECTION PEGFILGRASTIM-CBQV (UDENYCA) BIOSIMILAR 0.5 MG
Q5112	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR (ONTRUZANT) 10 MG
Q5113	INJECTION TRASTUZUMAB-PKRB BIOSIMILAR (HERZUMA) 10 MGÂ
Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR (OGIVRI) 10 MG
Q5115	INJECTION RITUXIMAB-ABBS BIOSIMILAR (TRUXIMA) 10 MG
Q5116	INJECTION TRASTUZUMAB-QYYP BIOSIMILAR (TRAZIMERA) 10 MG
Q5117	INJECTION TRASTUZUMAB-ANNS BIOSIMILAR (KANJINTI) 10 MG
Q5118	INJECTION BEVACIZUMAB-BVZR BIOSIMILAR (ZIRABEV) 10 MG

Q5119	INJECTION RITUXIMAB-PVVR BIOSIMILAR (RUXIENCE) 10 MG
Q5120	INJECTION PEGFILGRASTIM-BMEZ (ZIEXTENZO) BIOSIMILAR 0.5 MG
Q5121	INJECTION INFLIXIMAB-AXXQ BIOSIMILAR (AVSOLA) 10 MG
Q5122	INJECTION PEGFILGRASTIM-APGF (NYVEPRIA) BIOSIMILAR 0.5 MG
Q5123	INJECTION RITUXIMAB-ARRX BIOSIMILAR (RIABNI) 10 MG
Q5124	INJECTION RANIBIZUMAB-NUNA BIOSIMILAR (BYOOVIZ) 0.1 MG
Q5125	INJECTION FILGRASTIM-AYOW BIOSIMILAR (RELEUKO) 1 MICROGRAM
Q5126	INJECTION BEVACIZUMAB-MALY BIOSIMILAR (ALYMSYS) 10 MG
Q5127	INJECTION PEGFILGRASTIM-FPGK (STIMUFEND) BIOSIMILAR 0.5 MG
Q5128	INJECTION RANIBIZUMAB-EQRN (CIMERLI) BIOSIMILAR 0.1 MG
Q5129	INJECTION BEVACIZUMAB-ADCD (VEGZELMA) BIOSIMILAR 10 MG
Q5130	INJECTION PEGFILGRASTIM-PBBK (FYLNETRA) BIOSIMILAR 0.5 MG
Q5131	INJECTION ADALIMUMAB-AACF (IDACIO) BIOSIMILAR 20 MG
Q5132	INJECTION ADALIMUMAB-AFZB (ABRILADA) BIOSIMILAR 10 MG
Q5133	INJECTION TOCILIZUMAB-BAVI (TOFIDENCE) BIOSIMILAR 1 MG
Q5134	INJECTION NATALIZUMAB-SZTN (TYRUKO) BIOSIMILAR 1 MG
Q5135	INJECTION TOCILIZUMAB-AAZG (TYENNE) BIOSIMILAR 1 MG
Q5136	INJECTION DENOSUMAB-BBDZ (JUBBONTI WYOST) BIOSIMILAR 1 MG
Q5137	INJECTION USTEKINUMAB-AUUB (WEZLANA) BIOSIMILAR SUBCUTANEOUS 1 MG
Q5138	INJECTION USTEKINUMAB-AUUB (WEZLANA) BIOSIMILAR INTRAVENOUS 1 MG
Q5139	INJECTION ECULIZUMAB-AEEB (BKEMV) BIOSIMILAR 10 MG
Q5140	INJECTION ADALIMUMAB-FKJP BIOSIMILAR 1 MG
Q5141	INJECTION ADALIMUMAB-AATY BIOSIMILAR 1 MG
Q5142	INJECTION ADALIMUMAB-RYVK BIOSIMILAR 1 MG
Q5143	INJECTION ADALIMUMAB-ADBM BIOSIMILAR 1 MG
Q5144	INJECTION ADALIMUMAB-AACF (IDACIO) BIOSIMILAR 1 MG
Q5145	INJECTION ADALIMUMAB-AFZB (ABRILADA) BIOSIMILAR 1 MG
Q5146	INJECTION TRASTUZUMAB-STRF (HERCESSI) BIOSIMILAR 10 MG
Q5147	INJECTION AFLIBERCEPT-AYYH (PAVBLU) BIOSIMILAR 1 MG
Q5148	INJECTION FILGRASTIM-TXID (NYPOZI) BIOSIMILAR 1 MICROGRAM
Q5149	INJECTION AFLIBERCEPT-ABZV (ENZEEVU) BIOSIMILAR 1 MG
Q5150	INJECTION AFLIBERCEPT-MRBB (AHZANTIVE) BIOSIMILAR 1 MG
Q5151	INJECTION ECULIZUMAB-AAGH (EPYSQLI) BIOSIMILAR 2 MG
Q5152	INJECTION ECULIZUMAB-AEEB (BKEMV) BIOSIMILAR 2 MG

Q5153	INJECTION AFLIBERCEPT-YSZY (OPUVIZ) BIOSIMILAR 1 MG
Q5510	NIVESTYM
Q9001	ASSESSMENT BY CHAPLAIN SERVICES
Q9002	COUNSELING INDIVIDUAL BY CHAPLAIN SERVICES
Q9003	COUNSELING GROUP BY CHAPLAIN SERVICES
Q9004	DEPARTMENT OF VETERANS AFFAIRS WHOLE HEALTH PARTNER SERVICES
Q9941	INJECTION IMMUNE GLOBULIN INTRAVENOUS LYOPHILIZED 1G
Q9942	INJECTION IMMUNE GLOBULIN INTRAVENOUS LYOPHILIZED 10 MG
Q9943	INJECTION IMMUNE GLOBULIN INTRAVENOUS NON-LYOPHILIZED 1G
Q9944	INJECTION IMMUNE GLOBULIN INTRAVENOUS NON-LYOPHILIZED 10 MG
Q9950	INJECTION SULFUR HEXAFLUORIDE LIPID MICROSPHERES PER ML
Q9951	Low osmolar contrast material 400 or greater mg ml iodine concentration per ml
Q9953	Injection iron-based magnetic resonance contrast agent per ml
Q9954	Oral magnetic resonance contrast agent per 100 ml
Q9955	Injection perflexane lipid microspheres per ml
Q9956	INJECTION OCTAFLUOROPROPANE MICROSPHERES PER ML
Q9957	INJECTION PERFLUTREN LIPID MICROSPHERES PER ML
Q9958	HIGH OSMOLAR CONTRAST MATERIAL UP TO 149 MG ML IODINE CONCENTRATION PER ML
Q9959	High osmolar contrast material 150-199 mg ml iodine concentration per ml
Q9960	HIGH OSMOLAR CONTRAST MATERIAL 200-249 MG ML IODINE CONCENTRATION PER ML
Q9961	HIGH OSMOLAR CONTRAST MATERIAL 250-299 MG ML IODINE CONCENTRATION PER ML
Q9962	High osmolar contrast material 300-349 mg ml iodine concentration per ml
Q9963	HIGH OSMOLAR CONTRAST MATERIAL 350-399 MG ML IODINE CONCENTRATION PER ML
Q9964	High osmolar contrast material 400 or greater mg ml iodine concentration per ml
Q9965	LOW OSMOLAR CONTRAST MATERIAL 100-199 MG ML IODINE CONCENTRATION PER ML
Q9966	LOW OSMOLAR CONTRAST MATERIAL 200-299 MG ML IODINE CONCENTRATION PER ML
Q9967	LOW OSMOLAR CONTRAST MATERIAL 300-399 MG ML IODINE CONCENTRATION PER ML
Q9968	INJECTION NON-RADIOACTIVE NON-CONTRAST VISUALIZATION ADJUNCT (E.G. METHYLENE BLUE ISOSULFAN BLUE) 1
Q9969	TC-99M FROM NON-HIGHLY ENRICHED URANIUM SOURCE FULL COST RECOVERY ADD-ON PER STUDY DOSE
Q9982	FLUTEMETAMOL F18 DIAGNOSTIC PER STUDY DOSE UP TO 5 MILLICURIES
Q9983	FLORBETABEN F18 DIAGNOSTIC PER STUDY DOSE UP TO 8.1 MILLICURIES
Q9991	INJECTION BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE) LESS THAN OR EQUAL TO 100 MG
Q9992	INJECTION BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE) GREATER THAN 100 MG

Q9996	INJECTION USTEKINUMAB-TTWE (PYZCHIVA) SUBCUTANEOUS 1 MG
Q9997	INJECTION USTEKINUMAB-TTWE (PYZCHIVA) INTRAVENOUS 1 MG
Q9998	INJECTION USTEKINUMAB-AEKN (SELARSDI) BIOSIMILAR 1 MG
Q9999	INJECTION USTEKINUMAB-AAUZ (OTULFI) BIOSIMILAR 1 MG
R0070	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME PER TRIP TO FACILIT
R0075	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME PER TRIP TO FACILIT
R0076	Transportation of portable ekg to facility or location per patient
S0012	Butorphanol tartrate nasal spray 25 mg
S0013	ESKETAMINE NASAL SPRAY 1 MG
S0014	Tacrine hydrochloride 10 mg
S0017	INJECTION AMINOCAPROIC ACID 5 GRAMS
S0020	INJECTION BUPIVICAINE HYDROCHLORIDE 30 ML
S0021	Injection cefoperazone sodium 1 gram
S0023	Injection cimetidine hydrochloride 300 mg
S0028	INJECTION FAMOTIDINE 20 MG
S0030	INJECTION METRONIDAZOLE 500 MG
S0032	INJECTION NAFCILLIN SODIUM 2 GRAMS
S0034	Injection ofloxacin 400 mg
S0039	INJECTION SULFAMETHOXAZOLE AND TRIMETHOPRIM 10 ML
S0040	Injection ticarcillin disodium and clavulanate potassium 3.1 grams
S0073	INJECTION AZTREONAM 500 MG
S0074	INJECTION CEFOTETAN DISODIUM 500 MG
S0077	INJECTION CLINDAMYCIN PHOSPHATE 300 MG
S0078	Injection fosphenytoin sodium 750 mg
S0080	INJECTION PENTAMIDINE ISETHIONATE 300 MG
S0081	Injection piperacillin sodium 500 mg
S0088	Imatinib 100 mg
S0090	Sildenafil citrate 25 mg
S0091	GRANISETRON HYDROCHLORIDE 1 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE USE Q0166)
S0092	Injection hydromorphone hydrochloride 250 mg (loading dose for infusion pump)
S0093	Injection morphine sulfate 500 mg (loading dose for infusion pump)

S0104	Zidovudine oral 100 mg
S0106	Bupropion hcl sustained release tablet 150 mg per bottle of 60 tablets
S0108	Mercaptopurine oral 50 mg
S0109	Methadone oral 5 mg
S0117	Tretinoin topical 5 grams
S0118	INJECTION ZICONOTIDE FOR INTRATHECAL INFUSION 1 MCG
S0119	Ondansetron oral 4 mg (for circumstances falling under the medicare statute use hcpcs q code)
S0122	Injection menotropins 75 iu
S0126	Injection follitropin alfa 75 iu
S0128	Injection follitropin beta 75 iu
S0132	Injection ganirelix acetate 250 mcg
S0133	HISTRELIN IMPLANT 50 MG
S0135	INJECTION PEGFILGRASTIM 6 MG
S0136	Clozapine 25 mg
S0137	Didanosine (ddi) 25 mg
S0138	Finasteride 5 mg
S0139	Minoxidil 10 mg
S0140	Saquinavir 200 mg
S0142	Colistimethate sodium inhalation solution administered through dme concentrated form per mg
S0145	Injection pegylated interferon alfa-2a 180 mcg per ml
S0148	Injection pegylated interferon alfa-2b 10 mcg
S0155	STERILE DILUTANT FOR EPOPROSTENOL 50 ML
S0156	Exemestane 25 mg
S0157	Becaplermin gel 0.01% 0.5 gm
S0160	Dextroamphetamine sulfate 5 mg
S0164	INJECTION PANTOPRAZOLE SODIUM 40 MG
S0169	Calcitrol 0.25 microgram
S0170	ANASTROZOLE ORAL 1 MG
S0172	CHLORAMBUCIL ORAL 2 MG
S0174	DOLASETRON MESYLATE ORAL 50 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE USE Q0180)
S0175	FLUTAMIDE ORAL 125 MG
S0176	HYDROXYUREA ORAL 500 MG
S0177	LEVAMISOLE HYDROCHLORIDE ORAL 50 MG

S0178	LOMUSTINE ORAL 10 MG
S0179	MEGESTROL ACETATE ORAL 20 MG
S0182	PROCARBAZINE HYDROCHLORIDE ORAL 50 MG
S0183	PROCHLORPERAZINE MALEATE ORAL 5 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE USE Q0164)
S0187	TAMOXIFEN CITRATE ORAL 10 MG
S0189	TESTOSTERONE PELLET 75 MG
S0190	Mifepristone oral 200 mg
S0191	Misoprostol oral 200 mcg
S0194	Dialysis stress vitamin supplement oral 100 capsules
S0197	Prenatal vitamins 30-day supply
S0198	INJECTION PEGAPTANIB SODIUM 0.3 MG
S0199	MEDICALLY INDUCED ABORTION BY ORAL INGESTION OF MEDICATION INCLUDING ALL ASSOCIATED SERVICES AND SUP
S0201	Partial hospitalization services less than 24 hours per diem
S0207	Paramedic intercept non-hospital-based als service (non-voluntary) non-transport
S0208	Paramedic intercept hospital-based als service (non-voluntary) non-transport
S0209	Wheelchair van mileage per mile
S0215	NON-EMERGENCY TRANSPORTATION MILEAGE PER MILE
S0220	MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSIONALS OR REPRESENTAT
S0221	MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSIONALS OR REPRESENTAT
S0250	COMPREHENSIVE GERIATRIC ASSESSMENT AND TREATMENT PLANNING PERFORMED BY ASSESSMENT TEAM
S0255	HOSPICE REFERRAL VISIT (ADVISING PATIENT AND FAMILY OF CARE OPTIONS) PERFORMED BY NURSE SOCIAL WORKE
S0257	COUNSELING AND DISCUSSION REGARDING ADVANCE DIRECTIVES OR END OF LIFE CARE PLANNING AND DECISIONS WI
S0260	HISTORY AND PHYSICAL (OUTPATIENT OR OFFICE) RELATED TO SURGICAL PROCEDURE (LIST SEPARATELY IN ADDITI
S0265	Genetic counseling under physician supervision each 15 minutes
S0270	Physician management of patient home care standard monthly case rate (per 30 days)
S0271	Physician management of patient home care hospice monthly case rate (per 30 days)
S0272	Physician management of patient home care episodic care monthly case rate (per 30 days)

S0273	Physician visit at member s home outside of a capitation arrangement
S0274	Nurse practitioner visit at member s home outside of a capitation arrangement
S0280	Medical home program comprehensive care coordination and planning initial plan
S0281	Medical home program comprehensive care coordination and planning maintenance of plan
S0285	COLONOSCOPY CONSULTATION PERFORMED PRIOR TO A SCREENING COLONOSCOPY PROCEDURE
S0302	COMPLETED EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT) SERVICE (LIST IN ADDITION TO CODE
S0310	HOSPITALIST SERVICES (LIST SEPARATELY IN ADDITION TO CODE FOR APPROPRIATE EVALUATION AND MANAGEMENT
S0311	COMPREHENSIVE MANAGEMENT AND CARE COORDINATION FOR ADVANCED ILLNESS PER CALENDAR MONTH
S0315	DISEASE MANAGEMENT PROGRAM INITIAL ASSESSMENT AND INITIATION OF THE PROGRAM
S0316	Disease management program follow-up reassessment
S0317	DISEASE MANAGEMENT PROGRAM PER DIEM
S0320	TELEPHONE CALLS BY A REGISTERED NURSE TO A DISEASE MANAGEMENT PROGRAM MEMBER FOR MONITORING PURPOSES
S0340	LIFESTYLE MODIFICATION PROGRAM FOR MANAGEMENT OF CORONARY ARTERY DISEASE INCLUDING ALL SUPPORTIVE SE
S0341	LIFESTYLE MODIFICATION PROGRAM FOR MANAGEMENT OF CORONARY ARTERY DISEASE INCLUDING ALL SUPPORTIVE SE
S0342	LIFESTYLE MODIFICATION PROGRAM FOR MANAGEMENT OF CORONARY ARTERY DISEASE INCLUDING ALL SUPPORTIVE SE
S0353	Treatment planning and care coordination management for cancer initial treatment
S0354	TREATMENT PLANNING AND CARE COORDINATION MANAGEMENT FOR CANCER ESTABLISHED PATIENT WITH A CHANGE OF
S0390	ROUTINE FOOT CARE REMOVAL AND OR TRIMMING OF CORNS CALLUSES AND OR NAILS AND PREVENTIVE MAINTENANCE
S0395	Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic
S0400	Global fee for extracorporeal shock wave lithotripsy treatment of kidney stone(s)
S0500	Disposable contact lens per lens
S0504	Single vision prescription lens (safety athletic or sunglass) per lens
S0506	Bifocal vision prescription lens (safety athletic or sunglass) per lens
S0508	Trifocal vision prescription lens (safety athletic or sunglass) per lens
S0510	Non-prescription lens (safety athletic or sunglass) per lens

S0512	Daily wear specialty contact lens per lens
S0514	Color contact lens per lens
S0515	Scleral lens liquid bandage device per lens
S0516	Safety eyeglass frames
S0518	Sunglasses frames
S0580	Polycarbonate lens (list this code in addition to the basic code for the lens)
S0581	Nonstandard lens (list this code in addition to the basic code for the lens)
S0590	Integral lens service miscellaneous services reported separately
S0592	Comprehensive contact lens evaluation
S0595	Dispensing new spectacle lenses for patient supplied frame
S0596	Phakic intraocular lens for correction of refractive error
S0601	Screening proctoscopy
S0610	Annual gynecological examination new patient
S0612	Annual gynecological examination established patient
S0613	ANNUAL GYNECOLOGICAL EXAMINATION CLINICAL BREAST EXAMINATION WITHOUT PELVIC EVALUATION
S0618	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss
S0620	ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION NEW PATIENT
S0621	ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION ESTABLISHED PATIENT
S0622	PHYSICAL EXAM FOR COLLEGE NEW OR ESTABLISHED PATIENT (LIST SEPARATELY IN ADDITION TO APPROPRIATE EVA
S0630	REMOVAL OF SUTURES BY A PHYSICIAN OTHER THAN THE PHYSICIAN WHO ORIGINALLY CLOSED THE WOUND
S0800	Laser in situ keratomileusis (lasik)
S0810	Photorefractive keratectomy (prk)
S0812	Phototherapeutic keratectomy (ptk)
S1001	Deluxe item patient aware (list in addition to code for basic item)
S1002	Customized item (list in addition to code for basic item)
S1015	Iv tubing extension set
S1016	NON-PVC (POLYVINYL CHLORIDE) INTRAVENOUS ADMINISTRATION SET FOR USE WITH DRUGS THAT ARE NOT STABLE I
S1030	CONTINUOUS NONINVASIVE GLUCOSE MONITORING DEVICE PURCHASE (FOR PHYSICIAN INTERPRETATION OF DATA USE
S1031	CONTINUOUS NONINVASIVE GLUCOSE MONITORING DEVICE RENTAL INCLUDING SENSOR SENSOR REPLACEMENT AND DOWN

S1034	ARTIFICIAL PANCREAS DEVICE SYSTEM (E.G. LOW GLUCOSE SUSPEND (LGS) FEATURE) INCLUDING CONTINUOUS GLUC
S1035	SENSOR INVASIVE (E.G. SUBCUTANEOUS) DISPOSABLE FOR USE WITH ARTIFICIAL PANCREAS DEVICE SYSTEM
S1036	TRANSMITTER EXTERNAL FOR USE WITH ARTIFICIAL PANCREAS DEVICE SYSTEM
S1037	RECEIVER (MONITOR) EXTERNAL FOR USE WITH ARTIFICIAL PANCREAS DEVICE SYSTEM
S1040	CRANIAL REMOLDING ORTHOSIS PEDIATRIC RIGID WITH SOFT INTERFACE MATERIAL CUSTOM FABRICATED INCLUDES F
S1091	STENT NON-CORONARY TEMPORARY WITH DELIVERY SYSTEM (PROPEL)
S2053	Transplantation of small intestine and liver allografts
S2054	Transplantation of multivisceral organs
S2055	HARVESTING OF DONOR MULTIVISCERAL ORGANS WITH PREPARATION AND MAINTENANCE OF ALLOGRAFTS FROM CADAVER
S2060	Lobar lung transplantation
S2061	Donor lobectomy (lung) for transplantation living donor
S2065	Simultaneous pancreas kidney transplantation
S2066	BREAST RECONSTRUCTION WITH GLUTEAL ARTERY PERFORATOR (GAP) FLAP INCLUDING HARVESTING OF THE FLAP MIC
S2067	BREAST RECONSTRUCTION OF A SINGLE BREAST WITH STACKED DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLA
S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR E
S2070	CYSTOURETHROSCOPY WITH URETEROSCOPY AND OR PYELOSCOPY WITH ENDOSCOPIC LASER TREATMENT OF URETERAL CA
S2079	Laparoscopic esophagomyotomy (heller type)
S2080	Laser-assisted uvulopalatoplasty (laup)
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline
S2095	TRANSCATHETER OCCLUSION OR EMBOLIZATION FOR TUMOR DESTRUCTION PERCUTANEOUS ANY METHOD USING YTTRIUM-
S2102	ISLET CELL TISSUE TRANSPLANT FROM PANCREAS ALLOGENEIC
S2103	Adrenal tissue transplant to brain
S2107	ADOPTIVE IMMUNOTHERAPY I.E. DEVELOPMENT OF SPECIFIC ANTI-TUMOR REACTIVITY (E.G. TUMOR-INFILTRATING L
S2112	Arthroscopy knee surgical for harvesting of cartilage (chondrocyte cells)
S2115	Osteotomy periacetabular with internal fixation

S2117	Arthroereisis subtalar
S2118	Metal-on-metal total hip resurfacing including acetabular and femoral components
S2120	Low density lipoprotein (ldl) apheresis using heparin-induced extracorporeal ldl precipitation
S2140	Cord blood harvesting for transplantation allogeneic
S2142	Cord blood-derived stem-cell transplantation allogeneic
S2150	BONE MARROW OR BLOOD-DERIVED STEM CELLS (PERIPHERAL OR UMBILICAL) ALLOGENEIC OR AUTOLOGOUS HARVESTIN
S2152	SOLID ORGAN(S) COMPLETE OR SEGMENTAL SINGLE ORGAN OR COMBINATION OF ORGANS DECEASED OR LIVING DONOR(
S2202	Echosclerotherapy
S2205	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTO
S2206	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTO
S2207	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTO
S2208	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTO
S2209	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING MINI-THORACOTOMY OR MINI-STERNOTO
S2225	Myringotomy laser-assisted
S2227	ABORTION FOR FETAL INDICATION 32 WKS OR
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear
S2235	Implantation of auditory brain stem implant
S2260	Induced abortion 17 to 24 weeks
S2262	ABORTION FOR MATERNAL INDICATION 25 WEEKS OR GREATER
S2265	Induced abortion 25 to 28 weeks
S2266	Induced abortion 29 to 31 weeks
S2267	Induced abortion 32 weeks or greater
S2300	ARTHROSCOPY SHOULDER SURGICAL WITH THERMALLY-INDUCED CAPSULORRHAPHY
S2325	Hip core decompression
S2340	Chemodenervation of abductor muscle(s) of vocal cord
S2341	Chemodenervation of adductor muscle(s) of vocal cord

S2342	NASAL ENDOSCOPY FOR POST-OPERATIVE DEBRIDEMENT FOLLOWING FUNCTIONAL ENDOSCOPIC SINUS SURGERY NASAL A
S2348	DECOMPRESSION PROCEDURE PERCUTANEOUS OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISC USING RADIOFREQUENCY
S2350	DISKECTOMY ANTERIOR WITH DECOMPRESSION OF SPINAL CORD AND OR NERVE ROOT(S) INCLUDING OSTEOPHYTECTOMY
S2351	DISKECTOMY ANTERIOR WITH DECOMPRESSION OF SPINAL CORD AND OR NERVE ROOT(S) INCLUDING OSTEOPHYTECTOMY
S2400	REPAIR CONGENITAL DIAPHRAGMATIC HERNIA IN THE FETUS USING TEMPORARY TRACHEAL OCCLUSION PROCEDURE PER
S2401	Repair urinary tract obstruction in the fetus procedure performed in utero
S2402	Repair congenital cystic adenomatoid malformation in the fetus procedure performed in utero
S2403	Repair extralobar pulmonary sequestration in the fetus procedure performed in utero
S2404	Repair myelomeningocele in the fetus procedure performed in utero
S2405	Repair of sacrococcygeal teratoma in the fetus procedure performed in utero
S2409	Repair congenital malformation of fetus procedure performed in utero not otherwise classified
S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome
S2900	SURGICAL TECHNIQUES REQUIRING USE OF ROBOTIC SURGICAL SYSTEM (LIST SEPARATELY IN ADDITION TO CODE FO
S3000	DIABETIC INDICATOR RETINAL EYE EXAM DILATED BILATERAL
S3005	Performance measurement evaluation of patient self assessment depression
S3600	Stat laboratory request (situations other than s3601)
S3601	Emergency stat laboratory charge for patient who is homebound or residing in a nursing facility
S3620	NEWBORN METABOLIC SCREENING PANEL INCLUDES TEST KIT POSTAGE AND THE LABORATORY TESTS SPECIFIED BY TH
S3630	Eosinophil count blood direct
S3645	Hiv-1 antibody testing of oral mucosal transudate
S3650	SALIVA TEST HORMONE LEVEL DURING MENOPAUSE
S3652	SALIVA TEST HORMONE LEVEL TO ASSESS PRETERM LABOR RISK
S3655	Antisperm antibodies test (immunobead)
S3708	Gastrointestinal fat absorption study
S3722	Dose optimization by area under the curve (auc) analysis for infusional 5-fluorouracil
S3800	Genetic testing for amyotrophic lateral sclerosis (als)

S3840	DNA ANALYSIS FOR GERMLINE MUTATIONS OF THE RET PROTO-ONCOGENE FOR SUSCEPTIBILITY TO MULTIPLE ENDOCRI
S3841	Genetic testing for retinoblastoma
S3842	Genetic testing for von hippel-lindau disease
S3844	Dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital profound deafness
S3845	Genetic testing for alpha-thalassemia
S3846	Genetic testing for hemoglobin e beta-thalassemia
S3849	Genetic testing for niemann-pick disease
S3850	Genetic testing for sickle cell anemia
S3852	Dna analysis for apoe epsilon 4 allele for susceptibility to alzheimer s disease
S3853	Genetic testing for myotonic muscular dystrophy
S3854	GENE EXPRESSION PROFILING PANEL FOR USE IN THE MANAGEMENT OF BREAST CANCER TREATMENT
S3857	FAKE CODE HAVE 2
S3861	GENETIC TESTING SODIUM CHANNEL VOLTAGE-GATED TYPE V ALPHA SUBUNIT (SCN5A) AND VARIANTS FOR SUSPECTED
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy
S3866	GENETIC ANALYSIS FOR A SPECIFIC GENE MUTATION FOR HYPERTROPHIC CARDIOMYOPATHY (HCM) IN AN INDIVIDUAL
S3870	COMPARATIVE GENOMIC HYBRIDIZATION (CGH) MICROARRAY TESTING FOR DEVELOPMENTAL DELAY AUTISM SPECTRUM D
S3900	Surface electromyography (emg)
S3902	Ballistocardiogram
S3904	Masters two step
S4005	Interim labor facility global (labor occurring but not resulting in delivery)
S4011	IN VITRO FERTILIZATION INCLUDING BUT NOT LIMITED TO IDENTIFICATION AND INCUBATION OF MATURE OOCYTES
S4013	Complete cycle gamete intrafallopian transfer (gift) case rate
S4014	Complete cycle zygote intrafallopian transfer (zift) case rate
S4015	Complete in vitro fertilization cycle not otherwise specified case rate
S4016	Frozen in vitro fertilization cycle case rate
S4017	Incomplete cycle treatment cancelled prior to stimulation case rate
S4018	Frozen embryo transfer procedure cancelled before transfer case rate
S4020	In vitro fertilization procedure cancelled before aspiration case rate
S4021	In vitro fertilization procedure cancelled after aspiration case rate

S4022	Assisted oocyte fertilization case rate
S4023	Donor egg cycle incomplete case rate
S4025	Donor services for in vitro fertilization (sperm or embryo) case rate
S4026	Procurement of donor sperm from sperm bank
S4027	Storage of previously frozen embryos
S4028	Microsurgical epididymal sperm aspiration (mesa)
S4030	SPERM PROCUREMENT AND CRYOPRESERVATION SERVICES INITIAL VISIT
S4031	SPERM PROCUREMENT AND CRYOPRESERVATION SERVICES SUBSEQUENT VISIT
S4035	Stimulated intrauterine insemination (iui) case rate
S4037	Cryopreserved embryo transfer case rate
S4040	Monitoring and storage of cryopreserved embryos per 30 days
S4042	MANAGEMENT OF OVULATION INDUCTION (INTERPRETATION OF DIAGNOSTIC TESTS AND STUDIES NON-FACE-TO-FACE M
S4981	Insertion of levonorgestrel-releasing intrauterine system
S4988	PENILE CONTRACTURE DEVICE MANUAL GREATER THAN 3 LBS TRACTION FORCE
S4989	Contraceptive intrauterine device (e.g. progestacert iud) including implants and supplies
S4990	Nicotine patches legend
S4991	Nicotine patches non-legend
S4993	Contraceptive pills for birth control
S4995	Smoking cessation gum
S5000	Prescription drug generic
S5001	Prescription drug brand name
S5010	5% dextrose and 0.45% normal saline 1000 ml
S5012	5% dextrose with potassium chloride 1000 ml
S5013	5% dextrose 0.45% normal saline with potassium chloride and magnesium sulfate 1000 ml
S5014	5% dextrose 0.45% normal saline with potassium chloride and magnesium sulfate 1500 ml
S5035	Home infusion therapy routine service of infusion device (e.g. pump maintenance)
S5036	Home infusion therapy repair of infusion device (e.g. pump repair)
S5100	DAY CARE SERVICES ADULT PER 15 MINUTES
S5101	DAY CARE SERVICES ADULT PER HALF DAY
S5102	DAY CARE SERVICES ADULT PER DIEM
S5105	DAY CARE SERVICES CENTER-BASED SERVICES NOT INCLUDED IN PROGRAM FEE PER DIEM
S5108	Home care training to home care client per 15 minutes
S5109	Home care training to home care client per session

S5110	HOME CARE TRAINING FAMILY PER 15 MINUTES
S5111	HOME CARE TRAINING FAMILY PER SESSION
S5115	HOME CARE TRAINING NON-FAMILY PER 15 MINUTES
S5116	HOME CARE TRAINING NON-FAMILY PER SESSION
S5120	CHORE SERVICES PER 15 MINUTES
S5121	CHORE SERVICES PER DIEM
S5125	ATTENDANT CARE SERVICES PER 15 MINUTES
S5126	ATTENDANT CARE SERVICES PER DIEM
S5130	HOMEMAKER SERVICE NOS PER 15 MINUTES
S5131	HOMEMAKER SERVICE NOS PER DIEM
S5135	COMPANION CARE ADULT (E.G. IADL ADL) PER 15 MINUTES
S5136	COMPANION CARE ADULT (E.G. IADL ADL) PER DIEM
S5140	FOSTER CARE ADULT PER DIEM
S5141	FOSTER CARE ADULT PER MONTH
S5145	FOSTER CARE THERAPEUTIC CHILD PER DIEM
S5146	FOSTER CARE THERAPEUTIC CHILD PER MONTH
S5150	UNSKILLED RESPITE CARE NOT HOSPICE PER 15 MINUTES
S5151	UNSKILLED RESPITE CARE NOT HOSPICE PER DIEM
S5160	EMERGENCY RESPONSE SYSTEM INSTALLATION AND TESTING
S5161	EMERGENCY RESPONSE SYSTEM SERVICE FEE PER MONTH (EXCLUDES INSTALLATION AND TESTING)
S5162	EMERGENCY RESPONSE SYSTEM PURCHASE ONLY
S5165	HOME MODIFICATIONS PER SERVICE
S5170	HOME DELIVERED MEALS INCLUDING PREPARATION PER MEAL
S5175	LAUNDRY SERVICE EXTERNAL PROFESSIONAL PER ORDER
S5180	Home health respiratory therapy initial evaluation
S5181	Home health respiratory therapy nos per diem
S5185	MEDICATION REMINDER SERVICE NON-FACE-TO-FACE PER MONTH
S5190	Wellness assessment performed by non-physician
S5199	Personal care item nos each
S5497	HOME INFUSION THERAPY CATHETER CARE MAINTENANCE NOT OTHERWISE CLASSIFIED INCLUDES ADMINISTRATIVE SER
S5498	HOME INFUSION THERAPY CATHETER CARE MAINTENANCE SIMPLE (SINGLE LUMEN) INCLUDES ADMINISTRATIVE SERVIC

S5501	HOME INFUSION THERAPY CATHETER CARE MAINTENANCE COMPLEX (MORE THAN ONE LUMEN) INCLUDES ADMINISTRATIV
S5502	HOME INFUSION THERAPY CATHETER CARE MAINTENANCE IMPLANTED ACCESS DEVICE INCLUDES ADMINISTRATIVE SERV
S5517	Home infusion therapy all supplies necessary for restoration of catheter patency or declotting
S5518	Home infusion therapy all supplies necessary for catheter repair
S5520	HOME INFUSION THERAPY ALL SUPPLIES (INCLUDING CATHETER) NECESSARY FOR A PERIPHERALLY INSERTED CENTRA
S5521	Home infusion therapy all supplies (including catheter) necessary for a midline catheter insertion
S5522	HOME INFUSION THERAPY INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC) NURSING SERV
S5523	HOME INFUSION THERAPY INSERTION OF MIDLINE VENOUS CATHETER NURSING SERVICES ONLY (NO SUPPLIES OR CAT
S5550	Insulin rapid onset 5 units
S5551	INSULIN MOST RAPID ONSET (LISPRO OR ASPART) 5 UNITS
S5552	INSULIN INTERMEDIATE ACTING (NPH OR LENTE) 5 UNITS
S5553	INSULIN LONG ACTING 5 UNITS
S5560	INSULIN DELIVERY DEVICE REUSABLE PEN 1.5 ML SIZE
S5561	INSULIN DELIVERY DEVICE REUSABLE PEN 3 ML SIZE
S5565	INSULIN CARTRIDGE FOR USE IN INSULIN DELIVERY DEVICE OTHER THAN PUMP 150 UNITS
S5566	INSULIN CARTRIDGE FOR USE IN INSULIN DELIVERY DEVICE OTHER THAN PUMP 300 UNITS
S5570	INSULIN DELIVERY DEVICE DISPOSABLE PEN (INCLUDING INSULIN) 1.5 ML SIZE
S5571	INSULIN DELIVERY DEVICE DISPOSABLE PEN (INCLUDING INSULIN) 3 ML SIZE
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy
S8035	Magnetic source imaging
S8037	Magnetic resonance cholangiopancreatography (mrcp)
S8040	Topographic brain mapping
S8042	Magnetic resonance imaging (mri) low-field
S8055	ULTRASOUND GUIDANCE FOR MULTIFETAL PREGNANCY REDUCTION(S) TECHNICAL COMPONENT (ONLY TO BE USED WHEN
S8080	SCINTIMAMMOGRAPHY (RADIOIMMUNOSCINTIGRAPHY OF THE BREAST) UNILATERAL INCLUDING SUPPLY OF RADIOPHARMA
S8085	FLUORINE-18 FLUORODEOXYGLUCOSE (F-18 FDG) IMAGING USING DUAL-HEAD COINCIDENCE DETECTION SYSTEM (NON-

S8092	Electron beam computed tomography (also known as ultrafast ct cine ct)
S8096	Portable peak flow meter
S8097	ASTHMA KIT (INCLUDING BUT NOT LIMITED TO PORTABLE PEAK EXPIRATORY FLOW METER INSTRUCTIONAL VIDEO BRO
S8100	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER WITHOUT MASK
S8101	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER WITH MASK
S8110	Peak expiratory flow rate (physician services)
S8120	Oxygen contents gaseous 1 unit equals 1 cubic foot
S8121	Oxygen contents liquid 1 unit equals 1 pound
S8130	Interferential current stimulator 2 channel
S8131	Interferential current stimulator 4 channel
S8185	Flutter device
S8186	SWIVEL ADAPTER
S8189	Tracheostomy supply not otherwise classified
S8210	Mucus trap
S8265	Haberman feeder for cleft lip palate
S8270	Enuresis alarm using auditory buzzer and or vibration device
S8301	Infection control supplies not otherwise specified
S8415	SUPPLIES FOR HOME DELIVERY OF INFANT
S8420	Gradient pressure aid (sleeve and glove combination) custom made
S8421	Gradient pressure aid (sleeve and glove combination) ready made
S8422	Gradient pressure aid (sleeve) custom made medium weight
S8423	Gradient pressure aid (sleeve) custom made heavy weight
S8424	Gradient pressure aid (sleeve) ready made
S8425	Gradient pressure aid (glove) custom made medium weight
S8426	Gradient pressure aid (glove) custom made heavy weight
S8427	Gradient pressure aid (glove) ready made
S8428	Gradient pressure aid (gauntlet) ready made
S8429	Gradient pressure exterior wrap
S8430	Padding for compression bandage roll
S8431	Compression bandage roll
S8450	Splint prefabricated digit (specify digit by use of modifier)
S8451	Splint prefabricated wrist or ankle
S8452	Splint prefabricated elbow

S8460	Camisole post-mastectomy
S8490	INSULIN SYRINGES (100 SYRINGES ANY SIZE)
S8930	ELECTRICAL STIMULATION OF AURICULAR ACUPUNCTURE POINTS EACH 15 MINUTES OF PERSONAL ONE-ON-ONE CONTAC
S8940	Equestrian hippotherapy per session
S8948	APPLICATION OF A MODALITY (REQUIRING CONSTANT PROVIDER ATTENDANCE) TO ONE OR MORE AREAS LOW-LEVEL LA
S8950	Complex lymphedema therapy each 15 minutes
S8990	Physical or manipulative therapy performed for maintenance rather than restoration
S8999	RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRATION DURING POWER FAILURE OR OTHER CATAST
S9001	HOME UTERINE MONITOR W WO ASSOCIATED NURSING SERVICES
S9002	INTRA-VAGINAL MOTION SENSOR SYSTEM PROVIDES BIOFEEDBACK FOR PELVIC FLOOR MUSCLE REHABILITATION DEVIC
S9007	Ultrafiltration monitor
S9024	Paranasal sinus ultrasound
S9025	Omnicardiogram cardiointegram
S9034	Extracorporeal shockwave lithotripsy for gall stones (if performed with ercp use 43265)
S9055	Procuren or other growth factor preparation to promote wound healing
S9056	Coma stimulation per diem
S9061	HOME ADMINISTRATION OF AEROSOLIZED DRUG THERAPY (E.G. PENTAMIDINE) ADMINISTRATIVE SERVICES PROFESSIO
S9083	Global fee urgent care centers
S9088	Services provided in an urgent care center (list in addition to code for service)
S9090	Vertebral axial decompression per session
S9097	Home visit for wound care
S9098	HOME VISIT PHOTOTHERAPY SERVICES (E.G. BILI-LITE) INCLUDING EQUIPMENT RENTAL NURSING SERVICES BLOOD
S9110	TELEMONITORING OF PATIENT IN THEIR HOME INCLUDING ALL NECESSARY EQUIPMENT COMPUTER SYSTEM CONNECTION
S9117	Back school per visit
S9122	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT PROVIDING CARE IN THE HOME PER HOUR
S9123	NURSING CARE IN THE HOME BY REGISTERED NURSE PER HOUR (USE FOR GENERAL NURSING CARE ONLY NOT TO BE U

S9124	NURSING CARE IN THE HOME BY LICENSED PRACTICAL NURSE PER HOUR
S9125	Respite care in the home per diem
S9126	Hospice care in the home per diem
S9127	Social work visit in the home per diem
S9128	Speech therapy in the home per diem
S9129	Occupational therapy in the home per diem
S9131	PHYSICAL THERAPY IN THE HOME PER DIEM
S9140	Diabetic management program follow-up visit to non-md provider
S9141	Diabetic management program follow-up visit to md provider
S9145	Insulin pump initiation instruction in initial use of pump (pump not included)
S9150	Evaluation by ocularist
S9152	Speech therapy re-evaluation
S9208	HOME MANAGEMENT OF PRETERM LABOR INCLUDING ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SERVICES CA
S9209	HOME MANAGEMENT OF PRETERM PREMATURE RUPTURE OF MEMBRANES (PPROM) INCLUDING ADMINISTRATIVE SERVICES
S9211	HOME MANAGEMENT OF GESTATIONAL HYPERTENSION INCLUDES ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY S
S9212	HOME MANAGEMENT OF POSTPARTUM HYPERTENSION INCLUDES ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SE
S9213	HOME MANAGEMENT OF PREECLAMPSIA INCLUDES ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SERVICES CARE
S9214	HOME MANAGEMENT OF GESTATIONAL DIABETES INCLUDES ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SERVI
S9325	HOME INFUSION THERAPY PAIN MANAGEMENT INFUSION ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SERVICE
S9326	HOME INFUSION THERAPY CONTINUOUS (TWENTY-FOUR HOURS OR MORE) PAIN MANAGEMENT INFUSION ADMINISTRATIVE
S9327	HOME INFUSION THERAPY INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) PAIN MANAGEMENT INFUSION ADMINISTRA
S9328	HOME INFUSION THERAPY IMPLANTED PUMP PAIN MANAGEMENT INFUSION ADMINISTRATIVE SERVICES PROFESSIONAL P
S9329	HOME INFUSION THERAPY CHEMOTHERAPY INFUSION ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SERVICES C

S9330	HOME INFUSION THERAPY CONTINUOUS (TWENTY-FOUR HOURS OR MORE) CHEMOTHERAPY INFUSION ADMINISTRATIVE SE
S9331	HOME INFUSION THERAPY INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) CHEMOTHERAPY INFUSION ADMINISTRATIV
S9335	HOME THERAPY HEMODIALYSIS ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SERVICES CARE COORDINATION A
S9336	HOME INFUSION THERAPY CONTINUOUS ANTICOAGULANT INFUSION THERAPY (E.G. HEPARIN) ADMINISTRATIVE SERVIC
S9338	HOME INFUSION THERAPY IMMUNOTHERAPY ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SERVICES CARE COOR
S9339	HOME THERAPY PERITONEAL DIALYSIS ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SERVICES CARE COORDIN
S9340	HOME THERAPY ENTERAL NUTRITION ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SERVICES CARE COORDINAT
S9341	HOME THERAPY ENTERAL NUTRITION VIA GRAVITY ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SERVICES CA
S9342	HOME THERAPY ENTERAL NUTRITION VIA PUMP ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SERVICES CARE
S9343	HOME THERAPY ENTERAL NUTRITION VIA BOLUS ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SERVICES CARE
S9345	HOME INFUSION THERAPY ANTI-HEMOPHILIC AGENT INFUSION THERAPY (E.G. FACTOR VIII) ADMINISTRATIVE SERVI
S9346	HOME INFUSION THERAPY ALPHA-1-PROTEINASE INHIBITOR (E.G. PROLASTIN) ADMINISTRATIVE SERVICES PROFESSI
S9347	HOME INFUSION THERAPY UNINTERRUPTED LONG-TERM CONTROLLED RATE INTRAVENOUS OR SUBCUTANEOUS INFUSION T
S9348	HOME INFUSION THERAPY SYMPATHOMIMETIC INOTROPIC AGENT INFUSION THERAPY (E.G. DOBUTAMINE) ADMINISTRAT
S9349	HOME INFUSION THERAPY TOCOLYTIC INFUSION THERAPY ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SERVI
S9351	HOME INFUSION THERAPY CONTINUOUS OR INTERMITTENT ANTI-EMETIC INFUSION THERAPY ADMINISTRATIVE SERVICE
S9353	HOME INFUSION THERAPY CONTINUOUS INSULIN INFUSION THERAPY ADMINISTRATIVE SERVICES PROFESSIONAL PHARM

S9355	HOME INFUSION THERAPY CHELATION THERAPY ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SERVICES CARE
S9357	HOME INFUSION THERAPY ENZYME REPLACEMENT INTRAVENOUS THERAPY (E.G. IMIGLUCERASE) ADMINISTRATIVE SERV
S9359	HOME INFUSION THERAPY ANTI-TUMOR NECROSIS FACTOR INTRAVENOUS THERAPY (E.G. INFLIXIMAB) ADMINISTRATIV
S9361	HOME INFUSION THERAPY DIURETIC INTRAVENOUS THERAPY ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SER
S9363	HOME INFUSION THERAPY ANTI-SPASMOTIC THERAPY ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SERVICES
S9364	HOME INFUSION THERAPY TOTAL PARENTERAL NUTRITION (TPN) ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY
S9365	HOME INFUSION THERAPY TOTAL PARENTERAL NUTRITION (TPN) ONE LITER PER DAY ADMINISTRATIVE SERVICES PRO
S9366	HOME INFUSION THERAPY TOTAL PARENTERAL NUTRITION (TPN) MORE THAN ONE LITER BUT NO MORE THAN TWO LITE
S9367	HOME INFUSION THERAPY TOTAL PARENTERAL NUTRITION (TPN) MORE THAN TWO LITERS BUT NO MORE THAN THREE L
S9368	HOME INFUSION THERAPY TOTAL PARENTERAL NUTRITION (TPN) MORE THAN THREE LITERS PER DAY ADMINISTRATIVE
S9370	HOME THERAPY INTERMITTENT ANTI-EMETIC INJECTION THERAPY ADMINISTRATIVE SERVICES PROFESSIONAL PHARMAC
S9372	HOME THERAPY INTERMITTENT ANTICOAGULANT INJECTION THERAPY (E.G. HEPARIN) ADMINISTRATIVE SERVICES PRO
S9373	HOME INFUSION THERAPY HYDRATION THERAPY ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SERVICES CARE
S9374	HOME INFUSION THERAPY HYDRATION THERAPY ONE LITER PER DAY ADMINISTRATIVE SERVICES PROFESSIONAL PHARM
S9375	HOME INFUSION THERAPY HYDRATION THERAPY MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS PER DAY ADMI
S9376	HOME INFUSION THERAPY HYDRATION THERAPY MORE THAN TWO LITERS BUT NO MORE THAN THREE LITERS PER DAY A
S9377	HOME INFUSION THERAPY HYDRATION THERAPY MORE THAN THREE LITERS PER DAY ADMINISTRATIVE SERVICES PROFE

S9379	HOME INFUSION THERAPY INFUSION THERAPY NOT OTHERWISE CLASSIFIED ADMINISTRATIVE SERVICES PROFESSIONAL
S9381	Delivery or service to high risk areas requiring escort or extra protection per visit
S9401	Anticoagulation clinic inclusive of all services except laboratory tests per session
S9430	Pharmacy compounding and dispensing services
S9432	MEDICAL FOODS FOR NON-INBORN ERRORS OF METABOLISM
S9433	Medical food nutritionally complete administered orally providing 100% of nutritional intake
S9434	Modified solid food supplements for inborn errors of metabolism
S9435	Medical foods for inborn errors of metabolism
S9436	Childbirth preparation lamaze classes non-physician provider per session
S9437	Childbirth refresher classes non-physician provider per session
S9438	Cesarean birth classes non-physician provider per session
S9439	Vbac (vaginal birth after cesarean) classes non-physician provider per session
S9441	ASTHMA EDUCATION NON-PHYSICIAN PROVIDER PER SESSION
S9442	Birthing classes non-physician provider per session
S9443	Lactation classes non-physician provider per session
S9444	Parenting classes non-physician provider per session
S9445	Patient education not otherwise classified non-physician provider individual per session
S9446	HOME INFUSION THERAPY ANTIBIOTIC ANTIVIRAL OR ANTIFUNGAL THERAPY
S9447	Infant safety (including cpr) classes non-physician provider per session
S9449	Weight management classes non-physician provider per session
S9451	Exercise classes non-physician provider per session
S9452	Nutrition classes non-physician provider per session
S9453	Smoking cessation classes non-physician provider per session
S9454	Stress management classes non-physician provider per session
S9455	Diabetic management program group session
S9460	Diabetic management program nurse visit
S9465	Diabetic management program dietitian visit
S9470	Nutritional counseling dietitian visit
S9472	Cardiac rehabilitation program non-physician provider per diem
S9473	Pulmonary rehabilitation program non-physician provider per diem
S9474	Enterostomal therapy by a registered nurse certified in enterostomal therapy per diem
S9475	Ambulatory setting substance abuse treatment or detoxification services per diem
S9476	Vestibular rehabilitation program non-physician provider per diem

S9480	Intensive outpatient psychiatric services per diem
S9482	Family stabilization services per 15 minutes
S9484	Crisis intervention mental health services per hour
S9485	Crisis intervention mental health services per diem
S9490	HOME INFUSION THERAPY CORTICOSTEROID INFUSION ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SERVICES
S9494	HOME INFUSION THERAPY ANTIBIOTIC ANTIVIRAL OR ANTIFUNGAL THERAPY ADMINISTRATIVE SERVICES PROFESSIONA
S9497	HOME INFUSION THERAPY ANTIBIOTIC ANTIVIRAL OR ANTIFUNGAL THERAPY ONCE EVERY 3 HOURS ADMINISTRATIVE S
S9500	HOME INFUSION THERAPY ANTIBIOTIC ANTIVIRAL OR ANTIFUNGAL THERAPY ONCE EVERY 24 HOURS ADMINISTRATIVE
S9501	HOME INFUSION THERAPY ANTIBIOTIC ANTIVIRAL OR ANTIFUNGAL THERAPY ONCE EVERY 12 HOURS ADMINISTRATIVE
S9502	HOME INFUSION THERAPY ANTIBIOTIC ANTIVIRAL OR ANTIFUNGAL THERAPY ONCE EVERY 8 HOURS ADMINISTRATIVE S
S9503	HOME INFUSION THERAPY ANTIBIOTIC ANTIVIRAL OR ANTIFUNGAL ONCE EVERY 6 HOURS ADMINISTRATIVE SERVICES
S9504	HOME INFUSION THERAPY ANTIBIOTIC ANTIVIRAL OR ANTIFUNGAL ONCE EVERY 4 HOURS ADMINISTRATIVE SERVICES
S9529	ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S) SINGLE HOME BOUND NURSING HOME OR SKILLED NURSING
S9537	HOME THERAPY HEMATOPOIETIC HORMONE INJECTION THERAPY (E.G. ERYTHROPOIETIN G-CSF GM-CSF) ADMINISTRATI
S9538	HOME TRANSFUSION OF BLOOD PRODUCT(S) ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SERVICES CARE COO
S9542	HOME INJECTABLE THERAPY NOT OTHERWISE CLASSIFIED INCLUDING ADMINISTRATIVE SERVICES PROFESSIONAL PHAR
S9558	HOME INJECTABLE THERAPY GROWTH HORMONE INCLUDING ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SERVI
S9559	HOME INJECTABLE THERAPY INTERFERON INCLUDING ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SERVICES
S9560	HOME INJECTABLE THERAPY HORMONAL THERAPY (E.G. LEUPROLIDE GOSERELIN) INCLUDING ADMINISTRATIVE SERVIC

S9562	HOME INJECTABLE THERAPY PALIVIZUMAB OR OTHER MONOCLONAL ANTIBODY FOR RSV INCLUDING ADMINISTRATIVE SE
S9563	HOME INJECTABLE THERAPY IMMUNOTHERAPY INCLUDING ADMINISTRATIVE SERVICES PROFESSIONAL PHARMACY SERVIC
S9590	HOME THERAPY IRRIGATION THERAPY (E.G. STERILE IRRIGATION OF AN ORGAN OR ANATOMICAL CAVITY) INCLUDING
S9810	HOME THERAPY PROFESSIONAL PHARMACY SERVICES FOR PROVISION OF INFUSION SPECIALTY DRUG ADMINISTRATION
S9900	Services by a journal-listed christian science practitioner for the purpose of healing per diem
S9901	SERVICES BY A JOURNAL-LISTED CHRISTIAN SCIENCE NURSE PER HOUR
S9960	AMBULANCE SERVICE CONVENTIONAL AIR SERVICE NONEMERGENCY TRANSPORT ONE WAY (FIXED WING)
S9961	Ambulance service conventional air service nonemergency transport one way (rotary wing)
S9970	Health club membership annual
S9975	Transplant related lodging meals and transportation per diem
S9976	MEALS PER DIEM NOT OTHERWISE SPECIFIED
S9977	NOT MEDICALLY NECESSARY SERVICE (PATIENT IS AWARE THAT SERVICE NOT MEDICALLY
S9981	Medical records copying fee administrative
S9982	Medical records copying fee per page
S9986	Not medically necessary service (patient is aware that service not medically necessary)
S9988	Services provided as part of a phase i clinical trial
S9989	SERVICES PROVIDED OUTSIDE OF THE UNITED STATES OF AMERICA (LIST IN ADDITION TO CODE(S) FOR SERVICE(S
S9990	Services provided as part of a phase ii clinical trial
S9991	Services provided as part of a phase iii clinical trial
S9992	TRANSPORTATION COSTS TO AND FROM TRIAL LOCATION AND LOCAL TRANSPORTATION COSTS (E.G. FARES FOR TAXIC
S9994	Lodging costs (e.g. hotel charges) for clinical trial participant and one caregiver companion
S9996	Meals for clinical trial participant and one caregiver companion
S9999	Sales tax
T0001	TEST AZURE REVISE
T1000	Private duty independent nursing service(s) - licensed up to 15 minutes
T1001	Nursing assessment evaluation
T1002	Rn services up to 15 minutes
T1003	Lpn lvn services up to 15 minutes

T1004	Services of a qualified nursing aide up to 15 minutes
T1005	Respite care services up to 15 minutes
T1006	Alcohol and or substance abuse services family couple counseling
T1007	Alcohol and or substance abuse services treatment plan development and or modification
T1009	CHILD SITTING SERVICES FOR CHILDREN OF THE INDIVIDUAL RECEIVING ALCOHOL AND OR SUBSTANCE ABUSE SERVI
T1010	MEALS FOR INDIVIDUALS RECEIVING ALCOHOL AND OR SUBSTANCE ABUSE SERVICES (WHEN MEALS NOT INCLUDED IN
T1012	Alcohol and or substance abuse services skills development
T1013	Sign language or oral interpretive services per 15 minutes
T1014	Telehealth transmission per minute professional services bill separately
T1015	Clinic visit encounter all-inclusive
T1016	Case management each 15 minutes
T1017	Targeted case management each 15 minutes
T1018	School-based individualized education program (iep) services bundled
T1019	PERSONAL CARE SERVICES PER 15 MINUTES NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL NURSING FACILIT
T1020	PERSONAL CARE SERVICES PER DIEM NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL NURSING FACILITY ICF
T1021	Home health aide or certified nurse assistant per visit
T1022	Contracted home health agency services all services provided under contract per day
T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A
T1024	EVALUATION AND TREATMENT BY AN INTEGRATED SPECIALTY TEAM CONTRACTED TO PROVIDE COORDINATED CARE TO M
T1025	INTENSIVE EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO CHILDREN WITH COMPLEX
T1026	INTENSIVE EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO CHILDREN WITH COMPLEX
T1027	Family training and counseling for child development per 15 minutes
T1028	ASSESSMENT OF HOME PHYSICAL AND FAMILY ENVIRONMENT TO DETERMINE SUITABILITY TO MEET PATIENT S MEDICA
T1029	Comprehensive environmental lead investigation not including laboratory analysis per dwelling
T1030	Nursing care in the home by registered nurse per diem

T1031	Nursing care in the home by licensed practical nurse per diem
T1032	SERVICES PERFORMED BY A DOULA BIRTH WORKER PER 15 MINUTES
T1033	SERVICES PERFORMED BY A DOULA BIRTH WORKER PER DIEM
T1040	MEDICAID CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC SERVICES PER DIEM
T1041	MEDICAID CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC SERVICES PER MONTH
T1502	ADMINISTRATION OF ORAL INTRAMUSCULAR AND OR SUBCUTANEOUS MEDICATION BY HEALTH CARE AGENCY PROFESSION
T1503	ADMINISTRATION OF MEDICATION OTHER THAN ORAL AND OR INJECTABLE BY A HEALTH CARE AGENCY PROFESSIONAL
T1505	ELECTRONIC MEDICATION COMPLIANCE MANAGEMENT DEVICE INCLUDES ALL COMPONENTS AND ACCESSORIES NOT OTHER
T1999	MISCELLANEOUS THERAPEUTIC ITEMS AND SUPPLIES RETAIL PURCHASES NOT OTHERWISE CLASSIFIED IDENTIFY PROD
T2001	NON-EMERGENCY TRANSPORTATION PATIENT ATTENDANT ESCORT
T2002	NON-EMERGENCY TRANSPORTATION PER DIEM
T2003	NON-EMERGENCY TRANSPORTATION ENCOUNTER TRIP
T2004	NON-EMERGENCY TRANSPORT COMMERCIAL CARRIER MULTI-PASS
T2005	NON-EMERGENCY TRANSPORTATION STRETCHER VAN
T2007	Transportation waiting time air ambulance and non-emergency vehicle one-half (1 2) hour increments
T2010	Preadmission screening and resident review (pasrr) level i identification screening per screen
T2011	Preadmission screening and resident review (pasrr) level ii evaluation per evaluation
T2012	HABILITATION EDUCATIONAL WAIVER PER DIEM
T2013	HABILITATION EDUCATIONAL WAIVER PER HOUR
T2014	HABILITATION PREVOCATIONAL WAIVER PER DIEM
T2015	HABILITATION PREVOCATIONAL WAIVER PER HOUR
T2016	HABILITATION RESIDENTIAL WAIVER PER DIEM
T2017	HABILITATION RESIDENTIAL WAIVER 15 MINUTES
T2018	HABILITATION SUPPORTED EMPLOYMENT WAIVER PER DIEM
T2019	HABILITATION SUPPORTED EMPLOYMENT WAIVER PER 15 MINUTES
T2020	DAY HABILITATION WAIVER PER DIEM
T2021	DAY HABILITATION WAIVER PER 15 MINUTES
T2022	Case management per month
T2023	TARGETED CASE MANAGEMENT PER MONTH
T2024	Service assessment plan of care development waiver

T2025	WAIVER SERVICES NOT OTHERWISE SPECIFIED (NOS)
T2026	SPECIALIZED CHILDCARE WAIVER PER DIEM
T2027	SPECIALIZED CHILDCARE WAIVER PER 15 MINUTES
T2028	Specialized supply not otherwise specified waiver
T2029	Specialized medical equipment not otherwise specified waiver
T2030	ASSISTED LIVING WAIVER PER MONTH
T2031	ASSISTED LIVING WAIVER PER DIEM
T2032	RESIDENTIAL CARE NOT OTHERWISE SPECIFIED (NOS) WAIVER PER MONTH
T2033	RESIDENTIAL CARE NOT OTHERWISE SPECIFIED (NOS) WAIVER PER DIEM
T2034	CRISIS INTERVENTION WAIVER PER DIEM
T2035	Utility services to support medical equipment and assistive technology devices waiver
T2036	THERAPEUTIC CAMPING OVERNIGHT WAIVER EACH SESSION
T2037	THERAPEUTIC CAMPING DAY WAIVER EACH SESSION
T2038	COMMUNITY TRANSITION WAIVER PER SERVICE
T2039	VEHICLE MODIFICATIONS WAIVER PER SERVICE
T2040	FINANCIAL MANAGEMENT SELF-DIRECTED WAIVER PER 15 MINUTES
T2041	SUPPORTS BROKERAGE SELF-DIRECTED WAIVER PER 15 MINUTES
T2042	HOSPICE ROUTINE HOME CARE PER DIEM
T2043	HOSPICE CONTINUOUS HOME CARE PER HOUR
T2044	HOSPICE INPATIENT RESPITE CARE PER DIEM
T2045	HOSPICE GENERAL INPATIENT CARE PER DIEM
T2046	HOSPICE LONG TERM CARE ROOM AND BOARD ONLY PER DIEM
T2047	HABILITATION PREVOCATIONAL WAIVER PER 15 MINUTES
T2048	BEHAVIORAL HEALTH LONG-TERM CARE RESIDENTIAL (NON-ACUTE CARE IN A RESIDENTIAL TREATMENT PROGRAM WHER
T2049	NON-EMERGENCY TRANSPORTATION STRETCHER VAN MILEAGE PER MILE
T2050	FINANCIAL MANAGEMENT SELF-DIRECTED WAIVER PER DIEM
T2051	SUPPORTS BROKERAGE SELF-DIRECTED WAIVER PER DIEM
T2101	Human breast milk processing storage and distribution only
T4521	Adult sized disposable incontinence product brief diaper small each
T4522	Adult sized disposable incontinence product brief diaper medium each
T4523	Adult sized disposable incontinence product brief diaper large each
T4524	Adult sized disposable incontinence product brief diaper extra large each
T4525	Adult sized disposable incontinence product protective underwear pull-on small size each

T4526	Adult sized disposable incontinence product protective underwear pull-on medium size each
T4527	Adult sized disposable incontinence product protective underwear pull-on large size each
T4528	Adult sized disposable incontinence product protective underwear pull-on extra large size each
T4529	Pediatric sized disposable incontinence product brief diaper small medium size each
T4530	Pediatric sized disposable incontinence product brief diaper large size each
T4531	Pediatric sized disposable incontinence product protective underwear pull-on small medium size each
T4532	Pediatric sized disposable incontinence product protective underwear pull-on large size each
T4533	Youth sized disposable incontinence product brief diaper each
T4534	Youth sized disposable incontinence product protective underwear pull-on each
T4535	Disposable liner shield guard pad undergarment for incontinence each
T4536	Incontinence product protective underwear pull-on reusable any size each
T4537	Incontinence product protective underpad reusable bed size each
T4538	Diaper service reusable diaper each diaper
T4539	Incontinence product diaper brief reusable any size each
T4540	Incontinence product protective underpad reusable chair size each
T4541	Incontinence product disposable underpad large each
T4542	Incontinence product disposable underpad small size each
T4543	Adult sized disposable incontinence product protective brief diaper above extra large each
T4544	Adult sized disposable incontinence product protective underwear pull-on above extra large each
T4545	INCONTINENCE PRODUCT DISPOSABLE PENILE WRAP EACH
T5001	Positioning seat for persons with special orthopedic needs
T5999	Supply not otherwise specified
T9989	TRANSPORTATION PROVIDED OUTSIDE OF THE UNITED STATES
U0001	CDC 2019 NOVEL CORONAVIRUS (2019-NCOV) REAL-TIME RT-PCR DIAGNOSTIC PANEL
U0002	2019-NCOV CORONAVIRUS SARS-COV-2 2019-NCOV (COVID-19) ANY TECHNIQUE MULTIPLE TYPES OR SUBTYPES (INCL
U0003	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRU
U0004	2019-NCOV CORONAVIRUS SARS-COV-2 2019-NCOV (COVID-19) ANY TECHNIQUE MULTIPLE TYPES OR SUBTYPES (INCL
U0005	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRU
V2020	Frames purchases
V2025	Deluxe frame

V2100	Sphere single vision plano to plus or minus 4.00 per lens
V2101	Sphere single vision plus or minus 4.12 to plus or minus 7.00d per lens
V2102	Sphere single vision plus or minus 7.12 to plus or minus 20.00d per lens
V2103	Spherocylinder single vision plano to plus or minus 4.00d sphere .12 to 2.00d cylinder per lens
V2104	Spherocylinder single vision plano to plus or minus 4.00d sphere 2.12 to 4.00d cylinder per lens
V2105	Spherocylinder single vision plano to plus or minus 4.00d sphere 4.25 to 6.00d cylinder per lens
V2106	Spherocylinder single vision plano to plus or minus 4.00d sphere over 6.00d cylinder per lens
V2107	SPHEROCYLINDER SINGLE VISION PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE .12 TO 2.00D CYLINDER P
V2108	SPHEROCYLINDER SINGLE VISION PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE 2.12 TO 4.00D CYLINDE
V2109	SPHEROCYLINDER SINGLE VISION PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE 4.25 TO 6.00D CYLINDER
V2110	Spherocylinder single vision plus or minus 4.25 to 7.00d sphere over 6.00d cylinder per lens
V2111	SPHEROCYLINDER SINGLE VISION PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE .25 TO 2.25D CYLINDER
V2112	SPHEROCYLINDER SINGLE VISION PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE 2.25D TO 4.00D CYLIND
V2113	SPHEROCYLINDER SINGLE VISION PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE 4.25 TO 6.00D CYLINDE
V2114	Spherocylinder single vision sphere over plus or minus 12.00d per lens
V2115	Lenticular (myodisc) per lens single vision
V2118	Aniseikonic lens single vision
V2121	Lenticular lens per lens single
V2199	Not otherwise classified single vision lens
V2200	Sphere bifocal plano to plus or minus 4.00d per lens
V2201	Sphere bifocal plus or minus 4.12 to plus or minus 7.00d per lens
V2202	Sphere bifocal plus or minus 7.12 to plus or minus 20.00d per lens
V2203	Spherocylinder bifocal plano to plus or minus 4.00d sphere .12 to 2.00d cylinder per lens
V2204	Spherocylinder bifocal plano to plus or minus 4.00d sphere 2.12 to 4.00d cylinder per lens
V2205	Spherocylinder bifocal plano to plus or minus 4.00d sphere 4.25 to 6.00d cylinder per lens
V2206	Spherocylinder bifocal plano to plus or minus 4.00d sphere over 6.00d cylinder per lens
V2207	SPHEROCYLINDER BIFOCAL PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE .12 TO 2.00D CYLINDER PER LE

V2208	SPHEROCYLINDER BIFOCAL PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE 2.12 TO 4.00D CYLINDER PER L
V2209	SPHEROCYLINDER BIFOCAL PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE 4.25 TO 6.00D CYLINDER PER L
V2210	Spherocylinder bifocal plus or minus 4.25 to plus or minus 7.00d sphere over 6.00d cylinder per lens
V2211	SPHEROCYLINDER BIFOCAL PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE .25 TO 2.25D CYLINDER PER L
V2212	SPHEROCYLINDER BIFOCAL PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE 2.25 TO 4.00D CYLINDER PER
V2213	SPHEROCYLINDER BIFOCAL PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE 4.25 TO 6.00D CYLINDER PER
V2214	Spherocylinder bifocal sphere over plus or minus 12.00d per lens
V2215	Lenticular (myodisc) per lens bifocal
V2218	Aniseikonic per lens bifocal
V2219	BIFOCAL SEG WIDTH OVER 28 MM
V2220	Bifocal add over 3.25d
V2221	Lenticular lens per lens bifocal
V2299	Specialty bifocal (by report)
V2300	Sphere trifocal plano to plus or minus 4.00d per lens
V2301	Sphere trifocal plus or minus 4.12 to plus or minus 7.00d per lens
V2302	Sphere trifocal plus or minus 7.12 to plus or minus 20.00 per lens
V2303	Spherocylinder trifocal plano to plus or minus 4.00d sphere .12-2.00d cylinder per lens
V2304	Spherocylinder trifocal plano to plus or minus 4.00d sphere 2.25-4.00d cylinder per lens
V2305	Spherocylinder trifocal plano to plus or minus 4.00d sphere 4.25 to 6.00 cylinder per lens
V2306	Spherocylinder trifocal plano to plus or minus 4.00d sphere over 6.00d cylinder per lens
V2307	SPHEROCYLINDER TRIFOCAL PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE .12 TO 2.00D CYLINDER PER L
V2308	SPHEROCYLINDER TRIFOCAL PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE 2.12 TO 4.00D CYLINDER PER
V2309	SPHEROCYLINDER TRIFOCAL PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE 4.25 TO 6.00D CYLINDER PER
V2310	SPHEROCYLINDER TRIFOCAL PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE OVER 6.00D CYLINDER PER LEN

V2311	SPHEROCYLINDER TRIFOCAL PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE .25 TO 2.25D CYLINDER PER
V2312	SPHEROCYLINDER TRIFOCAL PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE 2.25 TO 4.00D CYLINDER PER
V2313	SPHEROCYLINDER TRIFOCAL PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE 4.25 TO 6.00D CYLINDER PER
V2314	SPHEROCYLINDER TRIFOCAL SPHERE OVER PLUS OR MINUS 12.00D PER LENS
V2315	Lenticular (myodisc) per lens trifocal
V2318	Aniseikonic lens trifocal
V2319	Trifocal seg width over 28 mm
V2320	Trifocal add over 3.25d
V2321	Lenticular lens per lens trifocal
V2399	Specialty trifocal (by report)
V2410	Variable asphericity lens single vision full field glass or plastic per lens
V2430	Variable asphericity lens bifocal full field glass or plastic per lens
V2499	Variable sphericity lens other type
V2500	Contact lens pmma spherical per lens
V2501	Contact lens pmma toric or prism ballast per lens
V2502	Contact lens pmma bifocal per lens
V2503	Contact lens pmma color vision deficiency per lens
V2510	Contact lens gas permeable spherical per lens
V2511	Contact lens gas permeable toric prism ballast per lens
V2512	Contact lens gas permeable bifocal per lens
V2513	Contact lens gas permeable extended wear per lens
V2520	Contact lens hydrophilic spherical per lens
V2521	Contact lens hydrophilic toric or prism ballast per lens
V2522	CONTACT LENS HYDROPHILIC BIFOCAL PER LENS
V2523	Contact lens hydrophilic extended wear per lens
V2524	CONTACT LENS HYDROPHILIC SPHERICAL PHOTOCHROMIC ADDITIVE PER LENS
V2525	CONTACT LENS HYDROPHILIC DUAL FOCUS PER LENS
V2530	Contact lens scleral gas impermeable per lens (for contact lens modification see 92325)
V2531	Contact lens scleral gas permeable per lens (for contact lens modification see 92325)
V2599	Contact lens other type
V2600	Hand held low vision aids and other nonspectacle mounted aids

V2610	Single lens spectacle mounted low vision aids
V2615	TELESCOPIC AND OTHER COMPOUND LENS SYSTEM INCLUDING DISTANCE VISION TELESCOPIC NEAR VISION TELESCOPE
V2623	Prosthetic eye plastic custom
V2624	Polishing resurfacing of ocular prosthesis
V2625	Enlargement of ocular prosthesis
V2626	Reduction of ocular prosthesis
V2627	Scleral cover shell
V2628	Fabrication and fitting of ocular conformer
V2629	Prosthetic eye other type
V2630	Anterior chamber intraocular lens
V2631	Iris supported intraocular lens
V2632	Posterior chamber intraocular lens
V2700	Balance lens per lens
V2702	Deluxe lens feature
V2710	Slab off prism glass or plastic per lens
V2715	Prism per lens
V2718	Press-on lens fresnell prism per lens
V2730	Special base curve glass or plastic per lens
V2744	Tint photochromatic per lens
V2745	ADDITION TO LENS TINT ANY COLOR SOLID GRADIENT OR EQUAL EXCLUDES PHOTOCHROMATIC ANY LENS MATERIAL PE
V2750	Anti-reflective coating per lens
V2755	U-v lens per lens
V2756	Eye glass case
V2760	Scratch resistant coating per lens
V2761	Mirror coating any type solid gradient or equal any lens material per lens
V2762	Polarization any lens material per lens
V2770	Occluder lens per lens
V2780	Oversize lens per lens
V2781	Progressive lens per lens
V2782	Lens index 1.54 to 1.65 plastic or 1.60 to 1.79 glass excludes polycarbonate per lens
V2783	LENS INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.80 GLASS EXCLUDES POL

V2784	Lens polycarbonate or equal any index per lens
V2785	Processing preserving and transporting corneal tissue
V2786	Specialty occupational multifocal lens per lens
V2787	Astigmatism correcting function of intraocular lens
V2788	Presbyopia correcting function of intraocular lens
V2790	Amniotic membrane for surgical reconstruction per procedure
V2797	Vision supply accessory and or service component of another hcpcs vision code
V2799	VISION ITEM OR SERVICE MISCELLANEOUS
V5008	Hearing screening
V5010	Assessment for hearing aid
V5011	Fitting orientation checking of hearing aid
V5014	Repair modification of a hearing aid
V5020	Conformity evaluation
V5030	Hearing aid monaural body worn air conduction
V5040	Hearing aid monaural body worn bone conduction
V5050	Hearing aid monaural in the ear
V5060	Hearing aid monaural behind the ear
V5070	Glasses air conduction
V5080	Glasses bone conduction
V5090	Dispensing fee unspecified hearing aid
V5095	Semi-implantable middle ear hearing prosthesis
V5100	Hearing aid bilateral body worn
V5110	Dispensing fee bilateral
V5120	Binaural body
V5130	Binaural in the ear
V5140	Binaural behind the ear
V5150	Binaural glasses
V5160	Dispensing fee binaural
V5171	HEARING AID CONTRALATERAL ROUTING DEVICE MONAURAL IN THE EAR (ITE)
V5172	HEARING AID CONTRALATERAL ROUTING DEVICE MONAURAL IN THE CANAL (ITC)
V5181	HEARING AID CONTRALATERAL ROUTING DEVICE MONAURAL BEHIND THE EAR (BTE)
V5190	HEARING AID CONTRALATERAL ROUTING MONAURAL GLASSES
V5200	DISPENSING FEE CONTRALATERAL MONAURAL
V5211	HEARING AID CONTRALATERAL ROUTING SYSTEM BINAURAL ITE ITE

V5212	HEARING AID CONTRALATERAL ROUTING SYSTEM BINAURAL ITE ITC
V5213	HEARING AID CONTRALATERAL ROUTING SYSTEM BINAURAL ITE BTE
V5214	HEARING AID CONTRALATERAL ROUTING SYSTEM BINAURAL ITC ITC
V5215	HEARING AID CONTRALATERAL ROUTING SYSTEM BINAURAL ITC BTE
V5221	HEARING AID CONTRALATERAL ROUTING SYSTEM BINAURAL BTE BTE
V5230	HEARING AID CONTRALATERAL ROUTING SYSTEM BINAURAL GLASSES
V5240	DISPENSING FEE CONTRALATERAL ROUTING SYSTEM BINAURAL
V5241	Dispensing fee monaural hearing aid any type
V5242	Hearing aid analog monaural cic (completely in the ear canal)
V5243	Hearing aid analog monaural itc (in the canal)
V5244	Hearing aid digitally programmable analog monaural cic
V5245	Hearing aid digitally programmable analog monaural itc
V5246	Hearing aid digitally programmable analog monaural ite (in the ear)
V5247	Hearing aid digitally programmable analog monaural bte (behind the ear)
V5248	Hearing aid analog binaural cic
V5249	Hearing aid analog binaural itc
V5250	Hearing aid digitally programmable analog binaural cic
V5251	Hearing aid digitally programmable analog binaural itc
V5252	Hearing aid digitally programmable binaural ite
V5253	Hearing aid digitally programmable binaural bte
V5254	Hearing aid digital monaural cic
V5255	Hearing aid digital monaural itc
V5256	Hearing aid digital monaural ite
V5257	Hearing aid digital monaural bte
V5258	Hearing aid digital binaural cic
V5259	Hearing aid digital binaural itc
V5260	Hearing aid digital binaural ite
V5261	Hearing aid digital binaural bte
V5262	Hearing aid disposable any type monaural
V5263	Hearing aid disposable any type binaural
V5264	Ear mold insert not disposable any type
V5265	Ear mold insert disposable any type
V5266	Battery for use in hearing device
V5267	Hearing aid or assistive listening device supplies accessories not otherwise specified

V5268	Assistive listening device telephone amplifier any type
V5269	Assistive listening device alerting any type
V5270	Assistive listening device television amplifier any type
V5271	Assistive listening device television caption decoder
V5272	Assistive listening device tdd
V5273	Assistive listening device for use with cochlear implant
V5274	Assistive listening device not otherwise specified
V5275	Ear impression each
V5281	ASSISTIVE LISTENING DEVICE PERSONAL FM DM SYSTEM MONAURAL (1 RECEIVER TRANSMITTER MICROPHONE) ANY TY
V5282	ASSISTIVE LISTENING DEVICE PERSONAL FM DM SYSTEM BINAURAL (2 RECEIVERS TRANSMITTER MICROPHONE) ANY T
V5283	Assistive listening device personal fm dm neck loop induction receiver
V5284	Assistive listening device personal fm dm ear level receiver
V5285	Assistive listening device personal fm dm direct audio input receiver
V5286	Assistive listening device personal blue tooth fm dm receiver
V5287	Assistive listening device personal fm dm receiver not otherwise specified
V5288	Assistive listening device personal fm dm transmitter assistive listening device
V5289	Assistive listening device personal fm dm adapter boot coupling device for receiver any type
V5290	Assistive listening device transmitter microphone any type
V5298	Hearing aid not otherwise classified
V5299	Hearing service miscellaneous
V5336	Repair modification of augmentative communicative system or device (excludes adaptive hearing aid)
V5362	Speech screening
V5363	Language screening
V5364	Dysphagia screening
77408	Radiation treatment delivery
77409	Radiation treatment delivery
77411	Radiation treatment delivery