P.L. 2023 Chapter 680 Report

All companies must complete Sections I through IV. All fields are required. Due Date: 9/1/2024

Section I. Company Information

Company Name: Aetna Life Insurance Company							
NAIC: 60054							
Section II. Contact Information							
First Name:				La	st Name:		
E-Mail:					Number:		
				THONE	Number.		
Section III. Prior Authorization History							
-	2021	2022	2023	2021	2022	2023	
Total Number of Prior Authorizations Requested							1
	1560	1234	1497	Pe	rcent of To	tal	
B: Standard Requests Approved							
	1399	715	903	89.74%	87.62%	93.29%	
C: Standard Requests Denied	400	101	05	40.000/	40.000/	0 740/	
	160	101	65	10.26%	12.38%	6.71%	
H: Standard Request Average Approval Time (Days)	1.8	1.8	1.8				
	1.8	1.8	1.8				
H: Standard Request Median Approval Time (Days)	0	0	0				
	0	0	0				
D: Appealed Requests Approved	0	1	2				
	0	-	2				
E: Extended Reviews Approved	0	0	0				
	-	-					
F: Expedited Reviews Approved	0	371	468	0.00%	88.76%	88.47%	
G: Expedited Reviews Denied	1	47	61	100.00%	11.24%	11.53%	
I: Expedited Review Average Approval Time (Days)	0.1	0.1	0.1				
Is Expedited Deview Median Approval Time (Deve)							
I: Expedited Review Median Approval Time (Days)	0	0	0				
J: Concurrent Care Request Average Approval Time							
(Days)	0.3	0.5	0.5				
(24)3/							
J: Concurrent Care Request Median Approval Time							
(Days)	0	0	0				
(==)0)							1

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CPT Code	Description of Item or Service	2021	2022	2023
	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH			
0055T	IMAGE-GUIDANCE BASED ON CT/MRI IMAGES			х
0150	Room & board ward general classification	х	х	х
	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL			
0449T	APPROACH, INTO THE SUBCONJUNCTIVAL SPACE; INITIAL DEVICE		х	
0569T	TRANSCATHETER TRICUSPID VALVE REPAIR, PERCUTANEOUS APPROACH; INITIAL PROSTHESIS	х	~	
00001	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/OR	~		
11044	FASCIA, IF PERFORMED); FIRST 20 SQ CM OR LESS	х		
11044	EXCISION, OTHER BENIGN LESION, INCLUDING MARGINS (UNLESS LISTED ELSEWHERE), FACE, EARS,	^		
11440	EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 1.1 TO 2.0 CM			
11442	EXCISION, OTHER BENIGN LESION, INCLUDING MARGINS (UNLESS LISTED ELSEWHERE), FACE, EARS,	Х		
11443	EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 2.1 TO 3.0 CM	Х		
	EXCISION, OTHER BENIGN LESION, INCLUDING MARGINS (UNLESS LISTED ELSEWHERE), FACE, EARS,			
11440	EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 0.5 CM OR LESS		Х	
11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION		Х	
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	Х	х	х
	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES;			
12051	2.5 CM OR LESS	х		
	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES;			
12052	2.6 CM TO 5.0 CM	х		
13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM	х		
13101	REPAIR COMPLEX TRUNK 2.6-7.5 CM			х
13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM	х		
	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10.1 SO CM			
14021	TO 30.0 SQ CM	х		
14040	SKIN TISSUE REARRANGEMENT	~	x	
14060	ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM/<		x	
14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	х	^	v
14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITI ONAL 30.0 SQ CM, OR PART	~		х
1 1000				
14302	THEREOF (LIST SEPARATELY IN ADDITION TO C ODE FOR PRIMARY PROCEDURE)	Х		Х
	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN			
	ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OFSCAR			
	CONTRACTURE, TRUNK, ARMS, LEGS; FIRST 100 SQ ADDITIONAL 100 SQ CM OR 1% OFBODY AREA OF			
15002	INFA	Х		
15002	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT			х
	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN			
	ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OFSCAR			
	CONTRACTURE, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR PART THEREOF, OR EACH			
15003	ADDITIO	х		
15003	PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT			х
15004	PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT			х
15005	PREP SITE F/S/N/H/F/G/M/D GT ADDL 100 SQ CM/1PCT			X
15100	SPLIT AGRET T/A/L 1ST 100 CM/&/1% BDY INFT/CHLD			x
15100	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,			^
	HANDS, FEET, AND/OR MULTIPLE DIGITS; FIRST 100 SQ CM OR LESS, OR ONEPERCENT OF BODY AREA			
15100	OF INFANTS AND CHILDREN (EXCEPT 15050)			
15120		Х		Х
15600	DELAY FLAP/SECTIONING FLAP TRUNK			Х
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	Х	Х	Х
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	Х		
15756	FREE MUSCLE/MYOCUTANEOUS FLAP W/MVASC ANAST		Х	
15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS		х	
15758	FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS			х
15770	GRAFT; DERMA-FAT-FASCIA	х		
	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs			
15771	50 cc or less injectate		х	х
	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs;			
15772	each additional 50 cc injectate, or part there of (List separately in addition to code for pr		х	х
	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE			~
	REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY			
15777				
15777		Х		
15777	IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT		х	Х
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Х		
15823	BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN			х
15825	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, "P-FLAP")	Х		
15828	RHYTIDECTOMY; CHEEK, CHIN, AND NECK			

Section IV. List all Items and Services that required prior authorization and the year(s) the requirement was in effect with an x

15920	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	v		
15830 15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	Х	Y	Y
15839	EXCISION SKIN ADD INFRAOMDICICAL PRINTOCICE TOMP		Х	X
15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY		x	Х
17311	MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS			x
19303	MASTECTOMY, SIMPLE, COMPLETE	x	х	^
19316	MASTOPEXY	x	x	x
19318	BREAST REDUCTION	x	x	x
19325	BREAST AUGMENTATION WITH IMPLANT	x	x	^
19328	REMOVAL OF INTACT BREAST IMPLANT	x	x	
13020	REMOVAL OF RUPTURED BREAST IMPLANT, INCLUDING IMPLANT CONTENTS (EG, SALINE, SILICONE	~	~	
19330	GEL)	х		
19330	RMVL RUPTURED BREAST IMPLANT	A	х	
19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	х	~	
19340	INSJ BREAST IMPLT SM D MAST		х	х
19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	х	~	~
19342	INSJ/RPLCMT BRST IMPLT SEP D	~	х	
19350	NIPPLE/AREOLA RECONSTRUCTION		x	
19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	х	х	
19357	TISS XPNDR PLMT BRST RCNSTJ		x	х
19361	BRST RCNSTJ LATSMS DRSI FLAP		x	x
19364	BRST RCNSTJ FREE FLAP			x
	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY,			
19370	AND/OR PARTIAL CAPSULECTOMY	х	х	
19370	REVI PERI-IMPLT CAPSULE BRST		x	х
	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR			
19371	CONTENTS	х	х	
19371	PERI-IMPLT CAPSLC BRST COMPL		х	х
	REVISION OF RECONSTRUCTED BREAST (EG, SIGNIFICANT REMOVAL OF TISSUE, RE-ADVANCEMENT			
	AND/OR RE-INSET OF FLAPS IN AUTOLOGOUS RECONSTRUCTION OR SIGNIFICANT CAPSULAR REVISION			
19380	COMBINED WITH SOFT TISSUE EXCISION IN IMPLANT-BASED RECONSTRUCTION)	х		
19380	REVJ RECONSTRUCTED BREAST		х	х
20680	REMOVAL IMPLANT DEEP			х
20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES			х
20912	CARTILAGE GRAFT; NASAL SEPTUM	х	х	х
	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY			
20930	(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	х		
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED		х	х
	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR			
20931	PRIMARY PROCEDURE)	х		
20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL		х	х
	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS,			
	SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN			
20936	ADDITION TO CODE FOR PRIMARY PROCEDURE)	х		
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION		х	х
	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN			
20939	OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	х		
20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE			х
21011	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LES S THAN 2 CM	х		
21012	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER	х		
	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR);			
21013	LESS THAN 2 CM	х		
	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR);			
21014	2 CM OR GREATER	х		
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	Х	Х	
21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	х		
	REDUCTION FOREHEAD, CONTOURING ONLY CONTOURING AND APPLICATION OF PROSTHETIC			
21138	MATERIAL OR BONE GRAFT (INCLUDES OBTAINING AUTOGRAFT)	х	х	
	REDUCTION FOREHEAD; CONTOURING ONLY CONTOURING AND SET BACK OF ANTERIOR FRONTAL			
21139	SINUS WALL		х	
21139	RDCTJ FHD CNTRG & SETBACK ANT FRONTAL SINUS WALL			Х
	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION,			
21142	WITHOUT BONE GRAFT.		х	
21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM & LOWER FHD			х
21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION		х	
	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR			
21244	STAPLE BONE PLATE)	х		
21552 21685	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTA NEOUS; 3 CM OR GREATER HYOID MYOTOMY & SUSPENSION		х	

21743				
217/3	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH			
21745	(NUSS PROCEDURE) WITH THORACOSCOPY	х		
	CLOSURE OF MEDIAN STERNOTOMY SEPERATION WITH OR WITHOUT DEBRIDEMENT (SEPERATE			
21750		Х		
	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS: CERVICAL			
22551	BELOW C2	x		
22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	^	x	x
22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC		X	x
22558	ARTHROANI INTERIOR INTERBODY LUMBAR		x	^
22585	ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC		x	
22600	ARTHRD PST TQ 1NTRSPC CRV		~	х
	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL			~
22612	TRANSVERSE TECHNIQUE, WHEN PERFORMED)	х		
22612	ARTHRODESIS POSTERIOR/POSTEROLATERAL LUMBAR	х		
22612	ARTHRD PST TO 1NTRSPC LUMBAR		х	
22610	ARTHRD PST TQ 1NTRSPC THRC			х
22614	ARTHRD PST TQ 1NTRSPC EA ADD			х
22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR		х	
	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY			
	TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE			
22633	(OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	х		
22633	ARTHDSIS POST/POSTEROLATRL/POSTINTERBODY LUMBAR	х		
22633	ARTHRD CMBN 1NTRSPC LUMBAR		х	х
22634	ARTHRD CMBN 1NTRSPC EA ADDL		х	х
	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE			
	FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR			
22840	WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	х		
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	х	х	
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG		Х	Х
22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG			Х
	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE			
22845	FOR PRIMARY PROCEDURE)	Х		
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS		Х	Х
22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS			Х
	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL			
00050	ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED,			
22853	TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Х		
22052			v	V
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	X	х	х
22853	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH		х	х
	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD	Х	x	х
22853 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		X	X
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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL	x		X
22856 23472	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Х	x x	
22856 23472 23472	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER)) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	x x x		x
22856 23472 23472 23930	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER)) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA	x		X
22856 23472 23472	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER)) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG	x x x		
22856 23472 23472 23930 25609	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER)) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP	x x x x	x	X
22856 23472 23472 23930 25609 27130	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER)) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG	x x x	x 	x
22856 23472 23472 23930 25609	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER)) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	x x x x	x	X
22856 23472 23472 23930 25609 27130 27130	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER)) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	x x x x	x 	x
22856 23472 23472 23930 25609 27130 27130 27132	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER)) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	x x x x	x 	x x x
22856 23472 23472 23930 25609 27130 27130 27132 27252	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER)) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	x x x x	x 	x x x x
22856 23472 23472 23930 25609 27130 27130 27132 27132 27252 27259	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT[EG, TOTAL SHOULDER]) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT	x x x x	x 	x x x x x x x x
22856 23472 23472 23930 25609 27130 27130 27132 27252 27259 27279	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER)) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT ARTHROPLASTS SACROILIAC JOINT PERCUTANEOUS	x x x x	x 	x x x x x x x x x
22856 23472 23472 23930 25609 27130 27130 27132 27252 27259 27279 27299	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER)) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRET/ALGRFT CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS UNLISTED PROCEDURE PELVIS/HIP JOINT	x x x x	x 	x x x x x x x x x x x
22856 23472 23472 23930 25609 27130 27130 27132 27252 27259 27259 27279 27299 27412	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER)) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OUT AUTOGRAFT OR ALLOGRAFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRET/ALGRFT CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS UNLISTED PROCEDURE PELVIS/HIP JOINT AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	x x x x	x 	x x x x x x x x x x x x x x
22856 23472 23472 23930 25609 27130 27130 27132 27252 27259 27259 27279 27299 27412 27415	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER)) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OUT AUTOGRAFT OR ALLOGRAFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRET/ALGRFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRET/ALGRFT CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS UNLISTED PROCEDURE PELVIS/HIP JOINT AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	x x x x	x x x x	x x x x x x x x x x x x x x x x
22856 23472 23472 23930 25609 27130 27132 27252 27259 27259 27259 27279 27299 27299 27412 27415 27446 27447	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER)) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY, MITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT ARTHROPESIS SACROILIAC JOINT PERCUTANEOUS UNLISTED PROCEDURE PELVIS/HIP JOINT AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE OSTEOCHONDRAL ALLOGRAFT KNEE OPEN ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHRP KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	x x x x	x x x x	x x x x x x x x x x x x x x x x
22856 23472 23472 23930 25609 27130 27130 27132 27252 27259 27259 27279 27299 27299 27412 27415 27446	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER)) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS UNLISTED PROCEDURE PELVIS/HIP JOINT AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE OSTEOCHONDRAL ALLOGRAFT KNEE OPEN ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY) ARTHRP KNEE CONDYLE&PLATU MEDIAL/LAT CMPRT	x x x x	x x x x x	x x x x x x x x x x x x x x x x x x
22856 23472 23472 23930 25609 27130 27130 27132 27252 27259 27259 27259 27279 27299 27299 27412 27415 27446 27447	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER)) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS UNLISTED PROCEDURE PELVIS/HIP JOINT AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE OSTEOCHONDRAL ALLOGRAFT KNEE OPEN ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHRP KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY) ARTHRP KNEE CONDYLE&PLATU MEDIAL/LAT CMPRT ARTHRP KNEE CONDYLE&PLATU MEDIAL/LAT CMPRT ARTHRP KNEE CONDYLE&PLATU MEDIAL/LAT CMPRTS ARTHRP KNEE CONDYLE&PLATU MEDIAL/LAT CMPRT ARTHRP KNEE CONDYLE&PLATU MEDIAL/LAT CMPRT ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHRP KNEE CONDYLE&PLATU MEDIAL&AT COMPARTMENTS ARTHRP KNEE CONDYLE&PLATU MEDIAL&AT COMPARTMENTS ARTHRP KNEE CONDYLE&PLATU MEDIAL&AT COMPARTMENTS ARTHRP KNEE CONDYLE&PLATU MEDIAL&AT COMPARTMENTS ARTHRP KNE CONDYLE&PLATU MEDIAL&AT COMPARTMENTS	x x x x	x x x x x x x x x x x x x x x x x x x	x x x x x x x x x x x x x x x x x x x
22856 23472 23472 23930 25609 27130 27130 27132 27252 27259 27279 27299 27412 27415 27446 27447 28735	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER)) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS UNLISTED PROCEDURE PELVIS/HIP JOINT AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE OSTEOCHONDRAL ALLOGRAFT KNEE OPEN ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHRP KNEE CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY) ARTHRP KNEE CONDYLE&PLATU MEDIAL/LAT CMPRT ARTHRP KNEE CONDYLE&PLATU MEDIAL/LAT CMPRT ARTHRP KNEE CONDYLE&PLATE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY) ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS ARTHROES; MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY (EG, FLATFOOT CORRECTION)	x x x x	x x x x x x x x x x x x x x x x x x x	x x x x x x x x x x x x x x x x x x x
22856 23472 23472 23930 25609 27130 27130 27132 27252 27259 27259 27299 27412 27415 27446 27447 27447 28735 28805	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT[EG, TOTAL SHOULDER]) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRET/ALGRFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRET/ALGRFT CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS UNLISTED PROCEDURE PELVIS/HIP JOINT AUTOLOGOUS CHONDROCTYE IMPLANTATION KNEE OSTEOCHONDRAL ALLOGRAFT KNEE OPEN ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY) ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHROPLASTY, KNEE, CONDYLE&ADD LATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY) ARTHRP KNE CONDYLE&PLATEAU MEDIAL& ATCOMPARTMENTS ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY (EG, FLATFOOT CORRECTION) AMPUTATION, FOOT; TRANSMETATARSAL	x x x x x	x x x x x x x x x x x x x x x x x x x	x x x x x x x x x x x x x x x x x x x
22856 23472 23472 23930 25609 27130 27130 27132 27252 27259 27259 27279 27299 27412 27415 27446 27447 28735	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER)) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS UNLISTED PROCEDURE PELVIS/HIP JOINT AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE OSTEOCHONDRAL ALLOGRAFT KNEE OPEN ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY) ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY (EG, FLATFOOT CORRECTION) AMPUTATION, FOOT; TRANSMETATARSAL NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM	x x x x x x x x x x x x	x x x x x x x x x x x x x x x x x x x	x x x x x x x x x x x x x x x x x x x
22856 23472 23472 23930 25609 27130 27130 27132 27252 27259 27259 27299 27412 27415 27446 27447 27447 28735 28805	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER)) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OUT AUTOGRAFT OR ALLOGRAFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS UNLISTED PROCEDURE PELVIS/HIP JOINT AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE OSTEOCHONDRAL ALLOGRAFT KNEE OPEN ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY) ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY) ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHROPLASIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY (EG, FLATFOOT CORRECTION) AMPUTATION, FOOT; TRANSMETATARSAL NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/ SHAVING OF ARTICULAR CARTALIGE	x x x x x x x x x x x x	x x x x x x x x x	x x x x x x x x x x x x x x x x x x x
22856 23472 23472 23930 25609 27130 27130 27132 27252 27259 27279 27299 27412 27415 27446 27447 27447 27447 28735 28805 29848 29862	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER)) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS UNLISTED PROCEDURE PELVIS/HIP JOINT AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE OSTEOCHONDRAL ALLOGRAFT KNEE OPEN ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHRP ARE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY) ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY (EG, FLATFOOT CORRECTION) ARTHRO KREST, KINES TARNSVRS CARPL LIGM ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY (EG, FLATFOOT; TRANSWETATARSAL NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/ SHAVING OF ARTICULAR CARTALIGE (CHONDROPLASTY), ABRASION ARTHROSCOPY, AND/ OR RESECTION OF LABRUM	x x x x x x x x x x x x	x x x x x x x x x	x x x x x x x x x x x x x x x x x x x
22856 23472 23472 23930 25609 27130 27130 27132 27252 27259 27259 27279 27299 27412 27415 27446 27447 27447 28735 28805 29848	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 ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER)) ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OUT AUTOGRAFT OR ALLOGRAFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS UNLISTED PROCEDURE PELVIS/HIP JOINT AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE OSTEOCHONDRAL ALLOGRAFT KNEE OPEN ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY) ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY) ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT ARTHROPLASIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY (EG, FLATFOOT CORRECTION) AMPUTATION, FOOT; TRANSMETATARSAL NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/ SHAVING OF ARTICULAR CARTALIGE	x x x x x x x x x x x x	x x x x x x x x x x x x	x x x x x x x x x x x x x x x x x x x

	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT			х
	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG,			
29876	MEDIAL OR LATERAL)	х		
	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY			
	MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE			
29880	(CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S), WHEN PERFORMED	х		
29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Х	х	
29914			х	Х
29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)		х	
29915 29916	ARTHROSCOPY HIP W/ACETABULOPLASTY ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	х	x	Х
29916	ARTHROSCOPY HIP W/LABRAL REPAIR	^	x	х
29999	UNLISTED PROCEDURE, ARTHROSCOPY		x	^
30117	EXCISION OR DESTRUCTION(EG, LASER), INTRANASAL LESION; INTERNAL APPROACH	х	^	
30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS	x		
30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	x		
30140	SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL			х
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	х		
	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR			
30410	CARTILAGES, AND/OR ELEVATION OF NASAL TIP	х	х	
30410	RHINP PRIM COMPLETE XTRNL PARTS			х
30420	RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR		х	
	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL			
30465	RECONSTRUCTION)	х		
	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING			
30520	OR REPLACEMENT WITH GRAFT		х	
30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF		х	х
30802	ABLTJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL			Х
30930	FRACTURE NASAL INFERIOR TURBINATE THERAPEUTIC			Х
31237	NASAL/SINUS NDSC SURG W/BX POLYPECT/DBRDMT SPX			Х
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	х		
31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	х		
31254	NASAL/SINUS ENDOSCOPY W/ETHMOIDECTOMY PARTIAL			X
31255	NASAL/SINUS ENDOSCOPY W/ETHMOIDECTOMY TOTAL			Х
31256 31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; NASAL/SINUS ENDOSCOPY W/MAXILLARY ANTROSTOMY	Х		v
31256	NASAL/SINUS ENDOSCOPT W/MAAILLARY ANTROSTOMY NASAL/SINUS NDSC TOTAL WITH SPHENOIDOTOMY			X
51257				Х
	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR),			
31259	INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS			
		¥		
		Х		×
31259	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL	X		х
31259	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE			X
31259 31267	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	x x		
31259	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE			x
31259 31267	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS			
31259 31267 31267 31276	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF	X		
31259 31267 31267	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	X		X
31259 31267 31267 31276 31276 31276	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION	X		x
31259 31267 31267 31276 31276 31276 31287	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION	X		x x
31259 31267 31267 31276 31276 31276 31287	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS ENDOSCOPY W/SPHENOIDECTOMY NASAL/SINUS ENDOSCOPY W/SPHENOIDECTOMY NASAL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS NASAL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) maxillary sinus ostium, transnasal or via canine fossa	X		x x
31259 31267 31267 31276 31276 31276 31287 31288 31295 31295 31298	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS ENDOSCOPY W/SPHENOIDECTOMY NASAL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION NASAL/SINUS ENDOSCOPY W/SPHENOIDECTOMY NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) maxillary sinus ostium, transnasal or via canine fossa Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia	X		x x x x x
31259 31267 31267 31276 31276 31287 31288 31295 31298 31296	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION NASAL/SINUS NDSC OF W/SPHENOIDECTOMY NASAL/SINUs endoscopy, surgical, with dilation (eg, balloon dilation) maxillary sinus ostium, transnasal or via canine fossa Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia	X		x x x x x
31259 31267 31267 31276 31276 31278 31288 31295 31298 31298 31296 31525	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS DDSC W/FRONTAL SINUS EXPLORATION NASAL/SINUS ENDOSCOPY W/SPHENOIDECTOMY NASAL/SINUs endoscopy, surgical, with dilation (eg, balloon dilation) maxillary sinus ostium, transnasal or via canine fossa Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal sinus ostia Nasal/sinus endoscopy, Surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, Surgical, with dilation (eg, balloon dilation) frontal sinus ostia Nasal/sinus endoscopy, Surgical, with dilation (eg, balloon dilation) frontal sinus ostia	X		x x x x x x x
31259 31267 31267 31276 31276 31287 31288 31295 31298 31298 31296 31525 31526	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION NASAL/SINUS ENDOSCOPY W/SPHENOIDECTOMY NASAL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) maxillary sinus ostium, transnasal or via canine fossa Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal sinus ostium LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	X		x x x x x x x x x x x x x x x
31259 31267 31267 31276 31276 31287 31288 31295 31298 31298 31296 31525 31526 31600	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION NASAL/SINUS NDSC OPY W/SPHENOIDECTOMY NL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) maxillary sinus ostium, transnasal or via canine fossa Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, Surgical, with dilation (eg, balloon dilation) frontal sinus ostium LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	X		x x x x x x x x x x x x x x x x
31259 31267 31267 31276 31276 31287 31288 31295 31298 31298 31296 31525 31526 31600 31541	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION NASAL/SINUS ENDOSCOPY W/SPHENOIDECTOMY NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) maxillary sinus ostium, transnasal or via canine fossa Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal sinus ostium LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE TRACHEOSTOMY PLANNED SEPARATE PROCEDURE LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP	X		x x x x x x x x x x x x x x x x x x x
31259 31267 31267 31276 31276 31287 31288 31295 31298 31299 31296 31525 31526 31600 31541 31622	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION NASAL/SINUS ENDOSCOPY W/SPHENOIDECTOMY NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) maxillary sinus ostium, transnasal or via canine fossa Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal sinus ostium LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE TRACHEOSTOMY PLANNED SEPARATE PROCEDURE LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP BRNCHSC INCL FLUOR GID DX W/CELL WASHG SPX	X		x x x x x x x x x x x x x x x x x x x
31259 31267 31267 31276 31276 31287 31288 31295 31298 31299 31299 31525 31526 31600 31541 31622 31760	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION NASAL/SINUS ENDOSCOPY W/SPHENOIDECTOMY NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) maxillary sinus ostium, transnasal or via canine fossa Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal sinus ostium LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE TRACHEOSTOMY PLANNED SEPARATE PROCEDURE LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP BRNCHSC INCL FLUOR GID DX W/CELL WASHG SPX TRACHEOPLASTY INTRATHORACIC	X		x x x x x x x x x x x x x x x x x x x
31259 31267 31267 31276 31276 31287 31288 31295 31298 31298 312996 31529 31525 31526 31600 31541 31622 31760 31781	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION NASAL/SINUS ENDOSCOPY W/SPHENOIDECTOMY NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) maxillary sinus ostium, transnasal or via canine fossa Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal sinus ostium LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE TRACHEOSTOMY PLANNED SEPARATE PROCEDURE LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP BRNCHSC INCL FLUOR GID DX W/CELL WASHG SPX TRACHEOPLASTY INTRATHORACIC EXC TRACHEAL STENOSIS&ANAST CERVICOTHORACIC	X		x x x x x x x x x x x x x x x x x x x
31259 31267 31267 31276 31276 31277 31288 31295 31298 31295 31298 31295 31525 31526 31600 31541 31622 31760 31781 31770	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION NASAL/SINUS NDSC SPHENDT RMVL TISS SPHENOID DECTOMY NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) maxillary sinus ostium, transnasal or via canine fossa Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal sinus ostium LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE TRACHEOSTOMY PLANNED SEPARATE PROCEDURE LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP BRNCHSC INCL FLUOR GID DX W/CELL WASHG SPX TRACHEOPLASTY INTRATHORACIC EXC TRACHEAL STENOSIS&ANAST CERVICOTHORACIC BRONCHOPLASTY GRAFT REPAIR	X	X	x x x x x x x x x x x x x x x x x x x
31259 31267 31267 31276 31276 31276 31287 31288 31295 31298 31296 31525 31600 31541 31622 31760 31781 31770 32601	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION NASAL/SINUS NDSC SPHENDT RMVL TISS SPHENOIDECTOMY NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) maxillary sinus ostium, transnasal or via canine fossa Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal sinus ostium LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE TRACHEOSTOMY PLANNED SEPARATE PROCEDURE LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TISCP BRNCHSC INCL FLUOR GID DX W/CELL WASHG SPX TRACHEOPLASTY INTRATHORACIC EXC TRACHEAL STENOSIS&ANAST CERVICOTHORACIC BRONCHOPLASTY GRAFT REPAIR THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX	X	x	x x x x x x x x x x x x x x x x x x x
31259 31267 31267 31276 31276 31276 31288 31295 31298 31296 31525 31526 31525 31600 31541 31622 31760 31781 31770 32601 32663	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION NASAL/SINUS ENDOSCOPY W/SPHENOIDECTOMY NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) maxillary sinus ostium, transnasal or via canine fossa Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy M/WO TRACHEOSCOPY DX EXCEPT NEWBORN LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE TRACHEOSTOMY PLANNED SEPARATE PROCEDURE LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP BRNCHSC INCL FLUOR GID XW/CELL WASHG SPX TRACHEOPLASTY INTRATHORACIC EXC TRACHEAL STENOSIS&ANAST CERVICOTHORACIC BRONCHOPLASTY GRAFT REPAIR THORSC XLUNGS/PERICAR/MED/PLEURAL SPA	X	X	x x x x x x x x x x x x x x x x x x x
31259 31267 31267 31276 31276 31276 31287 31288 31295 31298 31296 31525 31600 31541 31622 31760 31781 31770 32601	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION NASAL/SINUS NDSC SPHENOTAL SINUS EXPLORATION NASAL/SINUS NDSC SPHENOIDECTOMY NISL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) maxillary sinus ostium, transnasal or via canine fossa Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, Surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/Sinus endoscopy, Surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/Sinus endoscopy, Surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/Sinus endoscopy, Surgical, with dilation (eg, balloon dilation) RARYNGOSCOPY W/WO TRACHEOSCOPY W/ KECEPT NEWBORN	X	x	x x x x x x x x x x x x x x x x x x x
31259 31267 31267 31276 31276 31287 31288 31295 31298 31296 31525 31526 31600 31541 31622 31760 31770 32601 32663 32607	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION NASAL/SINUS NDSC SPHENOTAL SINUS EXPLORATION NASAL/SINUS NDSC SPHENOID RMVL TISS SPHENOID SINUS Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) maxillary sinus ostium, transnasal or via canine fossa Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, Surgical, with dilation (eg, balloon dilation) LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE TRACHEOSTOMY PLANNED SEPARATE PROCEDURE LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP BRNCHSC INCL FLUOR	X	x	x x x x x x x x x x x x x x x x x x x
31259 31267 31267 31276 31276 31276 31276 31276 31287 31288 31295 31298 31296 31525 31526 31600 31541 31622 31760 31781 31770 32601 32663 32607	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION NASAL/SINUS NDSC SOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION NASAL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) maxillary sinus ostium, transnasal or via canine fossa Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, Surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, Surgical, with dilation (eg, balloon dilation) LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE TRACHEOSTOMY PLANNED SEPARATE PROCEDURE LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TL	X	x	x x x x x x x x x x x x x x x x x x x
31259 31267 31267 31276 31276 31287 31288 31295 31298 31296 31525 31526 31600 31541 31622 31760 31770 32601 32663 32607	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS ENDOSCOPY W/SPHENOIDECTOMY NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION NASAL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) maxillary sinus ostium, transnasal or via canine fossa Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal sinus ostium LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE TRACHEOSTOMY PLANNED SEPARATE PROCEDURE LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TISCP BRNCHSC INCL FLUOR GID DX W/CELL WASHG SPX TRACHEOPLASTY INTRATHORACIC EXC TRACHEAL STENOSIS&ANAST CERVICOTHORACIC BRONCHOPLASTY GRAFT REPAIR THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL THORACOSCOPY W/DX BX OF L	X	x	x x x x x x x x x x x x x x x x x x x
31259 31267 31267 31267 31276 31276 31287 31288 31295 31296 31525 31526 31526 31600 31541 31622 31760 31770 32601 32663 32607 32666 32998	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS ENDOSCOPY W/SPHENOIDECTOMY NASAL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS Nasal/Sinus endoscopy, surgical, with dilation (eg, balloon dilation) maxillary sinus ostium, transnasal or via canine fossa Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal sinus ostium LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE TRACHEOSTOMY PLANNED SEPARATE PROCEDURE LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP BRNCHSC INCL FLUOR GID DX W/CELL WASHG SPX TRACHEOPLASTY INTRATHORACIC EXC TRACHEAL STENOSIS&ANAST CERVICOTHORACIC BRONCHOPLASTY GRAFT REPAIR THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX THORACOSCOPY W/LOBECTOMY SINGLE LOBE <td>x x</td> <td>x</td> <td>x x x x x x x x x x x x x x x x x x x</td>	x x	x	x x x x x x x x x x x x x x x x x x x
31259 31267 31267 31276 31276 31276 31276 31276 31287 31288 31295 31298 31296 31525 31526 31600 31541 31622 31760 31781 31770 32601 32663 32607	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RWL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION NASAL/SINUS NDSC SUPHENDTAL SINUS EXPLORATION NASAL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) maxillary sinus ostium, transnasal or via canine fossa Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal sinus ostium LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE TRACHEOSTOMY PLANNED SEPARATE PROCEDURE LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP BRNCHSC INCL FLUOR GID DX W/CELL WASHG SPX TRACHEOPLASTY INTRATHORACIC EXC TRACHEAL STENOSIS&ANAST CERVICOTHORACIC BRONCHOPLASTY GRAFT REPAIR THORACOSCOPY W/DS EX OF LUNG INFILTRATE UNILATRL THORACOSCOPY W/DS BX OF LUNG INFILTRATE UNILATRL THORACOSCOPY, SURGI	X	x	x x x x x x x x x x x x x x x x x x x
31259 31267 31267 31276 31276 31276 31287 31288 31295 31296 31525 31526 31526 31600 31541 31622 31760 31770 32601 32663 32607 33202	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED NASAL/SINUS ENDOSCOPY W/SPHENOIDECTOMY NASAL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS Nasal/Sinus endoscopy, surgical, with dilation (eg, balloon dilation) maxillary sinus ostium, transnasal or via canine fossa Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal sinus ostium LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE TRACHEOSTOMY PLANNED SEPARATE PROCEDURE LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP BRNCHSC INCL FLUOR GID DX W/CELL WASHG SPX TRACHEOPLASTY INTRATHORACIC EXC TRACHEAL STENOSIS&ANAST CERVICOTHORACIC BRONCHOPLASTY GRAFT REPAIR THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX THORACOSCOPY W/LOBECTOMY SINGLE LOBE <td>x x</td> <td>x x x x</td> <td>x x x x x x x x x x x x x x x x x x x</td>	x x	x x x x	x x x x x x x x x x x x x x x x x x x

00001	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; COMPLEX (EG, LEAFLET			
33391	EXTENSION, LEAFLET RESECTION, LEAFLET RECONSTRUCTION, OR ANNULOPLASTY) REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE	Х		
00405				
33405	OTHER THAN HOMOGRAFT OR STENTLESS VALVE	Х		
33405	RPLCMT PROST AORTIC VALVE XCP HOMOGRF/STENT		х	х
33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC RING	Х		
	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY			
33508	BYPASS PROCEDURE	Х		
33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG			Х
	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS GRAFTS			
33518	(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Х		
33518	CORONARY ARTERY BYP W VEIN & ARTERY GRAFT 2 VEI			Х
33534	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL GRAFTS	Х		
33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT		х	
33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT		х	х
33620	APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS (EG, HYBRID APPROACH STAGE 1)	х		
	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM; WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT			
33641	PATCH	х		
33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH			х
	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT OR PATCH			
33647	CLOSURE	х		
	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULMONARY VENOUS	~		
33645	DRAINAGE	v		
		X		
33681	CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PAT CH;	Х		
	CLOSURE VENTRICULAR SEPTAL DEFECT; WITH PULMONARY VALVOTOMY OR INFUNDIBULAR			
33684	RESECTION (ACYANOTIC)	Х		
33690	BANDING OF PULMONARY ARTERY	Х		
33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPASS	Х		
33750	SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)	х		
	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIRECTIONAL			
33767	GLENN PROCEDURE)	х		
33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT	х		
33917	RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT			х
33802	DIVISION ABERRANT VESSEL VASCULAR RING			х
33922	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS	х		~
33924	REMOVE PULMONARY SHUNT	x		
55524	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS, INCLUDING RADIOLOGICAL	^		
33000				
33990	SUPERVISION AND INTERPRETATION; LEFT HEART, ARTERIAL ACCESS ONLY	Х		
33954	ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER OPEN		х	
	REPOSITIONING OF PERCUTANEOUS RIGHT OR LEFT HEART VENTRICULAR ASSIST DEVICE WITH			
33993	IMAGING GUIDANCE AT SEPARATE AND DISTINCT SESSION FROM INSERTION	Х		
33999	UNLISTED PROCEDURE, CARDIAC SURGERY	Х		
33999	UNLISTED CARDIAC SURGERY			х
34502	RECONSTRUCTION VENA CAVA ANY METHOD	х		х
34520	CROSS-OVER VEIN GRAFT VENOUS SYSTEM			х
	ENDOVASCULAR REPAIR OF INFRARENAL AORTA BY DEPLOYMENT OF AN AORTO-AORTIC TUBE			
	ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL			
	NONSELECTIVECATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND			
34701	INTERPRETATION, ALL ENDOGRAFT EXTE	х		
34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT		х	
64761	ENDOVASCULAR REPAIR OF INFRARENAL AORTA BY DEPLOYMENT OF AN AORTO-AORTIC TUBE		~	
	ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL			
0.4700	NONSELECTIVECATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND			
34702	INTERPRETATION, ALL ENDOGRAFT EXTE	Х		
34702	EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT		Х	
	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			
34703	NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRET	х		
34703	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT		х	
	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			
34704	NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRET	х		
	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT RPT		х	
	LVAGE NEW DE LINNE AUNTO-ON-ILIAG NDOLEMET			
34704				
	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN			
34704	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			
	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN	X	x	

	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			
34706		v		
34706	NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETA EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT RPT	Х		1
34706	EVASC KPR DELMINT AGRIG-BI-ILIAC NDGFT RPT ENDOVASCULAR REPAIR OF ILIAC ARTERY BY DEPLOYMENT OF AN ILIO-ILIAC TUBE ENDOGRAFT		Х	1
	INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION. ALL			
	NONSELECTIVECATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND			
24707		v		
34707	INTERPRETATION, AND ALL ENDOGRAFT EXTENS	Х		1
34707	EVASC RPR DPLMNT ILIO-ILIAC NDGFT		х	
	ENDOVASCULAR REPAIR OF ILIAC ARTERY BY DEPLOYMENT OF AN ILIO-ILIAC TUBE ENDOGRAFT			
	INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL			
	NONSELECTIVECATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND			
34708	INTERPRETATION, AND ALL ENDOGRAFT EXTENS	Х		
34708	EVASC RPR DPLMNT ILIO-ILIAC NDGFT RPT		Х	
	PLACEMENT OF EXTENSION PROSTHESIS(ES) DISTAL TO THE COMMON ILIAC ARTERY(IES) ORPROXIMAL			
	TO THE RENAL ARTERY(IES) FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC OR ILIAC			
34709	ANEURYSM, FALSE ANEURYSM, DISSECTION, PENETRATING ULCER, INCLUDING PRE-PROCED	Х		
34709	PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR		Х	
35081	DIR RPR ANEURYSM ABDOMINAL AORTA			х
35091	DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS			х
35211	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS	х		
35102	DIR RPR ANEURYSM ABDOM AORTA W/ILIAC VESSELS			х
35271	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BYPASS	х		
35271	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/BYP			х
35286	RPR BLVSL W/GRF OTHER/THAN VEIN LOWER EXTREMITY		х	
35556	BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL	х		
35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC		х	
	HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BYPASS PROCEDURE			
35600	(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	х		
35600	OPEN HRV UXTR ART 1 SGM CAB	~	х	
35583	IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	х	~	
35606	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	x		
36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Χ	x	
36470	NJX NONCHIPNE SCLENOSANI SINGLE INCHIPTNI VEIN		x	
36471	NJX SCLEROSING SOLUTION MULTIPLE VEINS SAME LEG			v
36471	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING		х	Х
20.475				
36475 36475	GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Х	X	
	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS		х	Х
36476	ENDOVEN ABLITINCMPTNT VEIN XTR RF 2ND+ VEINS ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN. EXTREMITY, INCLUSIVE OF ALL IMAGING			Х
00470				
36478	GUIDANCE AND MONITORING, PERCUTANEOUS, LASER, FIRST VEIN TREATED	Х	Х	Х
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN		Х	Х
36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS			Х
	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL			
37700	INTERRUPTIONS;	Х		
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	Х		
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS		Х	Х
	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE			
37780	PROCEDURE);	х		
37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS		х	х
37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG	х	х	
37785	LIGJ DIVJ &/EXCJ VARICOSE VEIN CLUSTER 1 LEG			х
38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR		х	
38241	HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION	х		
38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR			х
38500	BX/EXC LYMPH NODE OPEN SUPERFICIAL			х
38525	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)		х	
38510	BX/EXC LYMPH NODE OPEN DEEP CERVICAL NODE			х
	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC			
38572	LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE	х		
38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY			х
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	х		
38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ		х	х
38700	SUPRAHYOID LYMPHADENECTOMY		x	
38792	INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICATION OF SENTINEL NODE		x	
38900	INTRAOP SENTINEL LYMPH NODE ID W/DYE INJECTION			х
38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	x		x
39545	IMBRICATION DIAPHRAGM EVENTRATION	A		x
40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	x	х	^
		^	^	
40030	UNLISTED PROCEDURE, LIPS		Х	

41.30 CLASS COMPOSIT MIRES LLOOKA AMADBBALAR RECU IM IM 41.30 CLASS COMPOSIT MIRES LLOOKA AMADBBALAR SUBJURDENES IM IM 30.30 PROFINE SUBJURDENES, DERIVARIAN COLLAS INCOLUES IM IM 30.40 PROFINE SUBJURDENES, DERIVARIAN COLLAS INCOLUES	[
1412 000000000000000000000000000000000000	41150	GLSSC COMPOSIT W/RESCJ FLOOR & MANDIBULAR RESCJ		х	
2243PALTOPHARYNGPLASY (50. UNIL 0PALAGPHARYNGPLASY, IAUL 0PHARYNGPLASY)XICOICO2545PALTOPHARYNGPLASY (50. UNIL 0PALAGPHARYNGPLASY, IAUL 0PHARYNGPLASY)XXX25450TOSSILECTOMY, RAMARY 0R SECONASY, AG 12 0 6 VGRXXX25260TOSSILECTOMY, RAMARY DR SECONASY, AG 12 0 6 VGRXXX25270TOSSILECTOMY, RAMARY DR SECONASY, AG 12 0 6 VGRXXX25280DESPONDODECTOMY, RAMARY DR SECONASY, AG 12 0 5 VGRXXX25281DESPONDODECTOMY, RAMARY DR SECONASY, RESPONDE (STRAATE PROCEDURE)XXX25283DESPONDODECTOMY, RAMARY DR SECONASY, RESPONDE (STRAATE PROCEDURE)XXX25284UPERS INDEC DR WWW CULLECTOM SPECIMENXXXX25284UPERS INDEC DR WWW CULLECTOM SPECIMENTXXXX25284UPERS INDEC DR WWW CULLETON SPECIMENTXXXX25284UPERS INDEC DR WWW CULLETON SPECIM WWW DESXXXX25284UPERS INDEC DR WWW CULLETON SPECIM WWW DESXX <td< td=""><td>41153</td><td>GLSSC COMPOSIT RESCJ FLOOR SUPRAHYOID NCK DSJ</td><td></td><td>х</td><td></td></td<>	41153	GLSSC COMPOSIT RESCJ FLOOR SUPRAHYOID NCK DSJ		х	
2245 PALADPHANTMOOD KAY MERUANY OS SECONDARY, MED 20 ROVER IN IN<	41823		х		
4268 TONSLICTOM, PRIMARY OR SCOUNDAY, OF 210 OVER > > > 4260 TONSLICTOMY, REMARY OR L22 > > > 4281 TONSLICTOMY AND ALL 22 > > > 4282 OP SECURITY, REMARY, UNK ALL 22 > > > 4283 OP SECURITY, REMARY, UNK ALL 22 > > > 4284 OP SECURING IN CALL AND ALL 22 > > > 4283 OP SECURING IN CALL AND ALL 22 > > > 4284 OP SECURING IN CALL AND ALL 22 > > > 4284 UP RI INSC INSCI UNE SECURITY AND AND ALL 22 > > > 4294 UP RI INSC INSCI UND CALL AND ALL 22 > > > 4294 UP RI INSC INSCI UND CALL AND ALL AND ALL 22 > > > 4294 UP RI INSC INSCI UND ALL 22 INSCI INSCI UND ALL 22 > > 4394 UP RI INSC INSCI UND ALL 22 INSCI INSCI INSCI UND ALL 22 > > 4394 UP RI INSCI INSCI UND ALL 22 INSCI INSCI INSCI INSCI UND ALL 22 > > 4394 UP RI INSCI INSCI UND ALL 22 INSCI	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	х		
4282 TONSLECTOMY ONE ALPCADECON WAGE 120 × × 42831 TONSLECTOMY SUPERAGE UNCE AGE 120 × × 42830 ADNINDECTOMY, PLANDER AGE 12 × × × 42830 OF SPECINENCIS IN RUBBINO WASHING, MELADENEL INALGANAL DIALONGSTIC, MELIDING COLLECTION SPECINENCIS × × 42835 OFFER OLINGE DIA WAGE COLLECTION SPECINENCIS × × × 42836 OFFER OLINGE DIA WAGE COLLECTION SPECINENCIS ×<	42145	PALATOPHARYNGOPLASTY			х
42221 IDNSLLECTOM* A BOADDECTOM* ADE 120* IM \$ 42830 ADNIONECTOM*, PRUMRY, LINENS ADE 12 IM \$ 42835 OF SPECIAENA, BIN AND LINENS ADE 12 IM IM 42835 OF SPECIAENA, BIN AND LINENS ADE 12 IM IM 42835 OF SPECIAENA, BIN AND LINENS ADE 12 IM IM 42836 OFFER INSC SINCELMULTINE IM IM 42836 IM IM IM IM 4284 IM <td>42826</td> <td>TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER</td> <td></td> <td>х</td> <td></td>	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER		х	
42690 ADNIONDECTOMM, PINARY, UNDER AGE 12 Image: Constraint of the constraint of	42826	TONSILLECTOMY ONE-HALF AGE 12/>		х	х
ESOPHAGOGASTRODUDENOSOPY, FLEURISLE, TRANSORAL; DAUGNOSTIC, INCLUDING COLLECTION V. X. 42325 OPERCEDINENUS OF BURUSHING OF WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) X. X. 42324 UPPER NISSE DAWYOR COLLECTION SPECIDIC X. X. X. 42329 UPPER NISSE DAWYOR COLLECTION SPECIDIC X. X. X. 42324 UPPER NISSE DAWYOR COLLECTION SPECIDIC X. X. X. 42324 UPPER NISSE DAWYOR COLLECTION SPECIDIC X. X. X. 42324 UPPER NISSE DAWYOR DAWYOR DAWYOR MARCES X. X. X. 42348 UPPER NISSE DAWYOR DAWYO	42821	TONSILLECTOMY & ADENOIDECTOMY AGE 12/>			х
42325 OF SPECIMENTING VARUASHING OW WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) Image: Second Seco	42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12			х
35239 UPPER NODE BEAPD LIG SOTY SINCLE MULTIPLE Image: Since Sinc	43235				x
43244 UPR GI NOSC BALLOO DUR SCHWARD MICH PMAH × 43248 UPR GI NOSC BALLOO DUR TE DUAL TSOPH 30 MP MAH × 43248 UPR GI NOSC BALLOO DUR MA TE SOPH 420 MP MAH × 43248 UPR GI NOSC ANLOO DUR DUAL TSOPH 30 MP MAH × 43241 UPR GI NOSC ANLOO DUR DUAL TSOPH 30 MP MAH × 43251 UPR GI NOSC ANLOO DUR DUAL TSOPH 30 MP MANER × 43252 LAPS RAP PARASESHICI LINA MICE, INDERJEY WINESH × × 43544 GASTROSCOW, SUBICICL, GASTINC ESTIVE/TVE PROCEDURE, WINE ASTRICE WASS AND POLIX-EN × × 43545 PROCEDURE) Y × × 43565 INDICTED LARAROSCOW, SUBICICL, GASTROSCOW, WINDUCCON GRADULE CONTUNE (E.G.STAMM × × 43577 UERAGOSCOW, SUBRICICL, GASTROCEDURE, ENDICUENCE ACORT × × × 43773 LAPS GASTROSCOW, SUBRICICL, GASTROCEDURE, ENDICUENCE (E.G.STAMCH × × × 43774 LAPS GASTROCEDURE, CASTROCEDURE, ENDICUENCE (E.G.STAMCH × × × 43775	43235	UPPER GINDSC DX W/WO COLLECTION SPECIMEN			х
45245 UPI GI NOSC BALLOON DUAT ESOPH ANDAY Image Service Image Service 45245 UPI GI NOSC INSU GUIDE NED LAIT ESOPH ANDAUS Image Service Image Service 45251 UPI GI NOSC INSU GUIDE NED LAIT ESOPH AND AND CHANDIS Image Service Image Service 45251 UPI GI NOSC INMULTUPE NUMPLIST WWO MESH Image Service Image Service 45264 LAPS REP APARSENGLI HIMA INCLE HUNDPLIST WWO MESH Image Service Image Service 45264 LAPS REP APARSENGLI HIMA INCLE HUNDPLIST WWO MESH Image Service Image Service 45844 LAPS REPLOYE WWO NOLVE HILL BIOL ON OR LESS I Image Service Image Service 45855 HOROCOURE Image Service Image Service Image Service 45856 HUNLISTEL LAPAROSCOPY, SUBGICAL, GASTING CESTINCT ME PROCEURE, REMOVAL OF ADUSTABLE GASTRIC Image Service Image Service 45772 LESTING RESTINCTIVE PROCEORER, REMOVAL OF ADUSTABLE GASTRIC Image Service Image Service 45775 LESTING RESTINCTIVE PREMOVE DEVICE & FORT Image Service Image Service 45775 LESTING RESTINCTIVE PREMOVE DEVICE & FORT Image Service Image Service 45775 LESTING RESTINCTIVE PREMOVE DEVICE & FORT Image Service Image Service 45775 LESTING RESTINCTIVE PREMOVE DEVICE & FORT Image	43239	UPPER NDSC BIOPSY SINGLE/MULTIPLE			х
43248UPR GI NDSC / NS JOUE YMEE DLAT ESOPHACUS43281UPR GI NDSC / MVL TUM POLYPOTH LESS NARE TOIIII / IIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	43244	UPR GI NDSC BAND LIG ESOPHGL&/GSTR VARICES			х
43248UPR GI NDSC / NS JOUE YMEE DLAT ESOPHACUS43281UPR GI NDSC / MVL TUM POLYPOTH LESS NARE TOIIII / IIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	43249	UPR GI NDSC BALLOON DILAT ESOPH <30 MM DIAM			х
42921 LAPS RAPP PARASESHUG, HWA MUC FUNDPLIST WUO MESH × 43921 UPG NOSC RMM, UPMOVIPOTHE SS MARE TQ × 43924 LAPA RAPP PARASESHUG, HWA MUC FUNDPLIST WUMESH × × 43924 LAPA RAPP PARASESHUG, HWA MUC FUNDPLIST WUMESH × × 43924 LAPA RAPP CARSESHUG, HWA MUC FUNDPLIST WUMESH × × × 43924 LAPA RAPP CARSESHUG, HWA MUC FUNDPLIST WUMESH × × × 43924 LAPA RAPP CARSESHUG, HWA MUC FUNDPLIST WUMESH × × × 43924 LAPA RAPP CARSESHUG, HWA MUC FUNDPLIST WUMESH × × × 43924 LAPA RAPP CARSESHUG, HWA MUC FUNDPLIST WUMESH FUNDPLIST PARASE RAPP CARSESHUMESH TAPE RAPP CARSESHUMESH PARASESHUMESH RAPP CARSESHUMESH RAPP CARSESHUME RAPP CARSESHUME RAPP CARSESHUME RAPP CARSESHUME RAPP CARSESHUMESH RAPP CARSESHUME RAPP CAR					
43251 UPR ON NOSC RWAL TUM POLYPORT LISS NARE TQ x x 12322 UPA PIR ANALEST, POL LISS NARE TQ x x 1244005COPY, SUBCICAL, CASTRO CESTRICTIVE PROCEDURE; WITH CASTRUC BYPASS AND POLVE, PM x x 124404 UPA POSCOPY, SUBCICAL, CASTRO CESTRICTIVE PROCEDURE; WITH CASTRUC BYPASS AND POLVE, PM x x 124505 UPA POSCOPY, SUBCICAL, CASTRO CHEN YILL 196 (50 Ch x x x 43683 UPA COSCOPY, SUBCICAL, CASTRO CHOW, WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM x x 436959 ULLISTED LAPAROSCOPY, SUBCICAL, CASTRO CHESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC x x 43772 RESTRICTIVE PVX: COPROPENTI ONLY. x x x 43773 LAPAROSCOPY, SUBCICAL, CASTRO CESTRICTIVE PROCEDURE; LONGTUDINAL GASTRECTOMY [IE] x x 43775 LAPAROSCOPY, SUBCICAL, CASTRO CESTRICTIVE PROCEDURE; LONGTUDINAL GASTRECTOMY [IE] x x 43775 LAPAROSCOPY, SUBCICAL, CASTRO CESTRICTIVE PROCEDURE; LONGTUDINAL GASTRECTOMY [IE] x x 43775 LAPAROSCOPY, SUBCICAL, CASTRO CESTRICTIVE PROCEDURE; LONGTUDINAL GASTRECTOMY [IE] x x 43775 LAPAROSCOPY, SUBCICAL, CASTRO CESTRICTIVE PROCEDURE; LONGTUDINAL GASTRECTOMY [IE] x x 43775 LAPAROSCOPY, SUBCICAL, CASTRO CESTRICTIVE PROCEDURE; LONGTUDINAL GASTREC					
43222 LAPS BPR PRARASEPHOL INNA INCL FUNDPLSTY WINESH					
LAPABOSCOPY_SURGICAL_DASTRIC FESTINGTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUK-EN-Y x x 43644 LAPS CONTENDSTORM (MOR LIX MIS 160 CM ROR LESS). x x x 43644 LAPS CONTENDSTORM (WITH OUL CONSTRUCTION OF GASTRIC TUBE (EG, STAMM x x 43653 UNLESTED LAPAROSCOPP SINGLIC, GASTRIC STORM (WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM x x 43659 UNLESTED LAPAROSCOPP SINGLIC, GASTRIC TRESTRICTIVE PROCEDURE, REMOVAL OF ADJUSTABLE GASTRIC x x 43772 RESTRICTIVE PNOCE COMPONINT ON X x x x x 43773 LAPAROSCOPP, SURGICAL, GASTRIC TORY PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, REVISION OF GASTRICTOMY x x x 43775 LAPAROSCOPP, SURGICAL, GASTRIC TORY PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, REVISION OF GASTRICTOMY ON INTESTINE RESCLEX.WITHOUT VAGOTOMY x x x 43860 ORWITHOUT PARTILL GASTRECTOMY (IN INTESTINE RESCLEX.WITHOUT VAGOTOMY x x x 44000 COLECTOMP, PARTILL, WITH COLOPROCIDSTOMY (IN WITH RECONSTRUCTION, WITH 43860 x x x 44100 COLECTOMP, PARTILL, WITH COLOPROCIDSTOMY (IN WITH RECONSIS). x x <				v	^
diskid OASTROCHTEDSTOMY MOUX LINE 150 CM ORLESS). x x x LAPADOSCOPY, SUBDICAL; GASTROCTOWY, WITHOUT CONSTRUCTION OF GASTRICT UBE (EG, STAMM PADOSCOPK, SUBDICAL; GASTROCETRUC PROJECUNEST RUTHON OF GASTRICT UBE (EG, STAMM PADOSCOPK, SUBDICAL; GASTROCETRUC PROJECUNES; EMOVAL OF ADUISTABLE GASTROC x x LAPADOSCOPK, SUBDICAL; GASTROCETRUC PROJECUNE; EMOVAL OF ADUISTABLE GASTROC x x x LAPADOSCOPK, SUBDICAL, GASTRIC ESTRICTIVE PROJECUNE; EMOVAL OF ADUISTABLE GASTROC x x x 43773 MESTRICTIVE DAVIC: COMPONENT ON V x x x x 43774 MPAROSCOPK, SUBDICAL, GASTRIC ENSTRICTIVE PROJECUNE; ENOGITUDINAL GASTRECTOMY (ID x x x 43775 SLEPY CASTRICTIVE ON VITHON VITH PROJECUNE; LONGTUDINAL GASTRECTOMY (ID x x x 43776 MPAROSCOPK, SUBJICAL, GASTRICCTOMY CONSTRUCTION, WITHOUT VACIONY x x x 43860 MENINGERSTRUM, MARANTWIRKENST WOUCHTWY x x x x 43860 MENINGERSTRUM, MARANTWIRKENST WOUCHTWY x x x x 43860 MENINGERSTRUM, MARANTWIRKENST WOUCHTWY x x x <td>43282</td> <td></td> <td></td> <td>X</td> <td></td>	43282			X	
45844 LAPA SCATE RETOUR WWERP POLICE.NV LINE 1450 CM x x x 43653 PROCEDURE x x x 43653 PROCEDURE x x x 43653 PROCEDURE x x x 43654 LAPAROSCOPY, SURGICAL, GASTROCTON, TRUTCION OF GASTRIC TUBE (EG, STAM) x x 43772 LAPAS CASTRIC RESTRICTIVE PROCEDURE; FORCEDURE; REMOVAL OF ADJUSTABLE GASTRIC x x 43773 LAPS GASTRIC RESTRICTIVE PROCEDURE; DONOTHY x x x 43775 SLEEVE GASTRIC COMY x x x x 43776 LAP SLEEVE GASTRIC COMY x x x x 43800 OR WITHOUT PARTIAL GASTRIC COMY OR INTESTINE RESECTION; WITHOUT VAGOTOMY x x x 44005 ENTEROLSS FINIG INTSTINAL ADHISION SPX x x x 44006 COLECTOMY, PARTIAL, WITH AUSTONOSIS (GASTROCION; WITHOUT VAGOTOMY x x 44120 ENTEROLSS FINIG INTSTINAL ADHISION SPX x x 44120 ENTEROLSS FINIG INTSTINAL ADHISION SPX x x 44120 COLECTOMY, PARTIAL; WITH HOUDOROGISTOMY IOW PELVIC ANASTOMOSIS x x 44120 COLECTOMY, PARTIAL; WITH HOUDOROGISTOMY IOW PELVIC ANASTO	10011				
IAPAROSCOPY, SUBGICAL: GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG. STAMM x x 38553 IUNLISTED LAPARDSCOPIC PROCEDURE STOMACH x x x 43853 IUNLISTED LAPARDSCOPIC PROCEDURE STOMACH x x x 43774 LAPARDSCOPY, SUBGICAL, GASTRIC RESIRCITIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC x x 43775 LAPS GASTRIC GASTRIC RESIRCITIVE PROCEDURE; LONGITUDINAL GASTRICTOMY (E, SLEEVE GASTRECTOMY x x x 33775 SLEEVE GASTRECTOMY x x x x 38600 OR WITHOUT PARTIL CASTRECTOM YOR IN INSTITURE RESCION, WITH RECONSTRUCTION, WITH 43860 x x x 43860 REVISION OF GASTROJEUNA ANASTWARSTOMOSIS (GASTROJEUNAGONY AGOTMY x x x 43860 REVISION OF GASTROJEUNA ANASTWARSTOMOSIS x x x 43860 REVIG STRUIL ANAST WARSTWARSTOMOSIS x x x 44140 COLECTOMY, PARTILI, WITH ANASTWARSTMONSIS x x x 44146 COLECTOMY, PARTILI, WITH ANASTWARSTMONSIS x x 44146		, , , , , , , , , , , , , , , , , , , ,	X		
43653PROCEDURESxxxx43659UNISTED LAPAROSCOPIC PROCEDURES STINCTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRICxx43772RASTRICTIVE DEARCE COMPONENT ONLYxxx43773LAPAGSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRICxx14276LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE,xxx43775LAPS LEEVE GASTRECTOMYxxxx438760OR WITHOUT PARTIAL GASTRECTOMY OR INTESTINE RESECTION; WITHOUT VAGOTOMYxxx43860OR WITHOUT PARTIAL GASTRECTOMY OR INTESTINE RESECTION; WITHOUT VAGOTOMYxxx43860OR WITHOUT PARTIAL GASTRECTOMY OR INTESTINE RESECTION; WITHOUT VAGOTOMYxxx44100COLECTOMY, PARTIAL; WITH ADASTONOSISxxxx44140COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (ICW PELVIC ANASTOMOSIS)xxx44146COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (ICW PELVIC ANASTOMOSIS)xxx44146COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (ICW PELVIC ANASTOMOSIS)xxx44147LAPAROSCOPY, SURGI LEOSTOMY/ILIUN STEMY REMOVALIO FERMINAL ILEUM WITHxxx44148COLECTOMY, PARTIAL; WITH ADASTOMOSTOMY NON-TUBExxx44149COLECTOMY, PARTIAL; WITH ADASTOMOSTOMY NON-TUBExxx44149COLECTOMY, PARTIAL; WITH ADASTOMOSTOMY NON-TUBExxx <td< td=""><td>43644</td><td></td><td></td><td>Х</td><td>Х</td></td<>	43644			Х	Х
49659 UNISTED LAPAROSCOPIC PROCEDURE STOMACH 43772 LAPAROSCOPIC PROCEDURE STOMACH x 43774 LAPS SATINC RESTRICTIVE RECEDURE REMOVAL OF ADJUSTABLE GASTINC x 43775 LAPAROSCOPY, SURGICAL, GASTINC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (E., X x x 43775 SLEEVE GASTRECTOMY x x x 84000 OR WITHOUT PARTILL AGSTRECTOMY OR INTESTINE RESCTON; WITH RECONSTRUCTION, WITH x x 84000 REVISION OF GASTRIC AGSTRECTOMY OR INTESTINE RESCTON; WITHOUT AGOTOMY x x 43680 REVIGSTRIJ ANAST WRCNST IW/O VETW x x x 44140 COLECTOMY, PARTILL; WITH ANSTONOSIS x x x 44140 COLECTOMY, PARTILL; WITH AUSTONOSIS x x x 44140 COLECTOMY, PARTILL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY x x 44141 COLECTOMY, PARTILL; WITH REMOVAL, OF TERMINAL LIEUM AND LIEOCOLOSTOMY x x 44142 LAPAROSCOPY, SURGICLCOLECTOMY, PARTILL; WITH ANASTOMOSIS x x 44143 COLECTOMY, PARTILL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY x x 44144 LAPAROSCOPY, SURGICLCOLECTOMY, PARTILL; WITH ANAST					
LAPAROSCOPY. SUBCICAL, GASTRIC RESTRICTURE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC N 43772 RASTRICTURE EDVICE OVER COMPONENT ON Y X X 43774 LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT X X 43775 SLEEVE GASTRICCTOMY X X X 43776 LAP SLEEVE GASTRICCTOMY X X X 43800 OR WITHOUT PARTIAL GASTRECTOMY OR INTESTING RESECTION, WITH RECONSTRUCTION, WITH X X 43880 OR WITHOUT PARTIAL GASTRECTOMY OR INTESTING RESECTION, WITHOUT VAGOTOMY X X 44005 ENTEROLS FINIC RINKERSTI W// VORTMY X X X 44100 COLECTOMY, PARTIAL; WITH ADDIESION SFX. X X X 44146 COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) X X X 44146 COLECTOMY, PARTIAL; WITH ADDLEFY COLESTOMY NON-TUBE X X X 44160 COLECTOMY, PARTIAL; WITH ADDLEFY COLESTOMY (LOW PELVIC ANASTOMOSIS) X X 44160 COLECTOMY, PARTIAL; WITH ADDLEFY COLESTOMY ADDLEFY COLESTOMY X X <t< td=""><td>43653</td><td></td><td>Х</td><td></td><td></td></t<>	43653		Х		
43772RESTRICTURE DEVICE COMPONENT ONLYXImage: Component of the Co	43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH			х
42774 LAPS GASTINC RESTINCTIVE PAREMOVE DEVICE & PORT x x 43775 SLEEVE GASTIRECTOMY x x 43775 SLEEVE GASTIRECTOMY x x 43775 LAP SLEEVE GASTIRECTOMY x x 4376 LAP SLEEVE GASTIRECTOMY x x 43800 OR WITH-OUT PARTIAL GASTIRECTOMY OR INTESTINE RESECTION. WITHOUT VAGOTOMY x x 43800 OR WITH-OUT PARTIAL GASTIRECTOMY OR INTESTINE RESECTION. WITHOUT VAGOTOMY x x 44005 ENTEROLS FINING INTSTINUAL ADDIESION SPX x x 44140 COLECTOMY, PARTIAL, WITH ADALSTOMOSIS x x 44140 COLECTOMY, PARTIAL, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY x x 44140 COLECTOMY, PARTIAL, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY x x 44140 COLECTOMY, PARTIAL, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY x x 44140 COLECTOMY, PARTIAL, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY x x 44141 LAPAROSCOPY, SUBGICAL, COLECTOMY, PARTIAL, WITH ANASTOMOSIS x x 44142 LAPAROSCOPY, SUBGICAL, COLECTOMY, PARTIAL, WITH ANASTOMOSIS x x 44200 LAPAROSCOPY, SUBGICAL, COLECTOMY, PARTIAL, WI		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC			
LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, X X x X 43775 SLEEVE GASTRECTOMY) x X x 43775 LAP SLEEVE GASTRECTOMY x X x 84800 OR WIHOUT PARTIAL GASTRECTOMY OR INTESTING ERSECTION; WITH OUT VAGOTOMY x X x 43860 REV GSTRUJANAST WIROVORTIN WO VGTMY x X x x 44005 ENTROLSE RING INSTINAL ADARTSON SPK x X x x 44140 COLECTOMY, PARTIAL; WITH ANASTOMOSIS x X x x 44145 COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) x X x x 44146 COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) x X x x 44146 COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) x X x x 44146 COLECTOMY, PARTIAL; WITH REMOVAL OF TERMINAL ILEUM AND LIDEOCLOSTOMY x X x x 44147 LAPAROSCOPY, SURGICAL:COLECTOMY, PARTIAL, WITH HANASTOMOSIS x X x x 44204 LAPAROSCOPY, SURGICAL:COLECTOMY, PARTIAL, WITH HANASTOMOSIS x X x 44205 LLOSOLOGIOMY	43772	RESTRICTIVE DEVICE COMPONENT ONLY	х		
43775SLEEVE GASTRECTOMYxxxxxA3775LAP SLEEVE GASTRECTOMYREVISION OF GASTROJEUNAL ANASTOMOSIS (GASTROJEUNOSTOMY) WITH RECONSTRUCTION, WITHxxxA3860OR WITHOUT PARTIAL GASTRECTOMY OR INFESTINE RESECTION; WITHOUT VAGOTOMYxxxA3860REVIGUNO PG GASTROJEUNAL ANASTOMOSIS (GASTROJEUNOSTOMY) WITH RECONSTRUCTION, WITHxxxA4005ENTEROLSS FRING INTSTINAL ADHESION SPXxxxxA41140COLECTOMY, PARTIAL; WITH ANASTOMOSISxxxxxA41145COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)xxxxA41146COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)xxxxA41146COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)xxxxA41147LAPAROSCOPY, SUBGICALCCOLECTOMY, PARTIAL, WITH REMOXAL OF FERMINAL ILEUM AND ILEOCOLSTOMYxxxxA4120LAPAROSCOPY, SUBGICALCCOLECTOMY, PARTIAL, WITH REMOXAL OF FERMINAL ILEUM WITHxxxxA4206LAPAROSCOPY, SUBGICALCCOLECTOMY, PARTIAL, WITH REMOXAL OF FERMINAL ILEUM WITHxxxxxA4207LAPAROSCOPY, SUBGICALCOLECTOMY, PARTIAL, WITH REMOXAL OF FERMINAL ILEUM WITHxxxxxxA4206CLOSUBE COPENTEROSTOMY LOAD STEMY (LAWASTxxxxxxxxA4207LAPAROSCOPY, SUBGICALCOLECTOMY, PARTIAL, WITH REMOXAL OF FERMINAL ILEUM WITHxxxxxxA4207LAPAROSCOPY, SUBGICALCOLEC	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT		х	
43775 LAP SLEEVE GASTRECTOMY x x 3880 OR EVISION OF GASTROJEUNAL AASTOMOSIS (GASTROJEUNOSTOMY) WITH ECONSTRUCTION, WITH x x 43860 REVIGSTRUJANAST WIRCNET RESECTION; WITHOUT VACOTOMY x x 43860 REVIGSTRUJANAST WIRCNET, BRESCTION; WITHOUT VACOTOMY x x 43860 REVIGSTRUJANAST WIRCNET, WIG VGTMY x x x 44005 ENTEROLSS FRINC INSTINAL ADRESION SPX x x x 44140 COLECTOMY, PARTIAL; WITH ANASTOMOSIS x x x 44155 COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY x x 44164 COLECTOMY, PARTIAL, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY x x 44187 LAPAROSCOPY, SURGICALCOLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM AND LEOCCLOSTOMY x x 44204 LAPAROSCOPY, SURGICALCOLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH x x 44205 LLAPAROSCOPY, SURGICALCOLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM AND ILEUM WITH x x 44206 LAPAROSCOPY, SURGICALCOLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH x x 44206 LAPAROSCOPY, SURGICALCOLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH x x 44206		LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE,			
43775 LAP SLEEVE GASTRECTOMY x x 3880 OR EVISION OF GASTROJEUNAL AASTOMOSIS (GASTROJEUNOSTOMY) WITH ECONSTRUCTION, WITH x x 43860 REVIGSTRUJANAST WIRCNET RESECTION; WITHOUT VACOTOMY x x 43860 REVIGSTRUJANAST WIRCNET, BRESCTION; WITHOUT VACOTOMY x x 43860 REVIGSTRUJANAST WIRCNET, WIG VGTMY x x x 44005 ENTEROLSS FRINC INSTINAL ADRESION SPX x x x 44140 COLECTOMY, PARTIAL; WITH ANASTOMOSIS x x x 44155 COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY x x 44164 COLECTOMY, PARTIAL, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY x x 44187 LAPAROSCOPY, SURGICALCOLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM AND LEOCCLOSTOMY x x 44204 LAPAROSCOPY, SURGICALCOLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH x x 44205 LLAPAROSCOPY, SURGICALCOLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM AND ILEUM WITH x x 44206 LAPAROSCOPY, SURGICALCOLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH x x 44206 LAPAROSCOPY, SURGICALCOLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH x x 44206	43775	SLEEVE GASTRECTOMY)	х	х	
Retvision OF GASTROJEUNAL ANASTOMOSIS (GASTROJEUNOSTOMY) WITH RECONSTRUCTION, WITH x x 43860 REVISOIT PARTIAL GASTRECTOMY OR INTESTINE RESECTION; WITHOUT VAGOTOMY x x 43860 REVISOIT PARTIAL GASTRECTOMY OR INTESTINE RESECTION; WITHOUT VAGOTOMY x x 44005 ENTEROLSS FRING INTSTINUAL ODEGNON SPX x x 44140 COLECTOMY, PARTIAL; WITH ANSTOMOSIS x x 44145 COLECTOMY, PARTIAL; WITH ANSTOMOSIS x x 44146 COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) x x 44146 COLECTOMY, PARTIAL; WITH REMOVAL OF TERMINAL ILEUM AND LECOCLOSTOMY x x 44160 COLECTOMY, PARTIAL; WITH REMOVAL OF TERMINAL ILEUM AND LECOCLOSTOMY x x 44161 LAPAROSCOPY SUBGICAL:COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM AND HECOCLOSTOMY x x 44162 LAPAROSCOPY, SUBGICAL:COLECTOMY, PARTIAL, WITH RANSTOMOSIS x x x 44204 LAPAROSCOPY, SUBGICAL:COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH x x x 44205 ILEOCOLOSTOMY K x x x 44206 LAPS COLECTOMY		,			х
43880OR WITHOUT PARTIAL CASTRECTORY OR INTESTINE RESECTION; WITHOUT VAGOTOMYXImage of the second se					
43860 REVIGSTR/JI ANAST W/RCNSTJ W/O VGTMY x x 44005 ENTEROLSS FRING INTSTINAL AD/ESION SPX x x 44140 COLECTOMY, PARTILL, WTH ANASTOMOSIS x x 44120 ENTRC RESCI SMALL INTESTINE 1 RESCI & ANAST x x 44145 COLECTOMY, PARTILL, WTH AND COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) x x 44146 COLECTOMY, PARTILL, WTH HOLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WTH COLOSTOMY x x 44160 COLECTOMY, PARTILL, WTH HOLOPROCTOSTOMY NUL FOLSTOMY, WTH COLOSTOMY x x 44160 COLECTOMY, PARTILL, WTH HOLOPROCTOSTOMY NON TUBE x x 44160 COLECTOMY, PARTILL, WTH ANASTOMOSIS x x 44204 LAPAROSCOPY, SURGICAL:COLECTOMY, PARTILAL, WTH REMOVAL OF TERMINAL ILEUM WTH x x 44205 ILEOCOLOSTOMY X X x 44206 LAPS COLECTOMY PRIT. WYEND CLST & CLSR DSTL SGM x x 44207 LOSUBE OF ENTEROSTOMY. LORASTLE, SGM x x 44208 CLOSUBE OF ENTEROSTOMY. LORASTLE, SGM x x 44209 CLOSUBE OF ENTEROSTOMY. LORASTLE, SGM x x 44200 CLOSUBE OF ENTEROSTOMY. LINESTINE; x x 44201 LOSUBE ENTEROSTOMY	43860	· · ·	x		
44005 ENTEROIS FRINCI INSTINUAL ADHESION SPK x x 44140 COLECTOMY, PARTIAL; WITH ANASTOMOSIS x x x 44140 COLECTOMY, PARTIAL; WITH ANASTOMOSIS x x x 44145 COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) xx xx xx 44146 COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY xx xx xx 44160 COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY xx xx xx 44160 COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY xx xx xx 44187 LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS xx xx xx 44204 LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS xx xx xx 44205 LEOCOLOSTOMY KILL MARDSCOPY, SURGICAL;COLECTOMY, PARTIAL; WITH ANASTOMOSIS xx xx 44206 LAPS COLECTOMY PRTL WEND CLST & CLST BALLS MARD xx xx 44207 LAPS COLECTOMY PRTL WEND CLST & CLST BALLS MARDSCOP xx xx 44200 LOSTOMY/JENDANALI INTESTINE; xx			X	v	
44140 COLECTOMY, PARTIAL; WITH ANASTOMOSIS X Image: Cole Cole Cole Cole Cole Cole Cole PROCESSING (LOW PELVIC ANASTOMOSIS) X X 44125 COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY X X 44146 COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY X X 44160 COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY X X 44160 COLECTOMY, PARTIAL; WITH ADDOLOSTOMY NON-TUBE X X 44187 LAPAROSCOPY, SURGICL/COLECTOMY, PARTIAL, WITH ANSTOMOSIS X X 44204 LAPAROSCOPY, SURGICL/COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH X X 44205 LEOCOLOSTOMY X X X 44206 LAPAS COLECTOMY PRIT. WEND CLST & CLSR DSTL SGM X X 44207 LAPS COLECTOMY PRIT. WICOLOPATISTINY WANAST X X 44200 CLOSUBE ENTEROSTOMY LARGE OR SMALL INTESTINE X X 44201 LEPS COLECTOMY PRIT. WICOLOPATISTINY WANAST X X 44202 CLOSUBRE ENTEROSTOMY LARGE OR SMALL INTESTINE X X 44203 CLOSUBRE ENTEROSTOMY LARGE OR SMALL INTESTINE X X 44204 LAPAROSCOPY, FLEXEBLE, DARANOSTIC, INCLUDING COLLECTION OF SPE					
44120 ENTRC RESCI SMALL INTESTINE 1 RESCI & ANAST X 44145 COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) X 44166 COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY X 44160 COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY X 44187 LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY X 44204 LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH X 44205 ILEOCOLOSTOMY X X 44206 LAPS COLECTOMY PRIT WICHOLOSTIST WU ANAST X X 44207 LAPS COLECTOMY PRIT WICHOLOSTIST WU ANAST X X 44200 CLOSURE ENTEROSTOMY LARGE OR SMALL INTESTINE; X X 44200 CLOSURE ENTEROSTOMY LARGE OR SMALL INTESTINE; X X 4425 CLOSURE ENTEROSTOMY LARGE OR SMALL INTESTINE; X X 44260 CLOSURE ENTEROSTOMY LARGE OR SMALL INTESTINE; X X 44530 WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) X X			v	^	
44145 COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) x x 44146 COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY x x 44160 COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY x x 44187 LAPAROSCOPY SURG ILEOSTOMY/ELINOSTOMY NON-TUBE x x 44204 LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANSTOMOSIS x x 44205 ILPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH x x 44206 LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH x x 44206 LAPS COLECTOMY PRTIL WICOLOCLST & CLSR DSTL SGM x x 44200 CLOSURE OF ENTEROSTOMY LAGE OR SMALL INTESTINE x x 44620 CLOSURE OF ENTEROSTOMY LOR MALL INTESTINE x x 44310 ILEOSTOMY/FILIWISDICI, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR x x 44330 WASHING, WHER PERFORMED (SEPRAATE PROCEDURE) x x x 45330 COLONOSCOPY FLUXEWWO COLLI SPECIMENS x x x 45331 COLONOSCOPY WIBIOPSY SINGLE/MULT			^		
44146 COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY x x 44160 COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY x x 44187 LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS x x 44204 LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS x x 44204 LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH x x 44205 ILEOCOLOSTOMY x x x 44206 LAPS COLECTOMY PRIL WIEND CLST & CLSR DSTL SGM x x 44207 LAPS COLECTOMY PRIL WIEND CLST & CLSR DSTL SGM x x 44200 CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; x x 44620 CLOSURE OF ENTEROSTOMY NON-TUBE x x 44620 CLOSURE OF ENTEROSTOMY NON-TUBE x x 44330 ILEOSTOMY/JEUNOSTOMY NON-TUBE x x 44620 CLOSURE OF ENTEROSTOMY NON-TUBE x x 44620 CLOSURE OF ENTEROSTOMY NON-TUBE x x 45330 SIGMOIDOSCOPY, FLEXIBLEY DAGNOSTIC, INCLUDING COLLECTION OF SPECI					X
44160 COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY x Image: Colectomy, Partial, WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY 44187 LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS x image: Colectomy, Partial, WITH REMOVAL OF TERMINAL ILEUM WITH 44204 LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH x image: Colectomy, Partial, WITH REMOVAL OF TERMINAL ILEUM WITH 44205 LIEOCOLOSTOMY X & CLS x image: Colectomy, Partial, WITH REMOVAL OF TERMINAL ILEUM WITH x 44206 LAPS COLECTOMY PRIL W/COLOPXISTMY LW ANAST x image: Colectomy, Partial, WITH REMOVAL OF TERMINAL ILEUM MUTH x 44207 LAPS COLECTOMY PRIL W/COLOPXISTMY LW ANAST x image: Colectomy, Partial, WITH REMOVAL OF TERMINAL ILEUM MUTH x 44200 CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; x image: Colectomy, Partial, WITH REMOVAL OF TERMINAL INTESTINE; x image: Colectomy, Partial, WITH REMOVAL OF TERMINAL INTESTINE; x image: Colectomy, Partial, WITH REMOVAL INTESTINE; x image: Colectomy, Partial, WITH REMOVAL OF TERMINAL INTESTINE; x image: Colectomy, Partial, WITH REMOVAL OF TERMINAL INTESTINE; x image: Colectomy, Partial, WITH REMOVAL ON THE CIRCTON OF SPECIMEN(S) BY BRUSHING OR x image: Colectomy, Partial, WITH REMOV	44145	COLECTOMIT, PARTIAL, WITH COLOPROCTOSTOMIT (LOW PELVIC ANASTOMOSIS)	X		
44160 COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY x Image: Colectomy, Partial, WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY 44187 LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS x image: Colectomy, Partial, WITH REMOVAL OF TERMINAL ILEUM WITH 44204 LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH x image: Colectomy, Partial, WITH REMOVAL OF TERMINAL ILEUM WITH 44205 LIEOCOLOSTOMY X & CLS x image: Colectomy, Partial, WITH REMOVAL OF TERMINAL ILEUM WITH x 44206 LAPS COLECTOMY PRIL W/COLOPXISTMY LW ANAST x image: Colectomy, Partial, WITH REMOVAL OF TERMINAL ILEUM MUTH x 44207 LAPS COLECTOMY PRIL W/COLOPXISTMY LW ANAST x image: Colectomy, Partial, WITH REMOVAL OF TERMINAL ILEUM MUTH x 44200 CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; x image: Colectomy, Partial, WITH REMOVAL OF TERMINAL INTESTINE; x image: Colectomy, Partial, WITH REMOVAL OF TERMINAL INTESTINE; x image: Colectomy, Partial, WITH REMOVAL INTESTINE; x image: Colectomy, Partial, WITH REMOVAL OF TERMINAL INTESTINE; x image: Colectomy, Partial, WITH REMOVAL OF TERMINAL INTESTINE; x image: Colectomy, Partial, WITH REMOVAL ON THE CIRCTON OF SPECIMEN(S) BY BRUSHING OR x image: Colectomy, Partial, WITH REMOV	444.40				
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44620CLOSURE ENTEROSTOMY LG/SMALL INTESTINEImage: Signal content of the second s	44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST			х
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46262 HRHC 2/> COL/GRP W/FSTULECTMY INCL FSSRECTMY Image: Constraint of the state of th	46260	HEMORRHOIDECTOMY INT & XTRNL 2/> COLUMN/GRO			х
46262 HRHC 2/> COL/GRP W/FSTULECTMY INCL FSSRECTMY Image: Constraint of the state of th	47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY		х	
47125 HEPATECTOMY RESCJ TOTAL LEFT LOBECTOMY x					х
				х	
					x

47562	LAPAROSCOPY SURG CHOLECYSTECTOMY			х
47563	LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY			Х
	PANCREATECTOMY, PROXIMAL SUBTOTAL, WITH DUODENECTOMY, PARTIAL GASTRECTOMY,			
	CHOLEDOCHOENTEROSTOMY AND GASTROJEJUNOSTOMY (WHIPPLE-TYPE PROCEDURE); WITH			
48150	PANCREATOJEJUNOSTOMY	Х		
	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY,			
	CHOLEDOCHOENTEROSTOMY AND DUODENOJEJUNOSTOMY (PYLORUS-SPARING, WHIPPLE- TYPE			
48153	PROCEDURE); WITH PANCREATOJEJUNOSTOMY	х		
49505	RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE			
	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM; DIAGNOSTIC, WITH OR WITHOUT			
49320	COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING		х	х
49320	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX			х
49568	IMPLANT MESH OPN HERNIA RPR/DEBRIDEMENT CLOSURE		х	
49585	RPR UMBILICAL HRNA 5 YRS/> REDUCIBLE		x	
49587	RPR UMBILICAL HERNIA AGE 5 YRS/> INCARCERATED		x	
49591	RPR AA HRN 1ST < 3 CM RDC		~	х
	RPR AA HRN RCR 3-10 NCR/STRN			
49616				Х
49594	RPR AA HRN 1ST 3-10 NCR/STRN			Х
	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA			
49652	(INCLUDES MESH INSERTION, WHEN PERFORMED); REDUCIBLE	Х		
49650	LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA		х	Х
	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN			
49655	PERFORMED); INCARCERATED OR STRANGULATED		х	
49655	LAPS RPR INCISIONAL HERNIA NCRC8/STRANGULATED		х	
	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN			
49654	PERFORMED); REDUCIBLE		х	
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE		х	
49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM & OMENTUM	İ.		х
· · · · · · · · · · · · · · · · · · ·	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT; EXCLUDING DONOR AND RECIPIENT			
50360	NEPHRECTOMY		x	
50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY		~	х
50543	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY		v	~
50543			х	
	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA AND			
50545	SURROUNDING FATTY TISSUE, REMOVAL OF REGIONAL LYMPH NODES, AND ADRENALECTOMY)	Х		
50545	LAPAROSCOPY RADICAL NEPHRECTOMY			Х
51990	LAPAROSCOPY URETHRAL SUSPENSION STRESS INCONT			Х
52000	CYSTOURETHROSCOPY		х	х
52005	CYSTO BLADDER W/URETERAL CATHETERIZATION		х	х
52310	CYSTO W/SIMPLE REMOVAL STONE & STENT			х
52214	CYSTO W/DESTRUCTION OF LESIONS			х
52351	CYSTO W/URTROSCOPY&/PYELOSCOPY DX		х	х
52332	CYSTO W/INSERT URETERAL STENT			х
52353	CYSTO W/URETEROSCOPY W/LITHOTRIPSY		х	x
52352	CYSTO W/URETEROSCOPY W/RMVL/MANJ STONES		x	x
52356	CYSTO/URETERO W/LITHOTRIPSY &INDWELL STENT INSRT		x	
	TRURL ELECTROSURG RESCJ PROSTATE BLEED COMPLETE		×	X
52601				Х
5 4 5 0 0	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS,			
54520	SCROTAL OR INGUINAL APPROACH;	х		
52648	LASER VAPORIZATION OF PROSTATE FOR URINE FLOW			х
55700	PROSTATE NEEDLE BIOPSY ANY APPROACH		х	х
55040	EXCISION HYDROCELE UNILATERAL			х
57288	SLING OPERATION STRESS INCONTINENCE		х	х
55866	LAPS PROSTECT RETROPUBIC RAD W/NRV SPARING ROBOT			х
58120	DILATION & CURETTAGE DX&/THER NONOBSTETRIC		х	
57454				х
	COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE			
(TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR			
58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR	x		
58150 58180	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	x		x
58150 58180	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S); SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY	x		x
	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S); SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND	x		x
58180	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S); SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PELVIC LYMPH NODE SAMPLING, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT			x
58180	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S); SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PELVIC LYMPH NODE SAMPLING, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)	x		
58180 58200 58322	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S); SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PELVIC LYMPH NODE SAMPLING, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S) ARTIFICIAL INSEMINATION; INTRA-UTERINE			x
58180 58200 58322 58544	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S); SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PELVIC LYMPH NODE SAMPLING, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S) ARTIFICIAL INSEMINATION; INTRA-UTERINE LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY	x		x x
58180 58200 58322 58544 58542	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S); SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PELVIC LYMPH NODE SAMPLING, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S) ARTIFICIAL INSEMINATION; INTRA-UTERINE LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR	x		x x x
58180 58200 58322 58544 58542 58558	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S); SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PELVIC LYMPH NODE SAMPLING, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S) ARTIFICIAL INSEMINATION; INTRA-UTERINE LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	x		x x
58180 58200 58322 58544 58542	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S); SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PELVIC LYMPH NODE SAMPLING, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S) ARTIFICIAL INSEMINATION; INTRA-UTERINE LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR	x	x	x x x
58180 58200 58322 58544 58542 58558	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S); SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PELVIC LYMPH NODE SAMPLING, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S) ARTIFICIAL INSEMINATION; INTRA-UTERINE LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	x		x x x x x
58180 58200 58322 58544 58542 58558 58555	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S); SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PELVIC LYMPH NODE SAMPLING, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S) ARTIFICIAL INSEMINATION; INTRA-UTERINE LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE	x		x x x x x x
58180 58200 58322 58544 58542 58558 58555 58555 58559	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S); SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PELVIC LYMPH NODE SAMPLING, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S) ARTIFICIAL INSEMINATION; INTRA-UTERINE LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE HYSTEROSCOPY LYSIS INTRAUTERINE ADHESIONS	x		x x x x x x x x x
58180 58200 58322 58544 58542 58558 58555 58555 58559 58560 58560 58561	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S); SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PELVIC LYMPH NODE SAMPLING, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S) ARTIFICIAL INSEMINATION; INTRA-UTERINE LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE HYSTEROSCOPY DIV/RESCJ INTRAUTERINE ADHESIONS HYSTEROSCOPY REMOVAL LEIOMYOMATA	x		x x x x x x x x x x
58180 58200 58322 58544 58542 58558 58555 58555 58559 58560	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S); SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PELVIC LYMPH NODE SAMPLING, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S) ARTIFICIAL INSEMINATION; INTRA-UTERINE LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE HYSTEROSCOPY LYSIS INTRAUTERINE ADHESIONS HYSTEROSCOPY DIV/RESCJ INTRAUTERINE SEPTUM	x		x x x x x x x x x

(
58565	HYSTEROSCOPY BI TUBE OCCLUSION W/PERM IMPLNTS			Х
58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY		Х	
58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES		Х	
58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE		Х	
58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD			Х
	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT			
59400	EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE		Х	
59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM			х
59409	VAGINAL DELIVERY ONLY			х
59425	ANTEPARTUM CARE ONLY 4-6 VISITS			х
59426	ANTEPARTUM CARE ONLY 7/> VISITS			х
60240	THYROIDECTOMY TOTAL/COMPLETE			х
60220	TOTAL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY			х
	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT			
60540	BIOPSY, TRANSABDOMINAL, LUMBAR OR DORSAL (SEPARATE PROCEDURE)	х		х
60650	LAPAROSCOPY ADRENALECTOMY PRTL/COMPL TABDL		х	
61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR		x	х
61215	INSJ SUBQ RSVR PUMP/INFUSION SYSTEM VENTRIC CATH		^	x
01213	INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (PARAPHARYNGEAL SPACE,			^
	INFRATEMPORAL AND MIDLINE SKULL BASE, NASOPHARYNX), WITH OR WITHOUT DIARTICULATION OF			
	THE MADIBLE, INCLUDING PAROTIDECTOMY, CRANIOTOMY, DECOMPRESSION AND/OR PETROUS			
61590	CAROT	Х		
61512	CRNEC TREPHINE BONE FLAP MENINGIOMA SUPRATENTOR		х	
61697	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIRCULATION	х		
61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL		х	х
	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST			
61782	SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	х		
61863	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD 1ST ARRAY			х
61864	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD EA ARRAY			х
63015	LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL			х
	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL			
	FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1			
63030	INTERSPACE, LUMBAR	x	v	
63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	X	X	~
			Х	X
63035	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR			Х
	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR			
63042	DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Х		
63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR			Х
	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY			
	FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT;			
63045	CERVICAL		х	
63045	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT CERVICAL			х
	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH			
	DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL			
63047	RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	х	х	
63047	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	х	х	х
	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH			
	DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL			
	RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT, CERVICAL, THORACIC			
62048	OR LUMB	v		
63048	LAM FACETEC & FORAMOT EA ADDL	Х		7
63048	LAM FACETEC & FORAMOT EA ADDL LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH		X	X
000.40	DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL OR LATERAL			
63048	RECESS STENOSIS), SINGLE VERTEBRAL SEGM			Х
63052	LAM FACETC/FRMT ARTHRD LUM 1		Х	Х
63053	LAM FACTC/FRMT ARTHRD LUM EA		х	Х
	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE			
	ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING			
63056	TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	х		
63200	LAMINECTOMY RELEASE TETHERED SPINAL CORD LUMBAR		х	
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	х		
	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROS TIMULATOR ELECTRODE			
	PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMIN ECTOMY, INCLUDING FLUOROSCOPY, WHEN			
	PERFORMED	х		
63664				
63664				
	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE	Y		
63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	x	v	
63685 63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING		X	
63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	x x	x	X

64629	TRML DSTRJ IOS BVN EA ADDL		х	
64718	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE ELBOW		х	
64721	NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE		х	х
	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			
66982	ROUTIN	х	x	
	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE	~	~	
	PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR			
00004				
66984	PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION	Х	X	
	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			
66991	intraocular (eg, trabecular meshwork, supraciliary,		Х	
	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			
66989	or techniques not generally used in routin		х	
	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE DIRECT			
67840	CLOSURE	х		
67311	STRABISMUS RECESSION/RESCJ 1 HRZNTL MUSC			х
	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH) (FOR FOREHEAD			
67900	RHYTIDECTOMY, SEE 15824)	х	х	
67900	REPAIR BROW PTOSIS			х
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	х	х	~
67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT XTRNL	^	x	
			*	v
69436 69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA;			X
69436	TYMPANOSTOMY GENERAL ANESTHESIA			х
69930	COCHLEAR DEVICE IMPLANTATION W/WO MASTOIDECTOMY			Х
	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN			
69990	ADDITION TO CODE FOR PRIMARY PROCEDURE)	Х		
69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE			Х
70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	х		
	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST			
73221	MATERIAL(S)	х		
70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL			х
75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I		х	х
	Radiological examination, esophagus, including scout chest radiograph(s) and delayed image(s), when			
74220	performed; single-contrast (eg, barium) study			х
76942	US GUIDANCE NEEDLE PLACEMENT RS&I		х	
76948	US GUIDANCE ASPIRATION OVA RS&I		~	х
76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	х	х	X
70398	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR	^	^	
77000				
77063		Х		
	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-			
77067	AIDED DETECTION (CAD) WHEN PERFORMED	Х		
78608	BRAIN IMAGING PET METABOLIC EVALUATION			Х
	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY			
81163	BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Х	Х	
81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS		х	
78803	RP LOCLZJ TUM SPECT 1 AREA			х
	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY			
81212	BREAST AND OVARIAN CANCER) GENE ANALYSIS; 185DELAG, 5385INSC, 6174DELT VARIANTS	х	х	
	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE			
81215	ANALYSIS; KNOWN FAMILIAL VARIANT		x	
01210	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE		^	
81017		v		
81217	ANALYSIS; KNOWN FAMILIAL VARIANT	Х		
81229	CYTOG ALYS CHRML ABNR SNPCGH		X	
81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE		Х	
81240	F2 GENE ANALYSIS 20210G >A VARIANT			х
81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS		Х	
81241	F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT			х
81323	PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT		х	
81405	MOPATH PROCEDURE LEVEL 6		х	
	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation			
81406	scanning or duplication/deletion variants of 26-50 exons		х	
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8		x	
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN		^	х
81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS			Х
81479	UNLISTED MOLELCULAR PATHOLOGY PROCEDURE		Х	Х
	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL			Х
88360				
88360 89250 88381	CUL OOCYTE/EMBRYO <4 DAYS MICRODISSECTION PREP IDENTIFIED TARGET MANUAL			х

89254 89253 89258 89264 89272 89280 89290 89281	OOCYTE ID FROM FOLLICULAR FLU ASSTD EMBRYO HATCHING MICROTQS ANY METH CRYOPRESERVATION; EMBRYO SPERM IDENTIFICATION FROM TESTIS TISSUE, FRESH OR CRYOPRESERVED	x		x x
89258 89264 89272 89280 89290	CRYOPRESERVATION; EMBRYO	x		х
89264 89272 89280 89290		х		
89272 89280 89290	SPERM IDENTIFICATION FROM TESTIS TISSUE, FRESH OR CRYOPRESERVED		х	
89280 89290	SI ENTIDENTITION TESTIS INSIDE, THESIT ON ONTOT RESERVED	х		
89290	EXTND CUL OOCYTE/EMBRYO 4-7 DAYS			х
	ASSTD FERTILIZATION MICROTQ <td></td> <td></td> <td>х</td>			х
89281	BX OOCYTE MICROTQ >/EQUAL 5 EMBRY		х	х
	ASSTD FERTILIZATION MICROTQ > 10 OOCYTES			х
89335	CRYOPRESERVATION, REPRODUCTIVE TISSUE, TESTICULAR	х		
89291	BX OOCYTE MICROTQ >5 EMBRY	^	х	х
	STORAGE, (PER YEAR); EMBRYO(S)	v		^
89342	$\frac{1}{2}$ $\frac{1}$	X	X	
89337	CRYOPRESERVATION, MATURE OOCYTE(S)	Х	Х	
89343	STORAGE, (PER YEAR); SPERM/SEMEN	Х		
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE			х
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	Х		<u> </u>
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	х	х	х
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	х	х	х
90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES		х	х
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	х	х	х
90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES		х	х
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT		~	x
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT			x
50840				~
	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL,			
90867	INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Х	Х	'
90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M		Х	х
90853	GROUP PSYCHOTHERAPY			х
	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT			
90868	DELIVERY AND MANAGEMENT, PER SESSION	х	х	
90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG		х	х
	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT			
90869	MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	х	х	
90869	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV & MN		х	х
	ECHOCARDIOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M MODE			
	RECORDING) TRANSESOPHAGEAL; INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION,			
93312	INTERPRETATION AND REPORT			
		Х		
92520	LARYNGEAL FUNCTION STUDIES		Х	
93563	NJX SEL HRT ART CONGENITAL HRT CATH W/S&I			Х
93463	MEDICATION ADMIN & HEMODYNAMIC MEASURMENT			Х
93565	NJX SEL L VENT/ATRIAL ANGIO HRT CATH W/S&I			х
93566	NJX SEL R VENT/ATRIAL ANGIO HRT CATH W/S&I			х
93567	NJX SUPRAVALV AORTOG HRT CATH W/S&I			х
93568	NJX CAR CTH NSLC P-ART ANGRP			х
93574	NJX CATH SLCT PULM VN ANGRPH			х
93573	NJX CATH SLCT P-ART ANGRP BI			х
93656	COMPRE EP EVAL ABLTJ ATR FIB		x	~
93662	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I		^	v
00002	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER			X
02070				
93970	MANEUVERS; COMPLETE BILATERAL STUDY			X
93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY			Х
	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG			
95714	TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	Х		
	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP,			
	PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG			
95700	TECHNOLOGIST, MINIMUM OF 8 CHANNELS	х		х
	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,			
95720	INTERPRE	x		
		~		
	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional			
95720	review of recorded events, analysis of spike and seizure detection, each increment of greater th			v
55720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED			X
	HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE			
	DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 84 HOURS OF			
95726	EEG RE	Х		
	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional			
95726	review of recorded events, analysis of spike and seizure detection, interpretation, and summary			х
	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE INITIAL 30 MINUTES	х	х	
96158	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME			х

00400	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL			
96409	SUBSTANCE/DRUG HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE EACH ADDITIONAL 15 MINUTES (LIST	Х	X	
96159	SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE	х	х	
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	~	~	х
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN			х
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN			х
97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN			х
	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTILIZING			
	DURABLE MEDICAL EQUIPMENT (DME), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT,			
97605	AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION; TOTAL WOUND(S) SURFACE AREA LESS T	Х		
	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTILIZING DURABLE MEDICAL EQUIPMENT (DME), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT,			
97606	AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION; TOTAL WOUND(S) SURFACE AREA GREATE	х		
37000		~		
	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			
99204	OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 45-59 MINUTES OF TOT	х		
99204	OFFICE O/P NEW MOD 45-59 MIN		х	
99183	PHYS/QHP ATTN&SUPVJ HYPRBARIC OXYGEN TX /SESSION			х
	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			
99213	LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF	Х		
99213	OFFICE O/P EST LOW 20-29 MIN		X	X
	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			
99205	MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 60-74 MINUTES OF TOTAL T	х		
	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 TIME FOR CODE SELECTION, 30-39			
99214	MINUT	х		
99214	OFFICE O/P EST MOD 30-39 MIN		х	х
	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED			
00015	PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND HIGH			
99215	LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODESELECTION, 40-54 MINUTES OF OFFICE O/P EST HI 40-54 MIN	Х		
99215 99344	HOME/RES VST NEW MOD MDM 60		X	X X
99349	HOME/RES VST EST MOD MDM 40			x
99350	HOME/RES VST EST HIGH MDM 60			x
99354	PROLNG SVC O/P 1ST HOUR			x
99417	PROLNG OP E/M EACH 15 MIN			х
99404	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 60 MIN			х
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE		х	
A0425	GROUND MILEAGE, PER STATUTE MILE	х		
A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)	Х		
A9270	NON-COVERED ITEM OR SERVICE			х
C1713	ANCHOR/SCREW BN/BN, TIS/BN			X
C1776 D7955	JOINT DEVICE (IMPLANTABLE) REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT. SEE CODE21299	х	X	X
57000	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-	^		
E0486	ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	х		
E0486	ORAL DEVICE/APPLIANCE CUSFAB	^	х	
	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 4			
E0692	FOOT PANEL	х		
E0952	TOE LOOP/HOLDER, EACH		х	
	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, PREFABRICATED, INCLUDING FIXED HARDWARE,			
E0955	EACH		х	
	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, PREFABRICATED, INCLUDING FIXED HARDWARE,			
E0957			х	
50000	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE			
E0960	MOUNTING HARDWARE		X	
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST SYSTEM	Х		
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION		v	
E1007 E1007	PWR SEAT COMBO W/SHEAR		х	x
2100/	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING			^
	HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY		х	
E1028				

E1012 CT mount pwr elev keg rest: E1399 DURABLE MEDICALE QUIPMENT, MISCELLANEOUS x E2300 PWR SAT ELEVATION SYS E2300 PWR SAT ELEVATION SYS E2300 PWR SAT ELEVATION SYS E2301 POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BEVEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEAT ELEVATION SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, E2311 ELECTRO CONNECT BWZ SYS POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, E2313 INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE E2313 INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, E2313 INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH POWER WHEELCHAIR ACCESSORY, FOR AND AGA AND MOUNTING HARDWARE, EACH POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED E2377 ELECTRONICS AND MOUNTING HARDWARE, UPGRADE FOR UPGRADE TO EXPANDABLE CONTROLLER, E2319 ABSORBED GLASSMAT] POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED E2377 ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL USSUE E2501 FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS E2601 GENERATING EXPLOYED, SYNTHESIZED SPEECH, FERMITTING MULTIPLE METHODS OF MESSAGE E2601 GENERATING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH X E2603 SURG KINCE KARTHRAGCOCY IN DIT LESS THAN 22 INCHES, ANY DEPTH E2604 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE E2605 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE E2600 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE E2600 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE E2600 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE E2600 THAN 20 INCHEST AND A DEFENSION OF THE SAME KINE O E2600 SURGICLA KINE ARTINGSCOCY IN LAD FERENT COMPARITIENT (TREATMENT PROGRAM THAT X 10035 MH PATIAL HOSP 45-50 NIECTON, LUPROND AND INGUS ERVICES OF A REGISTERED NURSE GIVEN OF THE SAME KINE X	x x x x x x x x x x x x x x x x x x x	x x x
E2300 PWR SEAT ELEVATION SYS POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, E2311 INDICATOR FEATURE, MECHANICAL PUNCTION SELECTION SWITCH, AND FIXEDMOUNTING HARDWARE E2311 ELECTRO CONNECT BTW 2 SYS POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, E2313 INCLUDING ALL RESTRERS, CONNECTORS AND MOUNTING HARDWARE, EACH POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED E2359 POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED E2377 ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INTIN. ISSUE SPECH GENERATINO EDVICE, SYNTHESIZED SPECH, PERMITTING MULTIPLE METHODS OF MESSAGE E2510 FORMULATION AND MULTIPLE METHODS OF DE VICE ACCESS E2601 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH Z603 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2600 THAN 22 INCHES, WHEELGHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH C0289 SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY, DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAEG (CHRONDROPLASTY) AT THE THE OF OTHER G0229 SURTICAL SHARE BATHROSCOPY IN ALTER MERUPORTS, WIDTH LESS G0410 G	x x x x x x x x x x x x x x x x	X
POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXEDMOUNTING HARDWARE E2311 ELECTRO CONNECTO ETW 2 SYS POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH E2313 INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH POWER WHEELCHAIR ACCESSORY, CROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, POWER WHEELCHAIR ACCESSORY, CROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, E2359 ABSORBED GLASSMAT) POWER WHEELCHAIR ACCESSORY, SANDABLE CONTROLLER, INCLUDING ALL RELATED E2377 ELECTRONICS AND MOUNTING HARDWARE, UPGRADE ROVIDED AT INITIAL ISSUE E2510 FORMULATION AND MULTIPLE WITCHOS OF DEVICE ACCESS E2511 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2601 GENERAL USE WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS PORTICAL KORE ANTHROSCOPY IN AD UFFERENT COMPARTMENT OF THE SAME KNEE G0229 SETTING, EACH ANTHROSO OF ACCESSORY, CONDROPLASTY AT THE TIME OF OTHER SUBGLOCK INCERS ANTHROSCOPY, CONDRUG TEART IN PROGRAM THAT	x x x x x x x x x x	X
AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATE DELECTRONICS, E2311 INDICATOR FEATURE, MECHANICAL FUNCTION SWITCH, AND FIXEDMOUNTING HARDWARE E2313 INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH POWER WHEELCHAIR ACCESSORY, CROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ASSORBED GLASSMAT) POWER WHEELCHAIR ACCESSORY, CROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, E2359 ASSORD GLASSMAT) POWER WHEELCHAIR ACCESSORY, CEVANDABLE CONTROLLER, INCLUDING ALL RELATED E2477 ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE SPEECH OENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE E2510 FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS E2501 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH X E2603 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH POSITIONING WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2600 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE E2620 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE E2620 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE E2620 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE C0289 SURGICAL KNEE ATHROSCOPY IN A DIFFERENT COMPARTMENT OF THE SAME KNEE X G0277 HIDO 1, MILDØY GANTDEY 200 FATICULAR CARTILAGE (CHRONDROPLASIY) AT THE TIME OF OTHER SURGICAL KNEE ATHROSCOPY IN A DIFFERENT COMPARTMENT OF THE SAME KNEE X G0299 SETTING, EACH 15 MINUTES OF AREGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE X G0299 SETTING, EACH 15 MINUTES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE X G0299 SETTING, EACH 15 MINUTES MENTAL HOSP TX UNDER 24H H0035 MENTAL HOSP TX UNDER 24H H0035 MENTAL HOSP TX UNDER 24H H0036 ALCOHOL AND/OR DRUG SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE X G0262 INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE) X H0035 INFORMATION, DARBEPOETIN ALFA, 1 MICROGRAM, PER DIEM X H0035 MENTALHEAL HORP TX UNDER 24H H0036 M	x x x x x x x x x x	
AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL REATE DELECTRONICS, E2311 IELECTRO CONNECT BTW 2 SYS IELECTION SWITCH, AND FXEDMOUNTING HARDWARE E2313 INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH POWER WHEELCHARA ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT) POWER WHEELCHARA ACCESSORY, CROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, E2359 ABSORD GLASSMAT) POWER WHEELCHARA ACCESSORY, CPANDABLE CONTROLLER, INCLUDING ALL RELATED E2277 ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE E2510 FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH X E2603 SKIN PROTECTION WHEELCHAIR BEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH X POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS E2620 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE CARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, DEBRIDEMITISHAUMING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS E2620 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE ARTHROSCOPY IN A DIFFERENT COMPARIMENT OF THE SAME KNEE X G0277 HIDHOL, BULDOY GANTICULAR CARTILAGE (CHRONOROPLASIY) AT THE TIME OF OTHER SUBGICAL KNEE ARTHROSCOPY IN A DIFFERENT COMPARIMENT OF THE SAME KNEE X G0299 SETTING, EACH 15 MINUTES ALTORNO, EACH 15 MINUTES X G0299 SETTING, EACH 15 MINUTES X HO015 ALCOHOL AND/OR DRUG SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE X G0299 SETTING, EACH 15 MINUTES X H0035 MH PARTIAL HOSP TX UNDER 24H H2036 ALCOHOL AND/OR DRUG SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE X H2036 ALCOHOL AND/OR DRUG SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE X H2036 INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE) X H H2036 MENTAL HALTH PARTIAL HOSP TA UNDER 24H H2036 MONTOR DRUG SERVI	x x x x x x x x x x	
E2311 INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXEDMOUNTING HARDWARE E2311 ELECTRO CONNECT BW 2 SYS POWER WHEELCHARR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, POWER WHEELCHARR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH E2319 POWER WHEELCHARR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RATED E2377 ELECTRONICS AND MOUNTION HARDWARE, UPGRADE TO EXPANDA SUL RELATED E2310 FOMEW WHEELCHARR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED E2311 SPECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE E2510 FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS E2601 GENERAL USE WHEELCHARR SET CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2603 SKIN PROTECTION WHEELCHARR SET CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH E2600 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE E2620 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE G0289 SURGICAL KNEE ARTHROSCOPY IN A DIFFERENT COMPARTMENT OF THE SAME KNEE G0289 SURGICAL KNEE ARTHROSCOPY IN A DIFFERENT COMPARTMENT OF THE SAME KNEE G02410 GRP PSYCH PARTIAL HOSP 45-50 HODIS ALCOHOL AND/OR DRUG SERVICES OF A REGISTERED NURSE (RIN) IN THE HOME HEALTH OR HOSPICE	x x x x x x x x x x	
E2311 ELECTRO CONNECT BTW 2 SYS POWER WHELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, POWER WHELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH E2313 INCLUDING ALL PASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH E2359 ABSORBED GLASSMATJ POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED E2377 ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INTIAL ISSUE SPECH GENERATING DEVICE, SYNTHESIZED SPECH, PERMITING MULTIPLE METHODS OF MESSAGE E2510 FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS E2601 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH VERSION X E2600 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE ARTHROSCOPY, KNEE, SURFICIAL, SEAT CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS E2600 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE G0289 SURGICAL KNEE ARTHROSCOPY IN A DIFFERENT COMPARTMENT OF THE SAME KNEE G0289 SURGICAL KNEE ARTHROSCOPY IN A DIFFERENT COMPARTMENT OF THE SAME KNEE G0290 SETTING, EACH 15 MINUTES G0210 GRP PSYCH PARTIAL HOSP 45-50 H0035 MENTAL HEATH PARTIAL HOSP 45-50 H0035 <td>x x x x x x x x x x</td> <td></td>	x x x x x x x x x x	
POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT) POWER WHEELCHAIR ACCESSORY, CROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, E2377 ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE E2510 FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS ZE003 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH ZE003 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH ZE2601 GENERALUS WHEELCHAIR SEAT CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS ZE2601 THAN 22 INCHES ANY HEIGHT, INCLUDING SAN TYPE MOUNTING HARDWARE ZE303 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS ZE304 THAN 22 INCHES ANY HEIGHT, INCLUDING SAN TYPE MOUNTING HARDWARE ZE305 BURGICAL KNEE ANT HEIGHT, INCLUDING ANT TYPE MOUNTING HARDWARE ZE306 THAN 22 INCHES ANY HEIGHT, INCLUDING SAN TYPE MOUNTING HARDWARE G0289 SURDICAL KNEE ANTHROSCOPY IN A DIFFERENT COMPARTMENT OF THE SAME KNEE G0299 SETTING, EACH 15 MINUTES D	x x x x x x	
E2313 INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATERY, EACH (E.G. GEL CELL, ASDAGRED CLASSMAT) E2359 ABSORBED GLASSMAT) POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED E2377 ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE X E2510 FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS X E2601 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH X E2603 SKIN PROTECTION WHELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH X E2603 SKIN PROTECTION WHELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH X E2604 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE X E2620 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE X E2620 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE X G0277 Hobt, full body chamber, 30m X X G0289 SUBRICAL KNEE ANTHROSCOPY IN A DIFFERENT COMPARTMENT OF THE SAME KNEE X X G0299 SETTING, EACH 15 MINUTES X X X G0210 GRP PSYCH PARTIAL HOSP 45-50 X X	x x x x x x	x
POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSWAT) POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED E2377 ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE E2510 FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS E2601 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH X E2603 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH POSITIONING WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS E2620 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE G0289 SURGICAL KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, ODERION BODY, DEBRIDEMINTSHAWING OF ARTILLAR (CHRONDROPLASTY) AT THE TIME OF OTHER G0289 SURGICAL KNEE ARTHROSCOPY IN A DIFFERENT COMPARTMENT OF THE SAME KNEE x G0299 SETTING, EACH 15 MINUTES x G0410 GRP PSYCH PARTIAL HOSP 45-50 x H0035 MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS x H0035 MENTAL HOSPITALUZATION, TREATMENT,	x x x x x x	
E2359 ABSORBED GLASSMAT) POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED E2377 ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE P E2510 SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE x E2601 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH x E2603 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH x E2620 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE x E2620 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE x G0289 SURGICAL, KNEE ARTHROSCOPY (N A DIFFRENT COMPARTMENT OF THE SAME KNEE x G0289 SURGICAL KNEE ARTHROSCOPY IN A DIFFRENT COMPARTMENT OF THE SAME KNEE x G0299 SETTING, EACH 15 MINUTES x x G0299 SETTING, EACH 15 MINUTES x x H0015 ALCOHOL AND/OR DRUG SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE x G0299 SETTING, EACH 15 MINUTES x x H0015 ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT x H0035 MENTAL HEALTH PARTIAL HOSP 45-50 <td>x x x x</td> <td>x</td>	x x x x	x
POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED E2377 ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE SPECE1 OENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE E2510 FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS E2601 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH X E2603 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH X E2620 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIN BODY, DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHRONDROPLASTY) AT THE TIME OF OTHER G0277 Hbot, full body chamber, 30m DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE G0289 SETTING, EACH 15 MINUTES G0410 GRP SYCH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS H0035 MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS H0035 MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS H0035 MIN PARTIAL HOSPITA LIZATION, TREATMENT, REATMENT PROGRAM THAT	x x x x	
E2377 ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE x E2510 FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS x E2601 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH x E2602 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE x E26201 HARN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE x E26202 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE x G02289 SURGICAL KNEE ARTINGOSCOPY IN A DIFFRENT COMPARTMENT OF THE SAME KNEE x G02277 Hbot, full body chamber, 30m x x G0299 SETTING, EACH 15 MINUTES x x G0410 GP PSYCH PARTIAL HOSP 45-50 x x H0035 MENATIAL HOSP 45-50 x x H0035 MENTAL HEALTH PARTIAL HOSP HALIZATION, TREATMENT, LESS THAN 24 HOURS x H2036 ALCOHOL AND/OR DRUG SERVICES, INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT x H2036 MENTAL HEALTH PARTIAL HOSP 15LIZATION, TREATMENT, LESS THAN 24 HOURS <t< td=""><td>x x x</td><td>X</td></t<>	x x x	X
SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE x E2510 FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS x E2601 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH x E2603 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH x E2604 POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH x E2620 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE x E2620 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE x G0289 SURGICAL KNEE ARTHROSCOPY IN A DIFFERENT COMPARTMENT OF THE SAME KNEE x G0277 Hbot, full body chamber, 30m x G0289 SULLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE x G0410 GRP PSYCH PARTIAL HOSP 45-50 x x H0015 ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT x H0035 MH PARTIAL HOSP 1X UNDER 24H x x H0036 ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT x H0035 MH PARTIAL HOSP	x x x	X
E2510 FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS x E2601 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH x E2603 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH x E2604 POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH x E2620 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTIG HARDWARE x E2620 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTIG HARDWARE x G0289 SURGICAL KNEE ARTHROSCOPY IN A DIFFERENT COMPARTMENT OF THE SAME KNEE x G02277 Hbot, full body chamber, 30m x G0239 SILILED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE x G0410 GRP PSYCH PARTIAL HOSP 45-50 x x H0015 ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT x H0035 MEPATIAL HACT HARTHAL HOSP A5-50 x x H0035 MEDATIAL HACT HARTHAL ALTORN, TREATMENT, LESS THAN 24 HOURS x x H0035 MEPATIAL HACT HARTHAL HOSP A5-50 x x x H0035 <td< td=""><td>x x x x</td><td>X</td></td<>	x x x x	X
E2601 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH x E2603 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH x POSITIONING WHEELCHAIR SEAT CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS x E2620 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE x G0289 SURGICAL KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY, DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHRONDROPLASTY) AT THE TIME OF OTHER x G0277 Hoot, full body chamber, 30m x G0299 SETTING, EACH 15 MINUTES x G0410 GR PSYCH PARTIAL HOSP 45-50 x H0035 MENTAL HEALTH PARTIAL HOSP TALIZATION, TREATMENT, LESS THAN 24 HOURS x H035 MENTAL HEALTH PARTIAL HOSP TAUNDER 24H x H2036 ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT x J0881 INJECTION, DABGTULINUMTOXINA, 1 UNIT x J1950 INJECTION, DABGTULINUMTOXINA, 1 UNIT x J1950 INJECTION, DABGTULINUMTOXINA, 1 UNIT x J1950 INJECTION, DABGTULINUMTOXINA, 1 UNIT x J10585 INJECTION, DABGTOE	x x x x	X
E2603 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS E2620 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY, DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHRONDROPLASTY) AT THE TIME OF OTHER G0289 SURGICAL KNEE ARTHROSCOPY IN A DIFFERENT COMPARTMENT OF THE SAME KNEE G0277 Hoot, full body chamber, 30m DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE G0299 SETTING, EACH 15 MINUTES G0410 GRP PSYCH PARTIAL HOSP 45-50 H0015 ALCOHOL AND/OR DUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT H0035 MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS H0036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM H2036 A/L DY PROGRAM, PER DIEM H2036 A/D TX PROGRAM, PER DIEM H2036 A/D TX PROGRAM, PER DIEM J0585 INJECTION, DAABEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE) J1950 INJECTION, DAABEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE) J1358 Usterkinumab, iv inject, 1 mg J7170 INJECTI	x x x x	X
POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS E2620 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY, DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHRONDROPLASTY) AT THE TIME OF OTHER G0289 SURGICAL KNEE ARTHROSCOPY IN A DIFFERENT COMPARTMENT OF THE SAME KNEE x G0277 Hbot, full body chamber, 30m	x x x x	X
E2620 THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE Image: Constraint of the image: Constrai	x	X
ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY, DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHRONDROPLASTY) AT THE TIME OF OTHER G0289 SURGICAL KNEE ARTHROSCOPY IN A DIFFERENT COMPARTMENT OF THE SAME KNEE x G0277 Hbot, full body chamber, 30m	x	X
DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHRONDROPLASTY) AT THE TIME OF OTHERG0289SURGICAL KNEE ARTHROSCOPY IN A DIFFERENT COMPARTMENT OF THE SAME KNEExG0277Hbot, full body chamber, 30mDIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICEG0299SETTING, EACH 15 MINUTESxG0410GRP PSYCH PARTIAL HOSP 45-50H0015ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THATxH0035MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURSxH0035MH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURSxH0036ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEMxH2036ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEMxJ0585INJECTION, ONABOTULINUMTOXINA, 1 UNITxJ0585INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)xJ1950INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MGxJ730CULTURED CHONDROCYTES IMPLNTxK0005ULTRALIGHTWEIGHT WHEELCHAIRxK0108WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIEDxL1499SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIEDxK0861PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDSx	x	x
G0289SURGICAL KNEE ARTHROSCOPY IN A DIFFERENT COMPARTMENT OF THE SAME KNEExG0277Hbot, full body chamber, 30mIDIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICExG0299SETTING, EACH 15 MINUTESxG0410GRP PSYCH PARTIAL HOSP 45-50IH0015ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THATxH0035MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURSxH0036ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEMxH2036ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEMxH2036ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEMxH2036INJECTION, ONABOTULINUMTOXINA, 1 UNITxJ0881INJECTION, DABEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)xJ1950INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MGxJ3358Ustekinumab, iv inject, 1 mgxJ730CULTURED CHONDROCYTES IMPLNTxK0005ULTRALIGHTWEIGHT WHEELCHAIRxK0108WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDSx	x	X
G0277 Hbot, full body chamber, 30m Image: Construct of the second s	x	X
DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE x G0299 SETTING, EACH 15 MINUTES x G0410 GRP PSYCH PARTIAL HOSP 45-50 x H0015 ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT x H0035 MENTAL HEALTH PARTIAL HOSP TALIZATION, TREATMENT, LESS THAN 24 HOURS x H0035 MH PARTIAL HOSP TX UNDER 24H x H2036 ALCOHOL AND/OR DRUG REATMENT PROGRAM, PER DIEM x J0585 INJECTION, ONABOTULINUMTOXINA, 1 UNIT x J0881 INJECTION, DABEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE) x J1950 INJECTION, DLEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG x J2562 INJECTION, PLERIXAFOR, 1 MG x J3358 Ustekinumab, iv inject, 1 mg x J7330 CULTURED CHONDROCYTES IMPLNT x K0005 ULTRALIGHT WHEELCHAIR x K0108 WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, x POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, x	x	X
G0299SETTING, EACH 15 MINUTESxG0410GRP PSYCH PARTIAL HOSP 45-50Image: Constraint of the system of th	x	
G0410GRP PSYCH PARTIAL HOSP 45-50H0015ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THATH0035MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURSH0035MH PARTIAL HOSP TX UNDER 24HH2036ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEMH2036A/D TX PROGRAM, PER DIEMH2036A/D TX PROGRAM, PER DIEMJ0585INJECTION, ONABOTULINUMTOXINA, 1 UNITJ0881INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)J1950INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MGJ2562INJECTION, PLERIXAFOR, 1 MGJ3358Ustekinumab, iv inject, 1 mgJ7170INJECTION, EMICIZUMAB-KXWH, 0.5 MGJ7330CULTURED CHONDROCYTES IMPLNTK0005ULTRALIGHTWEIGHT WHEELCHAIRK0108WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIEDK0108WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	x	
H0015ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THATxH0035MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURSxH0035MH PARTIAL HOSP TX UNDER 24HxH2036ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEMxH2036A/D TX PROGRAM, PER DIEMxJ0585INJECTION, ONABOTULINUMTOXINA, 1 UNITxJ0881INJECTION, DABBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)xJ1950INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MGxJ2562INJECTION, PLERIXAFOR, 1 MGxJ3358Ustekinumab, iv inject, 1 mgxJ7170INJECTION, EMICIZUMAB-KXWH, 0.5 MGxJ7330CULTURED CHONDROCYTES IMPLNTxK0108WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIEDxL1499SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIEDxK0861PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDSx	x	
H0035MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURSxH0035MH PARTIAL HOSP TX UNDER 24HxH2036ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEMxH2036A/D TX PROGRAM, PER DIEMxJ0585INJECTION, ONABOTULINUMTOXINA, 1 UNITxJ0881INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)xJ1950INJECTION, DERIZATOR, 1 MGxJ2662INJECTION, PLERIXAFOR, 1 MGxJ3358Ustekinumab, iv inject, 1 mgxJ7170INJECTION, EMICIZUMAB-KXWH, 0.5 MGxJ7330CULTURED CHONDROCYTES IMPLNTXK0005ULTRALIGHTWEIGHT WHEELCHAIRxK0108WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIEDxL1499SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIEDxK0861PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDSX		
H0035MH PARTIAL HOSP TX UNDER 24HH2036ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEMXH2036A/D TX PROGRAM, PER DIEMXJ0585INJECTION, ONABOTULINUMTOXINA, 1 UNITXJ0881INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)XJ1950INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MGXJ2562INJECTION, PLEIXAFOR, 1 MGXJ3358Ustekinumab, iv inject, 1 mgXJ7170INJECTION, EMICIZUMAB-KXWH, 0.5 MGXJ7330CULTURED CHONDROCYTES IMPLNTXK0005ULTRALIGHTWEIGHT WHEELCHAIRXK0108WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIEDXL1499SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIEDXK0861PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDSX		
H2036 ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM x H2036 A/D TX PROGRAM, PER DIEM x J0585 INJECTION, ONABOTULINUMTOXINA, 1 UNIT x J0881 INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE) x J1950 INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG x J2562 INJECTION, PLEIXAFOR, 1 MG x J3358 Ustekinumab, iv inject, 1 mg x J7170 INJECTION, EMICIZUMAB-KXWH, 0.5 MG x J7330 CULTURED CHONDROCYTES IMPLINT x K0005 ULTRALIGHTWEIGHT WHEELCHAIR x L1499 SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED x K0861 PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS x	Х	
H2036 A/D TX PROGRAM, PER DIEM x J0585 INJECTION, ONABOTULINUMTOXINA, 1 UNIT x J0881 INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE) x J1950 INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG x J2562 INJECTION, PLERIXAFOR, 1 MG x J3358 Ustekinumab, iv inject, 1 mg x J7170 INJECTION, EMICIZUMAB-KXWH, 0.5 MG x J7330 CULTURED CHONDROCYTES IMPLNT x K0005 ULTRALIGHTWEIGHT WHEELCHAIR x K0108 WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED x L1499 SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED x K0861 PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS x		Х
J0585 INJECTION, ONABOTULINUMTOXINA, 1 UNIT x J0881 INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE) x J1950 INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG x J2562 INJECTION, PLERIXAFOR, 1 MG x J3358 Ustekinumab, iv inject, 1 mg x J7170 INJECTION, EMICIZUMAB-KXWH, 0.5 MG x J7330 CULTURED CHONDROCYTES IMPLNT x K0005 ULTRALIGHTWEIGHT WHEELCHAIR x K0108 WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED x L1499 SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED x K0861 PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS x		
J0881 INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE) x J1950 INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG x J2562 INJECTION, PLERIXAFOR, 1 MG x J3358 Ustekinumab, iv inject, 1 mg x J7170 INJECTION, EMICIZUMAB-KXWH, 0.5 MG x J7330 CULTURED CHONDROCYTES IMPLNT x K0005 ULTRALIGHTWEIGHT WHEELCHAIR x K0108 WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED x L1499 SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED x K0861 PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS x	Х	Х
J1950 INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG x J2562 INJECTION, PLERIXAFOR, 1 MG x J3358 Ustekinumab, iv inject, 1 mg injection, EMICIZUMAB-KXWH, 0.5 MG x J7170 INJECTION, EMICIZUMAB-KXWH, 0.5 MG x J7330 CULTURED CHONDROCYTES IMPLNT x K0005 ULTRALIGHTWEIGHT WHEELCHAIR x K0108 WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED x L1499 SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED x K0861 PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS x		
J2562 INJECTION, PLERIXAFOR, 1 MG x J3358 Ustekinumab, iv inject, 1 mg injection, EMICIZUMAB-KXWH, 0.5 MG x J7170 INJECTION, EMICIZUMAB-KXWH, 0.5 MG x J7330 CULTURED CHONDROCYTES IMPLNT x K0005 ULTRALIGHTWEIGHT WHEELCHAIR x K0108 WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED x L1499 SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED x K0861 PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS x		
J3358 Ustekinumab, iv inject, 1 mg Image: Comparison of Comparison		
J7170 INJECTION, EMICIZUMAB-KXWH, 0.5 MG x J7330 CULTURED CHONDROCYTES IMPLNT x K0005 ULTRALIGHTWEIGHT WHEELCHAIR x K0108 WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED x L1499 SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED x POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		
J7330 CULTURED CHONDROCYTES IMPLNT x K0005 ULTRALIGHTWEIGHT WHEELCHAIR x K0108 WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED x L1499 SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED x POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, power WHEELCHAIR, GROUP 3 OP OUNDS		Х
K0005 ULTRALIGHTWEIGHT WHEELCHAIR x K0108 WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED x L1499 SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED x POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, x K0861 PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS x	х	
K0108 WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED x L1499 SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED x POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, x K0861 PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS x		Х
L1499 SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED x POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, x K0861 PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS x		
POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, K0861 PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	х	Х
K0861 PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		
	Х	
		Х
L5301 BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM X		
L5624 S/A L5618,ABOVE KNEE x		
L5620 S/A L5618,BELOW KNEE x L5631 ACRYLIC SOCKET ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, x		
L5629 ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET x L5637 ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT x		
L5645 EXTERNAL FRAME ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, X		
L5649 ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET x		
L5647 ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET x		
L5650 DISARTICULATION SOCKET ADD TO LOW EXT, TOTAL CONTRACT, ABOVE KNEE x		
L5651 EXTERNAL FRAME ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, X		
L5652 DISARTICULATION SOCKET ADD TO LOW EXT, SUCTION SUSPEN, ABOVE KNEE x		
L5671 ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING x		
ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING		
MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH		
L5673 LOCKING MECHANISM x		
L5676 PAIR S/A L5666, KNEE JOINTS, PAIR x		
ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING		
MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE		
L5679 WITH LOCKING MECHANISM x		
L5678 S/A L5666,JOINTS COVERS,PAIR x		
STALESOOD, JOINTS COVERS, PAIR X		
L5828 AND X		
L5680 S/A L5666,THIGH LACER,NON-MOLDED x		
L5845 ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE x		

1 50 40	ADDITION TO ENDOSKELETAL, KNEE-SHIN SYSTEM, HYDRAULIC STANCE EXTENSION, DAMPENING			
L5848	FEATURE, WITH OR WITHOUT ADJUSTABILITY	Х		
1 5050	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR			
L5856	CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	X		
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	Х		
L5920	ALIGNABLE SYSTEM ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION,	Х		
	(TITANIUM, CARBON FIBER OR EQUAL) ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT			
L5940	MATERIAL	Х		
	(TITANIUM, CARBON FIBER OR EQUAL) ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT			
L5950	MATERIAL	х		
	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION			
L5968	FEATURE	х		
L5986	EQUAL) ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ("MCP" OR	х		
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	х		
L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON.	х		
L5999	LOWR EXTREMITY PROSTHES NOS			х
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH	х		~
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH	x		
	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH			
L8470		Х		
L8614				х
	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT			
	OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL			
L8692	ATTACHMENT	х		
L8619	COCH IMP EXT PROC/CONTR RPLC			х
S0201	PARTIAL HOSPITALIZATION SERV		х	
Q2056	Ciltacabtagene car-pos t			х
	CRANIAL REMOLDING ORTHOSIS, RIDIG, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED,			
S1040	INCLUDING FITTING AND ADJUSTMENT(S)	х		
S2068	BREAST DIEP OR SIEA FLAP			х
S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	х	х	
S4011	IVF PACKAGE	~	x	х
S4011	COMPLETE IN VITRO FERTILIZATION CYCLE, CASE RATE; NOT OTHERWISE SPECIFIED	v	^	^
		Х		
S4015	COMPLETE IVF NOS CASE RATE			Х
S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Х	Х	
S4016	FROZEN IVF CASE RATE			Х
S4018	FROZEN EMBRYO TRANSFER PROCEDURE CANCELLED BEFORE TRANSFER, CASE RATE	Х	Х	
S4020	IN VITRO FERTILIZATION PROCEDURE CANCELLED BEFORE ASPIRATION, CASE RATE	Х		
S4021	IN VITRO FERTILIZATION PROCEDURE CANCELLED AFTER ASPIRATION, CASE RATE	х	х	
S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	х	х	х
S4023	INCOMPL DONOR EGG CASE RATE			х
S4035	STIMULATED INTRAUTERIN INSEMINATION (IUI), CASE RATE	х		
	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE			
S9123	ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)	х		
S9123	NURSING CARE IN HOME RN		х	
S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	х	~	
S9485	CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER DIEM	~	v	
39465	Chisis Intervention Pientae field in Services, Perceien		~	