

**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:		Last Name:	
E-Mail:		Phone Number:	

**Section III. Prior Authorization History**

	2021	2022	2023	2021	2022	2023
Total Number of Prior Authorizations Requested	1560	1234	1497	Percent of Total		
B: Standard Requests Approved	1399	715	903	89.74%	87.62%	93.29%
C: Standard Requests Denied	160	101	65	10.26%	12.38%	6.71%
H: Standard Request Average Approval Time (Days)	1.8	1.8	1.8			
H: Standard Request Median Approval Time (Days)	0	0	0			
D: Appealed Requests Approved	0	1	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			
I: Expedited Review Median Approval Time (Days)	0	0	0			
J: Concurrent Care Request Average Approval Time (Days)	0.3	0.5	0.5			
J: Concurrent Care Request Median Approval Time (Days)	0	0	0			

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

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

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

21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE) WITH THORACOSCOPY	x		
21750	CLOSURE OF MEDIAN STERNOTOMY SEPERATION WITH OR WITHOUT DEBRIDEMENT (SEPERATE PROCEDURE)	x		
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	x		
22551	ARTHROD ANT INTERBODY DECOMPRESS CERVICAL BELW C2		x	x
22552	ARTHROD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC		x	x
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR		x	
22585	ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC		x	
22600	ARTHROD PST TQ 1NTRSPC CRV			x
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	x		
22612	ARTHRODESIS POSTERIOR/POSTEROLATERAL LUMBAR	x		
22612	ARTHROD PST TQ 1NTRSPC LUMBAR		x	
22610	ARTHROD PST TQ 1NTRSPC THRC			x
22614	ARTHROD PST TQ 1NTRSPC EA ADD			x
22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR		x	
22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	x		
22633	ARTHROD POST/POSTEROLATRL/POSTINTERBODY LUMBAR	x		
22633	ARTHROD CMBN 1NTRSPC LUMBAR		x	x
22634	ARTHROD CMBN 1NTRSPC EA ADDL		x	x
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	x		
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	x	x	
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG		x	x
22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG			x
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	x		
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS		x	x
22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS			x
22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	x		
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHROD	x	x	x
22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	x		
23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	x	x	
23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER			x
23930	INCISION AND DRAINAGE; DEEP ABSCESS OR HEMATOMA	x		
25609	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG			x
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	x	x	
27130	ARTHRO ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT		x	x
27132	CONV PREV HIP TOT HIP ARTHRO W/WO AGRFT/ALGRFT		x	
27252	CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA			x
27259	OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT			x
27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS			x
27299	UNLISTED PROCEDURE PELVIS/HIP JOINT			x
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE			x
27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN			x
27446	ARTHRO KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT		x	x
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	x	x	x
27447	ARTHRO KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS		x	x
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY (EG, FLATFOOT CORRECTION)	x		
28805	AMPUTATION, FOOT; TRANSMETATARSAL	x		
29848	NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM		x	
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/ SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION ARTHROSCOPY, AND/ OR RESECTION OF LABRUM		x	
29862	ARTHRO HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG			x
29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY			x

29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT			x
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)	x		
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S), WHEN PERFORMED	x		
29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	x	x	
29914	ARTHROSCOPY HIP W/FEMOROPLASTY		x	x
29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)		x	
29915	ARTHROSCOPY HIP W/ACETABULOPLASTY			x
29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	x	x	
29916	ARTHROSCOPY HIP W/LABRAL REPAIR		x	x
29999	UNLISTED PROCEDURE, ARTHROSCOPY		x	
30117	EXCISION OR DESTRUCTION(EG,LASER), INTRANASAL LESION; INTERNAL APPROACH	x		
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			x
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	x		
30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP	x	x	
30410	RHINP PRIM COMPLETE XTRNL PARTS			x
30420	RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR		x	
30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	x		
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT		x	
30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF		x	x
30802	ABL TJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL			x
30930	FRACTURE NASAL INFERIOR TURBINATE THERAPEUTIC			x
31237	NASAL/SINUS NDSC SURG W/BX POLYPECT/DBRDMT SPX			x
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	x		
31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	x		
31254	NASAL/SINUS ENDOSCOPY W/ETHMOIDECTOMY PARTIAL			x
31255	NASAL/SINUS ENDOSCOPY W/ETHMOIDECTOMY TOTAL			x
31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	x		
31256	NASAL/SINUS ENDOSCOPY W/MAXILLARY ANTROSTOMY			x
31257	NASAL/SINUS NDSC TOTAL WITH SPHENOIDOTOMY			x
31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	x		
31259	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL			x
31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	x		
31267	NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS			x
31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	x		
31276	NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION			x
31287	NASAL/SINUS ENDOSCOPY W/SPHENOIDECTOMY			x
31288	NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS			x
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) maxillary sinus ostium, transnasal or via canine fossa			x
31298	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia			x
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal sinus ostium			x
31525	LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN			x
31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE			x
31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE		x	x
31541	LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP			x
31622	BRNCHSC INCL FLUOR GID DX W/CELL WASHG SPX		x	x
31760	TRACHEOPLASTY INTRATHORACIC			x
31781	EXC TRACHEAL STENOSIS&ANAST CERVICOTHORACIC			x
31770	BRONCHOPLASTY GRAFT REPAIR			x
32601	THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX		x	
32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE		x	
32607	THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL			x
32666	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL UNILATERAL	x		
32998	ABLATION PULMONARY TUMOR PERQ RADIOFREQUENCY UNI			x
33202	INSERTION OF EPICARDIAL ELECTRODE(S); OPEN INCISION (EG, THORACO TOMY, MEDIAN STERNOTOMY, SUBXIPHOID APPROACH)	x		
33266	NDSC ABLATION & RCNSTJ ATRIA EXTEN W/O BYPASS		x	
33390	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; SIMPLE (IE, VALVOTOMY, DEBRIDEMENT, DEBULKING, AND/OR SIMPLE COMMISSURAL RESUSPENSION)	x		

33391	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; COMPLEX (EG, LEAFLET EXTENSION, LEAFLET RESECTION, LEAFLET RECONSTRUCTION, OR ANNULOPLASTY)	x		
33405	REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE OTHER THAN HOMOGRAFT OR STENTLESS VALVE	x		
33405	RPLCMT PROST AORTIC VALVE XCP HOMOGRF/STENT		x	x
33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC RING	x		
33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE	x		
33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG			x
33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	x		
33518	CORONARY ARTERY BYP W VEIN & ARTERY GRAFT 2 VEI			x
33534	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL GRAFTS	x		
33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT		x	
33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT		x	x
33620	APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS (EG, HYBRID APPROACH STAGE 1)	x		
33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM; WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT PATCH	x		
33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/NO PATCH			x
33647	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT OR PATCH CLOSURE	x		
33645	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULMONARY VENOUS DRAINAGE	x		
33681	CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH;	x		
33684	CLOSURE VENTRICULAR SEPTAL DEFECT; WITH PULMONARY VALVOTOMY OR INFUNDIBULAR RESECTION (ACYANOTIC)	x		
33690	BANDING OF PULMONARY ARTERY	x		
33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPASS	x		
33750	SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)	x		
33767	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIRECTIONAL GLENN PROCEDURE)	x		
33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT	x		
33917	RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT			x
33802	DIVISION ABERRANT VESSEL VASCULAR RING			x
33922	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS	x		
33924	REMOVE PULMONARY SHUNT	x		
33990	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; LEFT HEART, ARTERIAL ACCESS ONLY	x		
33954	ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER OPEN		x	
33993	REPOSITIONING OF PERCUTANEOUS RIGHT OR LEFT HEART VENTRICULAR ASSIST DEVICE WITH IMAGING GUIDANCE AT SEPARATE AND DISTINCT SESSION FROM INSERTION	x		
33999	UNLISTED PROCEDURE, CARDIAC SURGERY	x		
33999	UNLISTED CARDIAC SURGERY			x
34502	RECONSTRUCTION VENA CAVA ANY METHOD	x		x
34520	CROSS-OVER VEIN GRAFT VENOUS SYSTEM			x
34701	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 INTERPRETATION,ALL ENDOGRAFT EXTE	x		
34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT		x	
34702	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 INTERPRETATION,ALL ENDOGRAFT EXTE	x		
34702	EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT		x	
34703	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-UNI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRET	x		
34703	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT		x	
34704	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-UNI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRET	x		
34704	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT RPT		x	
34705	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-BI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRET	x		
34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT		x	

34706	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-BI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETA	x		
34706	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT RPT		x	
34707	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 INTERPRETATION,AND ALL ENDOGRAFT EXTENS	x		
34707	EVASC RPR DPLMNT ILIO-ILIAC NDGFT		x	
34708	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 INTERPRETATION,AND ALL ENDOGRAFT EXTENS	x		
34708	EVASC RPR DPLMNT ILIO-ILIAC NDGFT RPT		x	
34709	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 ANEURYSM, FALSE ANEURYSM, DISSECTION, PENETRATING ULCER, INCLUDING PRE-PROCEED	x		
34709	PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR		x	
35081	DIR RPR ANEURYSM ABDOMINAL AORTA			x
35091	DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS			x
35211	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS	x		
35102	DIR RPR ANEURYSM ABDOM AORTA W/ILIAC VESSELS			x
35271	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BYPASS	x		
35271	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/BYP			x
35286	RPR BLVSL W/GRF OTHER/THAN VEIN LOWER EXTREMITY		x	
35556	BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL	x		
35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC		x	
35600	HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BYPASS PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	x		
35600	OPEN HRV UXTR ART 1 SGM CAB		x	
35583	IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	x		
35606	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	x		
36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN		x	
36470	NJX SCLEROSING SOLUTION SINGLE VEIN		x	
36471	NJX SCLEROSING SOLUTION MULTIPLE VEINS SAME LEG		x	x
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	x	x	
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN		x	x
36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS			x
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	x	x	x
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN		x	x
36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS			x
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS;	x		
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	x		
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS		x	x
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE);	x		
37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS		x	x
37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG	x	x	
37785	LIGJ DIVJ &/EXCJ VARICOSE VEIN CLUSTER 1 LEG			x
38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR		x	
38241	HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION	x		
38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR			x
38500	BX/EXC LYMPH NODE OPEN SUPERFICIAL			x
38525	BIOPSY OR EXCISION OF LYMPH NODE(S);OPEN, DEEP AXILLARY NODE(S)		x	
38510	BX/EXC LYMPH NODE OPEN DEEP CERVICAL NODE			x
38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE	x		
38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY			x
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	x		
38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ		x	x
38700	SUPRAHYOID LYMPHADENECTOMY		x	
38792	INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICATION OF SENTINEL NODE		x	
38900	INTRAOP SENTINEL LYMPH NODE ID W/DYE INJECTION			x
38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	x		x
39545	IMBRICATION DIAPHRAGM EVENTRATION			x
40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	x	x	
40799	UNLISTED PROCEDURE, LIPS		x	

41150	GLSSC COMPOSIT W/RESCJ FLOOR & MANDIBULAR RESCJ		x	
41153	GLSSC COMPOSIT RESCJ FLOOR SUPRAHYOID NCK DSJ		x	
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	x		
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	x		
42145	PALATOPHARYNGOPLASTY			x
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER		x	
42826	TONSILLECTOMY ONE-HALF AGE 12/>		x	x
42821	TONSILLECTOMY & ADENOIDECTOMY AGE 12/>			x
42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12			x
43235	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)			x
43235	UPPER GI NDSC DX W/VO COLLECTION SPECIMEN			x
43239	UPPER NDSC BIOPSY SINGLE/MULTIPLE			x
43244	UPR GI NDSC BAND LIG ESOPHGL&/GSTR VARICES			x
43249	UPR GI NDSC BALLOON DILAT ESOPH <30 MM DIAM			x
43248	UPR GI NDSC INSJ GUIDE WIRE DILAT ESOPHAGUS			x
43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH			x
43251	UPR GI NDSC RMVL TUM POLYP/OTH LES SNARE TQ			x
43282	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/MESH		x	
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	x	x	
43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM		x	x
43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDURE)	x		
43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH			x
43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY	x		
43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT		x	
43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	x	x	
43775	LAP SLEEVE GASTRECTOMY		x	x
43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, WITH OR WITHOUT PARTIAL GASTRECTOMY OR INTESTINE RESECTION; WITHOUT VAGOTOMY	x		
43860	REVJ GSTR/JJ ANAST W/RCNSTJ W/O VGTMY		x	
44005	ENTEROLSS FRING INTSTINAL ADHESION SPX		x	
44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	x		
44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST			x
44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	x		
44146	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY	x		
44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY	x		
44187	LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE			x
44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	x		
44205	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY	x		
44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM			x
44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST			x
44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	x		
44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE			x
44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE			x
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	x		
44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT		x	
45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE			x
45378	COLONOSCOPY FLX DX W/VO COLLJ SPECIMENS			x
45382	COLSC FLX PROX SPLENIC FLXR CTRL BLD			x
45381	COLSC FLX PROX SPLENIC FLXR SBMCSL NJX			x
45385	COLSC FLX PROX SPLENIC FLXR RMVL LES SNARE TQ			x
45384	COLSC FLX PROX SPLENIC FLXR RMVL LES CAUT			x
45550	PROCTOPEXY W/SIGMOID RESCJ ABDL APPR		x	x
45386	COLSC FLX PROX SPLENIC FLXR DILAT BALO 1/> STRI			x
46040	I&D ISCHIORECTAL&/PERIRECTAL ABSCESS SPX			x
45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX			x
46255	HEMORRHOIDECTOMY NTRNL & XTRNL 1 COLUMN/GROUP		x	
46060	I&D ISCHIORCT/INTRAMURAL ABSC W/VO SETON			x
46261	HRHC NTRNL & XTRNL 2/> COLUMN/GROUP W/FISSU			x
46260	HEMORRHOIDECTOMY INT & XTRNL 2/> COLUMN/GRO			x
47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY		x	
46262	HRHC 2/> COL/GRP W/FSTULECTMY INCL FSSRECTMY			x
47125	HEPATECTOMY RESCJ TOTAL LEFT LOBECTOMY		x	
47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE			x



47562	LAPAROSCOPY SURG CHOLECYSTECTOMY			x
47563	LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY			x
48150	PANCREATECTOMY, PROXIMAL SUBTOTAL, WITH DUODENECTOMY, PARTIAL GASTRECTOMY, CHOLEDOCHOENTEROSTOMY AND GASTROJEJUNOSTOMY (WHIPPLE-TYPE PROCEDURE); WITH PANCREATOJEJUNOSTOMY	x		
48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOENTEROSTOMY AND DUODENOJEJUNOSTOMY (PYLORUS-SPARING, WHIPPLE- TYPE PROCEDURE); WITH PANCREATOJEJUNOSTOMY	x		
49505	RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE			
49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING		x	x
49320	LAPS ABD PRMT&OMENTUM DX W/VO SPEC BR/WA SPX			x
49568	IMPLANT MESH OPN HERNIA RPR/DEBRIDEMENT CLOSURE		x	
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			x
49616	RPR AA HRN RCR 3-10 NCR/STRN			x
49594	RPR AA HRN 1ST 3-10 NCR/STRN			x
49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); REDUCIBLE	x		
49650	LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA		x	x
49655	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); INCARCERATED OR STRANGULATED		x	
49655	LAPS RPR INCISIONAL HERNIA NCRC8/STRANGULATED		x	
49654	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); REDUCIBLE		x	
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE		x	
49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM & OMENTUM			x
50360	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT; EXCLUDING DONOR AND RECIPIENT NEPHRECTOMY		x	
50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY			x
50543	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY		x	
50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA AND SURROUNDING FATTY TISSUE, REMOVAL OF REGIONAL LYMPH NODES, AND ADRENALECTOMY)	x		
50545	LAPAROSCOPY RADICAL NEPHRECTOMY			x
51990	LAPAROSCOPY URETHRAL SUSPENSION STRESS INCONT			x
52000	CYSTOURETHROSCOPY		x	x
52005	CYSTO BLADDER W/URETERAL CATHETERIZATION		x	x
52310	CYSTO W/SIMPLE REMOVAL STONE & STENT			x
52214	CYSTO W/DESTRUCTION OF LESIONS			x
52351	CYSTO W/URTROSCOPY&/PYELOSCOPY DX		x	x
52332	CYSTO W/INSERT URETERAL STENT			x
52353	CYSTO W/URETEROSCOPY W/LITHOTRIPSY		x	x
52352	CYSTO W/URETEROSCOPY W/RMVL/MANJ STONES		x	x
52356	CYSTO/URETERO W/LITHOTRIPSY &NDWELL STENT INSRT		x	x
52601	TRURL ELECTROSURG RESCJ PROSTATE BLEED COMPLETE			x
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH;	x		
52648	LASER VAPORIZATION OF PROSTATE FOR URINE FLOW			x
55700	PROSTATE NEEDLE BIOPSY ANY APPROACH		x	x
55040	EXCISION HYDROCELE UNILATERAL			x
57288	SLING OPERATION STRESS INCONTINENCE		x	x
55866	LAPS PROTECT RETROPUBIC RAD W/NRV SPARING ROBOT			x
58120	DILATION & CURETTAGE DX&/THER NONOBSTETRIC		x	
57454	COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE			x
58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	x		
58180	SUPRACERVICAL ABDL HYSTER W/VO RMVL TUBE OVARY			x
58200	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		
58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	x		x
58544	LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY			x
58542	LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR			x
58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/VO D&C		x	x
58555	HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE		x	x
58559	HYSTEROSCOPY LYSIS INTRAUTERINE ADHESIONS			x
58560	HYSTEROSCOPY DIV/RESCJ INTRAUTERINE SEPTUM			x
58561	HYSTEROSCOPY REMOVAL LEIOMYOMATA			x
58563	HYSTEROSCOPY ENDOMETRIAL ABLATION			x
58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/>			x

58565	HYSTEROSCOPY BI TUBE OCCLUSION W/PERM IMPLNTS			X
58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY		X	
58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES		X	
58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE		X	
58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD			X
59400	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE		X	
59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM			X
59409	VAGINAL DELIVERY ONLY			X
59425	ANTEPARTUM CARE ONLY 4-6 VISITS			X
59426	ANTEPARTUM CARE ONLY 7/> VISITS			X
60240	THYROIDECTOMY TOTAL/COMPLETE			X
60220	TOTAL THYROID LOBECTOMY UNI W/VO ISTHUSECTOMY			X
60540	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT BIOPSY, TRANSABDOMINAL, LUMBAR OR DORSAL (SEPARATE PROCEDURE)	X		X
60650	LAPAROSCOPY ADRENALECTOMY PRTL/COMPL TABDL		X	
61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR		X	X
61215	INSJ SUBQ RSVR PUMP/INFUSION SYSTEM VENTRIC CATH			X
61590	INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (PARAPHARYNGEAL SPACE, INFRATEMPORAL AND MIDLINE SKULL BASE, NASOPHARYNX), WITH OR WITHOUT DIARTICULATION OF THE MANDIBLE, INCLUDING PAROTIDECTOMY, CRANIOTOMY, DECOMPRESSION AND/OR PETROUS CAROT	X		
61512	CRNEC TREPHINE BONE FLAP MENINGIOMA SUPRATENTOR		X	
61697	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIRCULATION	X		
61781	STRCTC CPTR ASSTD PX CRANIAL INTRADURAL		X	X
61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	X		
61863	STRCTC IMPLTJ NSTIM ELTRD W/O RECORD 1ST ARRAY			X
61864	STRCTC IMPLTJ NSTIM ELTRD W/O RECORD EA ARRAY			X
63015	LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL			X
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	X	X	
63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR		X	X
63035	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR			X
63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	X		
63042	LAMOT PRTL FFD EXC DISC REEXPL 1 INTRSPC LUMBAR			X
63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL		X	
63045	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT CERVICAL			X
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	X	X	
63047	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	X	X	X
63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL OR LATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT, CERVICAL, THORACIC OR LUMB	X		
63048	LAM FACETEC & FORAMOT EA ADDL		X	X
63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL OR LATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGM			X
63052	LAM FACETC/FRMT ARTHRD LUM 1		X	X
63053	LAM FACTC/FRMT ARTHRD LUM EA		X	X
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	X		
63200	LAMINECTOMY RELEASE TETHERED SPINAL CORD LUMBAR		X	
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	X		
63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING FLUOROSCOPY, WHEN PERFORMED	X		
63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	X		
63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING		X	
63688	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	X		
64628	TRML DSTRJ IOS BVN 1ST 2 L/S		X	X

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

89254	OOCYTE ID FROM FOLLICULAR FLU			x
89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH			x
89258	CRYOPRESERVATION; EMBRYO	x	x	
89264	SPERM IDENTIFICATION FROM TESTIS TISSUE, FRESH OR CRYOPRESERVED	x		
89272	EXTND CUL OOCYTE/EMBRYO 4-7 DAYS			x
89280	ASSTD FERTILIZATION MICROTQ </EQUAL 10 OOCYTES			x
89290	BX OOCYTE MICROTQ >/EQUAL 5 EMBRY		x	x
89281	ASSTD FERTILIZATION MICROTQ > 10 OOCYTES			x
89335	CRYOPRESERVATION, REPRODUCTIVE TISSUE, TESTICULAR	x		
89291	BX OOCYTE MICROTQ >5 EMBRY		x	x
89342	STORAGE, (PER YEAR); EMBRYO(S)	x	x	
89337	CRYOPRESERVATION, MATURE OOCYTE(S)	x	x	
89343	STORAGE, (PER YEAR); SPERM/SEMEN	x		
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE			x
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	x		
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	x	x	x
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	x	x	x
90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES		x	x
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	x	x	x
90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES		x	x
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT			x
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT			x
90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	x	x	
90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M		x	x
90853	GROUP PSYCHOTHERAPY			x
90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	x	x	
90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG		x	x
90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	x	x	
90869	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV & MN		x	x
93312	ECHOCARDIOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M MODE RECORDING) TRANSESOPHAGEAL; INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION, INTERPRETATION AND REPORT	x		
92520	LARYNGEAL FUNCTION STUDIES		x	
93563	NJX SEL HRT ART CONGENITAL HRT CATH W/S&I			x
93463	MEDICATION ADMIN & HEMODYNAMIC MEASUREMENT			x
93565	NJX SEL L VENT/ATRIAL ANGIO HRT CATH W/S&I			x
93566	NJX SEL R VENT/ATRIAL ANGIO HRT CATH W/S&I			x
93567	NJX SUPRAVALV AORTOG HRT CATH W/S&I			x
93568	NJX CAR CTH NSLC P-ART ANGRP			x
93574	NJX CATH SLCT PULM VN ANGRPH			x
93573	NJX CATH SLCT P-ART ANGRP BI			x
93656	COMPRES EP EVAL ABLTJ ATR FIB		x	
93662	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I			x
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; COMPLETE BILATERAL STUDY			x
93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY			x
95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	x		
95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	x		x
95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRE	x		
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater th			x
95726	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 84 HOURS OF EEG RE	x		
95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary			x
96158	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE INITIAL 30 MINUTES	x	x	
95800	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME			x

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

E1012	Ctr mount pwr elev leg rest			x
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	x	x	
E2300	WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE		x	
E2300	PWR SEAT ELEVATION SYS			x
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE		x	
E2311	ELECTRO CONNECT BTW 2 SYS			x
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH		x	
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)		x	
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE		x	
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE 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	
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		x	
G0289	ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY, DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY) AT THE TIME OF OTHER SURGICAL KNEE ARTHROSCOPY IN A DIFFERENT COMPARTMENT OF THE SAME KNEE	x		
G0277	Hbot, full body chamber, 30m			x
G0299	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE 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 HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	x	x	
H0035	MH PARTIAL HOSP TX UNDER 24H		x	x
H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	x		
H2036	A/D TX PROGRAM, PER DIEM	x	x	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	x	
J7330	CULTURED CHONDROCYTES IMPLNT			x
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	x		
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	x	x	x
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	x		
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		x	
K0861	PWC GP3 STD MULT POW OPT S/B			x
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE	x		
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		
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	x		
L5676	PAIR S/A L5666, KNEE JOINTS, PAIR	x		
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	x		
L5678	S/A L5666, JOINTS COVERS, PAIR	x		
L5828	STANCE PHASE CONTROL ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND	x		
L5680	S/A L5666, THIGH LACER, NON-MOLDED	x		
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	x		

[illegible]