

**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: | Community Health Options |  |  |
| NAIC:         | 15077                    |  |  |

**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          | 17276 | 21511 | 25055 | Percent of Total |        |        |
| B: Standard Requests Approved                           | 14935 | 19323 | 22725 | 91.60%           | 93.54% | 94.10% |
| C: Standard Requests Denied                             | 1369  | 1335  | 1425  | 8.40%            | 6.46%  | 5.90%  |
| H: Standard Request Average Approval Time (Days)        | 0.8   | 0.9   | 1     |                  |        |        |
| H: Standard Request Median Approval Time (Days)         | 0     | 0     | 0     |                  |        |        |
| D: Appealed Requests Approved                           | 35    | 15    | 22    |                  |        |        |
| E: Extended Reviews Approved                            | 1611  | 1824  | 2041  |                  |        |        |
| F: Expedited Reviews Approved                           | 881   | 809   | 843   | 94.02%           | 96.54% | 95.47% |
| G: Expedited Reviews Denied                             | 56    | 29    | 40    | 5.98%            | 3.46%  | 4.53%  |
| I: Expedited Review Average Approval Time (Days)        | 0.2   | 0.2   | 0.2   |                  |        |        |
| I: Expedited Review Median Approval Time (Days)         | 0     | 0     | 0     |                  |        |        |
| J: Concurrent Care Request Average Approval Time (Days) | 0.3   | 0.2   | 0.2   |                  |        |        |
| 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/HCPCS Code | Description of Item or Service                     | 2021 | 2022 | 2023 |
|----------------|--|------|------|------|
| 00100          | ANESTHESIA SALIVARY GLANDS WITH BIOPSY             | x    | x    | x    |
| 00102          | ANESTH REPAIR OF CLEFT LIP                         | x    | x    | x    |
| 00103          | ANESTHESIA FOR RECONSTRUCTIVE PROC, EYELID         | x    | x    | x    |
| 00104          | ANESTH ELECTROSHOCK                                | x    | x    | x    |
| 00120          | ANESTHESIA, PROC ON EXT, MIDDLE, AND INNER EAR W/B | x    | x    | x    |
| 00124          | ANESTH EAR EXAM                                    | x    | x    | x    |
| 00126          | ANESTH TYMPANOTOMY                                 | x    | x    | x    |
| 00140          | ANESTH PROCEDURES ON EYE                           | x    | x    | x    |
| 00142          | ANESTH LENS SURGERY                                | x    | x    | x    |
| 00144          | ANESTHESIA, PROC ON EYE; CORNEAL TRANSPLANT        | x    | x    | x    |
| 00145          | ANESTH VITREORETINAL SURG                          | x    | x    | x    |
| 00147          | ANESTH IRIDECTOMY                                  | x    | x    | x    |
| 00148          | ANESTH EYE EXAM                                    | x    | x    | x    |
| 00160          | ANESTH NOSE/SINUS SURGERY                          | x    | x    | x    |
| 00162          | ANESTH NOSE/SINUS SURGERY                          | x    | x    | x    |
| 00164          | ANESTH BIOPSY OF NOSE                              | x    | x    | x    |
| 00170          | ANESTH PROCEDURE ON MOUTH                          | x    | x    | x    |
| 00172          | ANESTH CLEFT PALATE REPAIR                         | x    | x    | x    |
| 00174          | ANESTH PHARYNGEAL SURGERY                          | x    | x    | x    |
| 00176          | ANESTH PHARYNGEAL SURGERY                          | x    | x    | x    |
| 00190          | ANESTH FACE/SKULL BONE SURG                        | x    | x    | x    |
| 00192          | ANESTH FACIAL BONE SURGERY                         | x    | x    | x    |
| 00210          | ANESTH CRANIAL SURG NOS                            | x    | x    | x    |
| 00211          | ANESTH CRAN SURG HEMOTOMA                          | x    | x    | x    |
| 00212          | ANESTH SKULL DRAINAGE                              | x    | x    | x    |
| 00214          | ANESTH SKULL DRAINAGE                              | x    | x    | x    |
| 00215          | ANESTH SKULL REPAIR/FRACT                          | x    | x    | x    |
| 00216          | ANESTH HEAD VESSEL SURGERY                         | x    | x    | x    |
| 00218          | ANESTH SPECIAL HEAD SURGERY                        | x    | x    | x    |
| 00220          | ANESTH INTRCRN NERVE                               | x    | x    | x    |
| 00222          | ANESTH HEAD NERVE SURGERY                          | x    | x    | x    |
| 00300          | ANESTH HEAD/NECK/PTRUNK                            | x    | x    | x    |
| 00320          | ANESTH NECK ORGAN 1YR/>                            | x    | x    | x    |
| 00322          | ANESTH BIOPSY OF THYROID                           | x    | x    | x    |
| 00326          | ANESTH LARYNX/TRACH < 1 YR                         | x    | x    | x    |
| 00350          | ANESTH NECK VESSEL SURGERY                         | x    | x    | x    |
| 00352          | ANESTH NECK VESSEL SURGERY                         | x    | x    | x    |
| 00400          | ANESTH SKIN EXT/PER/ATRUNK                         | x    | x    | x    |
| 00402          | ANESTHESIA, EXTREMITIES, ANTERIOR TRUNK, PERINEUM, | x    | x    | x    |
| 00404          | ANESTH SURGERY OF BREAST                           | x    | x    | x    |
| 00406          | ANESTH SURGERY OF BREAST                           | x    | x    | x    |
| 00410          | ANESTH CORRECT HEART RHYTHM                        | x    | x    | x    |
| 00450          | ANESTH SURGERY OF SHOULDER                         | x    | x    | x    |
| 00454          | ANESTH COLLAR BONE BIOPSY                          | x    | x    | x    |
| 00470          | ANESTH REMOVAL OF RIB                              | x    | x    | x    |
| 00472          | ANESTH CHEST WALL REPAIR                           | x    | x    | x    |
| 00474          | ANESTH SURGERY OF RIB                              | x    | x    | x    |
| 00500          | ANESTH ESOPHAGEAL SURGERY                          | x    | x    | x    |
| 00520          | ANESTH CHEST PROCEDURE                             | x    | x    | x    |
| 00522          | ANESTH CHEST LINING BIOPSY                         | x    | x    | x    |
| 00524          | ANESTH CHEST DRAINAGE                              | x    | x    | x    |
| 00528          | ANES MEDIASCPY & DX THORSCPY                       | x    | x    | x    |
| 00529          | ANES MEDSCPY&THORSCPY 1 LUNG                       | x    | x    | x    |
| 00530          | ANESTH PACEMAKER INSERTION                         | x    | x    | x    |
| 00532          | ANESTH VASCULAR ACCESS                             | x    | x    | x    |
| 00534          | ANESTH CARDIOVERTER/DEFIB                          | x    | x    | x    |
| 00537          | ANESTH CARDIAC ELECTROPHYS                         | x    | x    | x    |
| 00539          | ANESTH TRACH-BRONCH RECONST                        | x    | x    | x    |
| 00540          | ANESTH CHEST SURGERY                               | x    | x    | x    |
| 00541          | ANESTH ONE LUNG VENTILATION                        | x    | x    | x    |
| 00542          | ANESTHESIA REMOVAL PLEURA                          | x    | x    | x    |
| 00546          | ANESTH LUNG CHEST WALL SURG                        | x    | x    | x    |
| 00548          | ANESTH TRACHEA BRONCHI SURG                        | x    | x    | x    |
| 00550          | ANESTH STERNAL DEBRIDEMENT                         | x    | x    | x    |
| 00560          | ANESTH HEART SURG W/O PUMP                         | x    | x    | x    |
| 00561          | ANESTH HEART SURG <1 YR                            | x    | x    | x    |
| 00562          | ANESTH HRT SURG W/PMP AGE 1+                       | x    | x    | x    |
| 00563          | ANESTH HEART SURG W/ARREST                         | x    | x    | x    |
| 00566          | ANESTH CABG W/O PUMP                               | x    | x    | x    |
| 00567          | ANESTH CABG W/PUMP                                 | x    | x    | x    |
| 00580          | ANESTHESIA, HEART TRANSPLANT/HEART AND LUNG TRANSP | x    | x    | x    |

|       |   |   |   |   |
|-------|---|---|---|---|
| 00600 | ANESTH SPINE CORD SURGERY   | X | X | X |
| 00604 | ANESTH SITTING PROCEDURE  | X | X | X |
| 00620 | ANESTH SPINE CORD SURGERY   | X | X | X |
| 00625 | ANES SPINE TRANSTHOR W/O VENT   | X | X | X |
| 00626 | ANES SPINE TRANSTHOR W/VENT   | X | X | X |
| 00630 | ANESTH SPINE CORD SURGERY   | X | X | X |
| 00632 | ANESTH REMOVAL OF NERVES  | X | X | X |
| 00635 | ANESTH LUMBAR PUNCTURE  | X | X | X |
| 00640 | ANESTH SPINE MANIPULATION   | X | X | X |
| 00670 | ANESTH SPINE CORD SURGERY   | X | X | X |
| 00700 | ANESTH ABDOMINAL WALL SURG  | X | X | X |
| 00702 | ANESTH FOR LIVER BIOPSY   | X | X | X |
| 00730 | ANESTH ABDOMINAL WALL SURG  | X | X | X |
| 00731 | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified                               | X | X | X |
| 00732 | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP) | X | X | X |
| 00750 | ANESTH REPAIR OF HERNIA   | X | X | X |
| 00752 | ANESTH REPAIR OF HERNIA   | X | X | X |
| 00754 | ANESTH REPAIR OF HERNIA   | X | X | X |
| 00756 | ANESTH REPAIR OF HERNIA   | X | X | X |
| 00770 | ANESTH BLOOD VESSEL REPAIR  | X | X | X |
| 00790 | ANESTH SURG UPPER ABDOMEN   | X | X | X |
| 00792 | ANESTH HEMORR/EXCISE LIVER  | X | X | X |
| 00794 | ANESTH PANCREAS REMOVAL   | X | X | X |
| 00796 | ANESTHESIA, INTRAPERITONEAL PROC, UPPER ABDOMEN, W  | X | X | X |
| 00797 | ANESTH SURGERY FOR OBESITY  | X | X | X |
| 00800 | ANESTH ABDOMINAL WALL SURG  | X | X | X |
| 00802 | ANESTH FAT LAYER REMOVAL  | X | X | X |
| 00811 | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified                                       | X | X | X |
| 00812 | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy   | X | X | X |
| 00813 | Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum              | X | X | X |
| 00820 | ANESTH ABDOMINAL WALL SURG  | X | X | X |
| 00830 | ANESTH REPAIR OF HERNIA   | X | X | X |
| 00832 | ANESTH REPAIR OF HERNIA   | X | X | X |
| 00834 | ANESTH HERNIA REPAIR < 1 YR   | X | X | X |
| 00836 | ANESTH HERNIA REPAIR PREEMIE  | X | X | X |
| 00840 | ANESTH SURG LOWER ABDOMEN   | X | X | X |
| 00842 | ANESTH AMNIOCENTESIS  | X | X | X |
| 00844 | ANESTH PELVIS SURGERY   | X | X | X |
| 00846 | ANESTH HYSTERECTOMY   | X | X | X |
| 00848 | ANESTH PELVIC ORGAN SURG  | X | X | X |
| 00851 | ANES IPER LWR ABD W/LAPS TUBAL LIGATION/TRANSECT  | X | X | X |
| 00860 | ANESTH SURGERY OF ABDOMEN   | X | X | X |
| 00862 | ANESTH KIDNEY/URETER SURG   | X | X | X |
| 00864 | ANESTH REMOVAL OF BLADDER   | X | X | X |
| 00865 | ANESTH REMOVAL OF PROSTATE  | X | X | X |
| 00866 | ANESTH REMOVAL OF ADRENAL   | X | X | X |
| 00868 | ANESTHESIA, EXTRAPERITONEAL PROC, LOWER ABDOMEN, W  | X | X | X |
| 00870 | ANESTH BLADDER STONE SURG   | X | X | X |
| 00872 | ANESTH KIDNEY STONE DESTRUCT  | X | X | X |
| 00873 | ANESTH KIDNEY STONE DESTRUCT  | X | X | X |
| 00880 | ANESTH ABDOMEN VESSEL SURG  | X | X | X |
| 00882 | ANESTH MAJOR VEIN LIGATION  | X | X | X |
| 00902 | ANESTHESIA ANORECTAL PROCEDURE  | X | X | X |
| 00904 | ANESTHESIA RADICAL PERINEAL PROCEDURE   | X | X | X |
| 00906 | ANESTH REMOVAL OF VULVA   | X | X | X |
| 00908 | ANESTH REMOVAL OF PROSTATE  | X | X | X |
| 00910 | ANES TRANSURETHRAL W/URETHROCYSTOSCOPY NOS  | X | X | X |
| 00912 | ANESTH BLADDER TUMOR SURG   | X | X | X |
| 00914 | ANESTH REMOVAL OF PROSTATE  | X | X | X |
| 00916 | ANESTH BLEEDING CONTROL   | X | X | X |
| 00918 | ANESTH STONE REMOVAL  | X | X | X |
| 00920 | ANESTH GENITALIA SURGERY  | X | X | X |
| 00921 | ANESTH VASECTOMY  | X | X | X |
| 00922 | ANESTH SPERM DUCT SURGERY   | X | X | X |
| 00924 | ANESTH TESTIS EXPLORATION   | X | X | X |
| 00926 | ANESTH REMOVAL OF TESTIS  | X | X | X |
| 00928 | ANESTH REMOVAL OF TESTIS  | X | X | X |
| 00930 | ANESTH TESTIS SUSPENSION  | X | X | X |
| 00932 | ANESTH AMPUTATION OF PENIS  | X | X | X |
| 00934 | ANESTH PENIS NODES REMOVAL  | X | X | X |

|       |                              |   |   |   |
|-------|------------------------------|---|---|---|
| 00936 | ANESTH PENIS NODES REMOVAL   | X | X | X |
| 00938 | ANESTH INSERT PENIS DEVICE   | X | X | X |
| 00940 | ANESTH VAGINAL PROCEDURES    | X | X | X |
| 00942 | ANESTH SURG ON VAG/URETHRAL  | X | X | X |
| 00944 | ANESTH VAGINAL HYSTERECTOMY  | X | X | X |
| 00948 | ANESTH REPAIR OF CERVIX      | X | X | X |
| 00950 | ANESTH VAGINAL ENDOSCOPY     | X | X | X |
| 00952 | ANESTH HYSTEROSCOPE/GRAPH    | X | X | X |
| 01112 | ANESTH BONE ASPIRATE/BX      | X | X | X |
| 01120 | ANESTH PELVIS SURGERY        | X | X | X |
| 01130 | ANESTH BODY CAST PROCEDURE   | X | X | X |
| 01140 | ANESTH AMPUTATION AT PELVIS  | X | X | X |
| 01150 | ANESTH PELVIC TUMOR SURGERY  | X | X | X |
| 01160 | ANESTH PELVIS PROCEDURE      | X | X | X |
| 01170 | ANESTH PELVIS SURGERY        | X | X | X |
| 01173 | ANESTH FX REPAIR PELVIS      | X | X | X |
| 01200 | ANESTH HIP JOINT PROCEDURE   | X | X | X |
| 01202 | ANESTH ARTHROSCOPY OF HIP    | X | X | X |
| 01210 | ANESTH HIP JOINT SURGERY     | X | X | X |
| 01212 | ANESTH HIP DISARTICULATION   | X | X | X |
| 01214 | ANESTH HIP ARTHROPLASTY      | X | X | X |
| 01215 | ANESTH REVISE HIP REPAIR     | X | X | X |
| 01220 | ANESTH PROCEDURE ON FEMUR    | X | X | X |
| 01230 | ANESTH SURGERY OF FEMUR      | X | X | X |
| 01232 | ANESTH AMPUTATION OF FEMUR   | X | X | X |
| 01234 | ANESTH RADICAL FEMUR SURG    | X | X | X |
| 01250 | ANESTH UPPER LEG SURGERY     | X | X | X |
| 01260 | ANESTH UPPER LEG VEINS SURG  | X | X | X |
| 01270 | ANESTH THIGH ARTERIES SURG   | X | X | X |
| 01272 | ANESTH FEMORAL ARTERY SURG   | X | X | X |
| 01274 | ANESTH FEMORAL EMBOLECTOMY   | X | X | X |
| 01320 | ANESTH KNEE AREA SURGERY     | X | X | X |
| 01340 | ANESTH KNEE AREA PROCEDURE   | X | X | X |
| 01360 | ANESTH KNEE AREA SURGERY     | X | X | X |
| 01380 | ANESTH KNEE JOINT PROCEDURE  | X | X | X |
| 01382 | ANESTH DX KNEE ARTHROSCOPY   | X | X | X |
| 01390 | ANESTH KNEE AREA PROCEDURE   | X | X | X |
| 01392 | ANESTH KNEE AREA SURGERY     | X | X | X |
| 01400 | ANESTH KNEE JOINT SURGERY    | X | X | X |
| 01402 | ANESTH KNEE ARTHROPLASTY     | X | X | X |
| 01404 | ANESTH AMPUTATION AT KNEE    | X | X | X |
| 01420 | ANESTH KNEE JOINT CASTING    | X | X | X |
| 01430 | ANESTH KNEE VEINS SURGERY    | X | X | X |
| 01432 | ANESTH KNEE VESSEL SURG      | X | X | X |
| 01440 | ANESTH KNEE ARTERIES SURG    | X | X | X |
| 01442 | ANESTH KNEE ARTERY SURG      | X | X | X |
| 01444 | ANESTH KNEE ARTERY REPAIR    | X | X | X |
| 01462 | ANESTH LOWER LEG PROCEDURE   | X | X | X |
| 01464 | ANESTH ANKLE/FT ARTHROSCOPY  | X | X | X |
| 01470 | ANESTH LOWER LEG SURGERY     | X | X | X |
| 01472 | ANESTH ACHILLES TENDON SURG  | X | X | X |
| 01474 | ANESTH LOWER LEG SURGERY     | X | X | X |
| 01480 | ANESTH LOWER LEG BONE SURG   | X | X | X |
| 01482 | ANESTH RADICAL LEG SURGERY   | X | X | X |
| 01484 | ANESTH LOWER LEG REVISION    | X | X | X |
| 01486 | ANESTH ANKLE REPLACEMENT     | X | X | X |
| 01490 | ANESTH LOWER LEG CASTING     | X | X | X |
| 01500 | ANESTH LEG ARTERIES SURG     | X | X | X |
| 01502 | ANESTH LWR LEG EMBOLECTOMY   | X | X | X |
| 01520 | ANESTH LOWER LEG VEIN SURG   | X | X | X |
| 01522 | ANESTH LOWER LEG VEIN SURG   | X | X | X |
| 01610 | ANESTH SURGERY OF SHOULDER   | X | X | X |
| 01620 | ANESTH SHOULDER PROCEDURE    | X | X | X |
| 01622 | ANES DX SHOULDER ARTHROSCOPY | X | X | X |
| 01630 | ANESTH SURGERY OF SHOULDER   | X | X | X |
| 01634 | ANESTH SHOULDER JOINT AMPUT  | X | X | X |
| 01636 | ANESTH FOREQUARTER AMPUT     | X | X | X |
| 01638 | ANESTH SHOULDER REPLACEMENT  | X | X | X |
| 01650 | ANESTH SHOULDER ARTERY SURG  | X | X | X |
| 01652 | ANESTH SHOULDER VESSEL SURG  | X | X | X |
| 01654 | ANESTH SHOULDER VESSEL SURG  | X | X | X |
| 01656 | ANESTH ARM-LEG VESSEL SURG   | X | X | X |
| 01670 | ANESTH SHOULDER VEIN SURG    | X | X | X |
| 01680 | ANESTH SHOULDER CASTING      | X | X | X |
| 01710 | ANESTH ELBOW AREA SURGERY    | X | X | X |

|       |   |   |   |   |
|-------|---|---|---|---|
| 01712 | ANESTH UPPR ARM TENDON SURG   | X | X | X |
| 01714 | ANESTH UPPR ARM TENDON SURG   | X | X | X |
| 01716 | ANESTH BICEPS TENDON REPAIR   | X | X | X |
| 01730 | ANESTH UPPR ARM PROCEDURE   | X | X | X |
| 01732 | ANESTH DX ELBOW ARTHROSCOPY   | X | X | X |
| 01740 | ANESTH UPPER ARM SURGERY  | X | X | X |
| 01742 | ANESTH HUMERUS SURGERY  | X | X | X |
| 01744 | ANESTH HUMERUS REPAIR   | X | X | X |
| 01756 | ANESTH RADICAL HUMERUS SURG   | X | X | X |
| 01758 | ANESTH HUMERAL LESION SURG  | X | X | X |
| 01760 | ANESTH ELBOW REPLACEMENT  | X | X | X |
| 01770 | ANESTH UPPR ARM ARTERY SURG   | X | X | X |
| 01772 | ANESTH UPPR ARM EMBOLECTOMY   | X | X | X |
| 01780 | ANESTH UPPER ARM VEIN SURG  | X | X | X |
| 01782 | ANESTH UPPR ARM VEIN REPAIR   | X | X | X |
| 01810 | ANESTH LOWER ARM SURGERY  | X | X | X |
| 01820 | ANESTH LOWER ARM PROCEDURE  | X | X | X |
| 01829 | ANESTH DX WRIST ARTHROSCOPY   | X | X | X |
| 01830 | ANESTH LOWER ARM SURGERY  | X | X | X |
| 01832 | ANESTH WRIST REPLACEMENT  | X | X | X |
| 01840 | ANESTH LWR ARM ARTERY SURG  | X | X | X |
| 01842 | ANESTH LWR ARM EMBOLECTOMY  | X | X | X |
| 01844 | ANESTH VASCULAR SHUNT SURG  | X | X | X |
| 01850 | ANESTH LOWER ARM VEIN SURG  | X | X | X |
| 01852 | ANESTH LWR ARM VEIN REPAIR  | X | X | X |
| 01860 | ANESTH LOWER ARM CASTING  | X | X | X |
| 01916 | ANESTH DX ARTERIOGRAPHY   | X | X | X |
| 01920 | ANESTH CATHETERIZE HEART  | X | X | X |
| 01922 | ANESTH CAT OR MRI SCAN  | X | X | X |
| 01924 | ANES THER INTERVEN RAD ARTRL  | X | X | X |
| 01925 | ANES THER INTERVEN RAD CARD   | X | X | X |
| 01926 | ANES TX INTERV RAD HRT/CRAN   | X | X | X |
| 01930 | ANES THER INTERVEN RAD VEIN   | X | X | X |
| 01931 | ANES THER INTERVEN RAD TIPS   | X | X | X |
| 01932 | ANES TX INTERV RAD TH VEIN  | X | X | X |
| 01933 | ANES TX INTERV RAD CRAN VEIN  | X | X | X |
| 01935 | ANESTH PERC IMG DX SP PROC  | X |   |   |
| 01936 | ANESTH PERC IMG TX SP PROC  | X |   |   |
| 01937 | Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic                                   |   | X | X |
| 01938 | Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral                                       |   | X | X |
| 01939 | Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic                                     |   | X | X |
| 01940 | Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral   |   | X | X |
| 01941 | Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic |   | X | X |
| 01942 | Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral     |   | X | X |
| 01951 | ANESTH BURN LESS 4 PERCENT  | X | X | X |
| 01952 | ANESTH BURN 4-9 PERCENT   | X | X | X |
| 01953 | ANESTH BURN EACH 9 PERCENT  | X | X | X |
| 01958 | ANESTH ANTEPARTUM MANIPUL   | X | X | X |
| 01960 | ANESTH VAGINAL DELIVERY   | X | X | X |
| 01961 | ANESTH CS DELIVERY  | X | X | X |
| 01962 | ANESTH EMER HYSTERECTOMY  | X | X | X |
| 01963 | ANESTH CS HYSTERECTOMY  | X | X | X |
| 01965 | ANESTH INC/MISSED AB PROC   | X | X | X |
| 01966 | ANESTH INDUCED AB PROCEDURE   | X | X | X |
| 01967 | ANESTH/ANALG VAG DELIVERY   | X | X | X |
| 01968 | ANES/ANALG CS DELIVER ADD-ON  | X | X | X |
| 01969 | ANESTH/ANALG CS HYST ADD-ON   | X | X | X |
| 01990 | PHYSIOLOGICAL SUPPORT, HARVESTING, ORGAN(S), BRAIN  | X | X | X |
| 01991 | ANESTH NERVE BLOCK/INJ  | X | X | X |
| 01992 | ANESTH N BLOCK/INJ PRONE  | X | X | X |
| 01996 | HOSP MANAGE CONT DRUG ADMIN   | X | X | X |
| 01999 | UNLISTED ANESTH PROCEDURE   | X | X | X |
| 10004 | Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)                               | X | X |   |
| 10005 | Fine needle aspiration biopsy, including ultrasound guidance; first lesion  | X | X |   |
| 10006 | Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)                          | X | X |   |
| 10007 | Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion  | X | X |   |

|       |   |   |   |   |
|-------|---|---|---|---|
| 10008 | Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)  | x | x |   |
| 10009 | Fine needle aspiration biopsy, including CT guidance; first lesion  | x | x |   |
| 10010 | Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)  | x | x |   |
| 10011 | Fine needle aspiration biopsy, including MR guidance; first lesion  | x | x |   |
| 10012 | Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)  | x | x |   |
| 10021 | FINE NEEDLE ASIPIRATION;WITHOUT IMAGING GUIDANCE  | x | x |   |
| 10030 | IMAGE-GUIDED CATHETER FLUID COLLECTION DRAINAGE   | x | x | x |
| 10035 | Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion   | x | x | x |
| 10036 | Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure) | x | x | x |
| 10060 | DRAINAGE OF SKIN ABSCESS  | x | x |   |
| 10061 | INCISION AND DRAINAGE OF ABSCESS; COMPLICATED OR M  | x | x | x |
| 10080 | INCISION AND DRAINAGE, PILONIDAL CYST; SIMPLE   | x | x | x |
| 10081 | INCISION AND DRAINAGE, PILONIDAL CYST; COMPLICATED  | x | x | x |
| 10120 | INCISION AND REMOVAL, FB, SUBQ TISSUES; SIMPLE  | x | x | x |
| 10121 | INCISION AND REMOVAL, FB, SUBQ TISSUES; COMPLICATE  | x | x | x |
| 10140 | INCISION AND DRAINAGE, HEMATOMA, SEROMA/FLUID COLL  | x | x |   |
| 10160 | PUNCTURE ASPIRATION, ABSCESS, HEMATOMA, BULLA/CYST  | x | x |   |
| 10180 | INCISION & DRAINAGE, COMPLEX POST OPERATIVE   | x | x | x |
| 11000 | DEBRIDEMENT, EXTENSIVE ECZEMATOUS/INFECTED SKIN; U  | x | x |   |
| 11001 | DEBRIDEMENT, EXTENSIVE ECZEMATOUS/INFECTED SKIN; A  | x | x |   |
| 11004 | DEBRIDEMENT, EXTERNAL GENITALIA AND PERINEUM  | x | x |   |
| 11005 | DEBRIDEMENT, ABDOMINAL WAL, WITH/VO FASCIAL CLOSUR  | x | x |   |
| 11006 | DEBRIDEMENT, EXTERNAL GENITALIA, PERIEUM , AND ABD  | x | x |   |
| 11008 | REMOVAL OF PROSTHETIC MATERIAL OR MESH  | x | x | x |
| 11010 | DBRDMT W/RMVL FM FX&/DISLC SKN&SUBQ TISS  | x | x | x |
| 11011 | DEBRIDEMENT W/REMOVAL FOREIGN MATL, OPEN FX/DISLOC  | x | x | x |
| 11012 | DBRDMT FX&/DISLC SUBQ T/M/F BONE  | x | x | x |
| 11042 | DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<  | x | x | x |
| 11043 | DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/<  | x | x | x |
| 11044 | DBRDMT BONE M&/F 20 SQ CM/<   | x | x | x |
| 11045 | DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM   | x | x | x |
| 11046 | DBRDMT M&/F EA ADDL 20 SQ CM  | x | x | x |
| 11047 | DEBRIDEMENT BONE EA ADDL 20 SQ CM/<   | x | x | x |
| 11057 | PARING/CUTTING, BENIGN HYPERKERATOTIC LESION; GREY  | x |   |   |
| 11102 | Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion   | x | x |   |
| 11103 | Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)   | x | x |   |
| 11104 | Punch biopsy of skin (including simple closure, when performed); single lesion  | x | x | x |
| 11105 | Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)  | x | x | x |
| 11106 | Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion   | x | x | x |
| 11107 | Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)   | x | x | x |
| 11308 | SHAVING SKIN LESION, SCALP/NECK/HANDS/FEET/GENITAL  | x | x | x |
| 11443 | EXCISE, BENIGN SKIN LESION, INCL MARGINS, FACE/EAR  | x |   |   |
| 11450 | EXCISION, SKIN AND SUBQ TISSUE, HIDRADENITIS, AXIL  | x | x | x |
| 11451 | EXCISION, SKIN ANDSUBQ TISSUE, HIDRADENITIS, AXILL  | x | x | x |
| 11462 | EXCISION, SKIN AND SUBQ TISSUE, HIDRADENITIS, INGU  | x | x | x |
| 11463 | EXCISION, SKIN AND SUBQ TISSUE, HIDRADENITIS, INGU  | x | x | x |
| 11470 | EXCISION, SKIN AND SUBQ TISSUE, HIDRADENITIS, PERI  | x | x | x |
| 11471 | EXCISION, SKIN AND SUBQ TISSUE, HIDRADENITIS, PERI  | x | x | x |
| 11600 | EXCISION, MALIGNANT LESION, INCL MARGINS, TRUNK/AR  | x | x |   |
| 11601 | EXCISION, MALIGNANT LESION, INCL MARGINS, TRUNK/AR  | x | x |   |
| 11602 | EXCISION, MALIGNANT LESION, DIAMETER 1.1 TO 2.0 CM  | x | x |   |
| 11603 | EXCISION, MALIGNANT LESION, DIAMETER 2.1 TO 3.0 CM  | x | x |   |
| 11604 | EXCISION, MALIGNANT LESION, INCL MARGINS, TRUNK/AR  | x | x |   |
| 11606 | EXCISION, MALIGNANT LESION, INCL MARGINS, TRUNK/AR  | x | x |   |
| 11620 | EXCISION, MALIGNANT LESION, INCL MARGINS, SCALP/NE  | x | x |   |
| 11621 | EXCISION, MALIGNANT LESION, INCL MARGINS, SCALP/NE  | x | x |   |
| 11622 | EXCISION, MALIGNANT LESION, INCL MARGINS, SCALP/NE  | x | x |   |
| 11623 | EXCISION, MALIGNANT LESION, INCL MARGINS, SCALP/NE  | x | x |   |
| 11624 | EXCISION, MALIGNANT LESION, INCL MARGINS, SCALP/NE  | x | x |   |
| 11626 | EXCISION, MALIGNANT LESION, INCL MARGINS, SCALP/NE  | x | x |   |
| 11640 | EXCISION, MALIGNANT LESION, INCL MARGINS, FACE/EAR  | x | x |   |
| 11641 | EXCISION, MALIGNANT LESION, DIAMETER 0.6 TO 1.0 CM  | x | x |   |
| 11642 | EXCISION, MALIGNANT LESION, DIAMETER 1.1 TO 2.0 CM  | x | x |   |
| 11643 | EXCISION, MALIGNANT LESION, DIAMETER 2.1 TO 3.0 CM  | x | x |   |
| 11644 | EXCISION, MALIGNANT LESION, INCL MARGINS, FACE/EAR  | x | x |   |
| 11646 | EXCISION, MALIGNANT LESION, INCL MARGINS, FACE/EAR  | x | x |   |

|       |  |   |   |   |
|-------|--|---|---|---|
| 11720 | DEBRIDEMENT, NAIL(S), ANY METHOD(S); 1-5           | X |   |   |
| 11721 | DEBRIDEMENT, NAIL(S), ANY METHOD(S); OVER 6        | X |   |   |
| 11760 | REPAIR, NAIL BED                                   | X | X | X |
| 11762 | RECONSTRUCTION, NAIL BED W/GRAFT                   | X | X | X |
| 11770 | EXCISION, PILONIDAL CYST/SINUS; SIMPLE             | X | X | X |
| 11771 | EXCISION, PILONIDAL CYST/SINUS; EXTENSIVE          | X | X | X |
| 11772 | EXCISION, PILONIDAL CYST/SINUS; COMPLICATED        | X | X | X |
| 11920 | TATTOOING TO CORRECT COLOR DEFECTS; 6.0 SQ CM/LESS | X | X | X |
| 11921 | TATTOOING TO CORRECT COLOR DEFECTS; 6.1-20.0 SQ CM | X | X | X |
| 11922 | TATTOOING TO CORRECT COLOR DEFECTS; ADDL 20.0 SQ C | X | X | X |
| 11960 | INSERTION, TISSUE EXPANDER(S), OTHER THAN BREAST,  | X | X | X |
| 11970 | REPLACEMENT, TISSUE EXPANDER W/PERMANENT PROSTHESI | X | X | X |
| 11971 | REMOVAL, TISSUE EXPANDER(S) W/O INSERTION, PROSTHE | X | X | X |
| 11976 | REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES        | X | X | X |
| 11980 | IMPLANTATION, HORMONE PELLETT, SUBCUTANEOUS        | X | X | X |
| 11981 | INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT | X | X | X |
| 11982 | REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT   | X | X | X |
| 11983 | REMOVAL W/REINSERTION, NON-BIODEGRADABLE DRUG DELI | X | X | X |
| 12001 | SIMPLE REPAIR, SUPERFICIAL WOUNDS, SCALP/NECK/AXIL | X | X |   |
| 12002 | SIMPLE REPAIR, SUPERFICIAL WOUNDS, SCALP/NECK/AXIL | X | X |   |
| 12004 | SIMPLE REPAIR, SUPERFICIAL WOUNDS, SCALP/NECK/AXIL | X | X |   |
| 12005 | SIMPLE REPAIR, SUPERFICIAL WOUNDS, SCALP/NECK/AXIL | X | X |   |
| 12006 | SIMPLE REPAIR, SUPERFICIAL WOUNDS, SCALP/NECK/AXIL | X | X |   |
| 12007 | SIMPLE REPAIR, SUPERFICIAL WOUNDS, SCALP/NECK/AXIL | X | X |   |
| 12011 | SIMPLE REPAIR, SUPERFICIAL WOUNDS, FACE/EARS/EYELI | X | X |   |
| 12013 | SIMPLE REPAIR, SUPERFICIAL WOUNDS, FACE/EARS/EYELI | X | X |   |
| 12014 | SIMPLE REPAIR, SUPERFICIAL WOUNDS, FACE/EARS/EYELI | X | X |   |
| 12015 | SIMPLE REPAIR, SUPERFICIAL WOUNDS, FACE/EARS/EYELI | X | X |   |
| 12016 | SIMPLE REPAIR, SUPERFICIAL WOUNDS, FACE/EARS/EYELI | X | X |   |
| 12017 | SIMPLE REPAIR, SUPERFICIAL WOUNDS, FACE/EARS/EYELI | X | X |   |
| 12018 | SIMPLE REPAIR, SUPERFICIAL WOUNDS, FACE/EARS/EYELI | X | X |   |
| 12020 | TREATMENT, SUPERFICIAL WOUND DEHISCENCE; SIMPLE CL | X | X |   |
| 12021 | TREATMENT, SUPERFICIAL WOUND DEHISCENCE; W/PACKING | X | X |   |
| 12031 | LAYER CLOSURE, WOUNDS, SCALP/AXILLAE/TRUNK/EXTREMI | X | X |   |
| 12032 | LAYER CLOSURE OF WOUNDS,SCALP,ETC 2.6 CM TO 7.5 CM | X | X |   |
| 12034 | LAYER CLOSURE, WOUNDS, SCALP/AXILLAE/TRUNK/EXTREMI | X | X |   |
| 12035 | LAYER CLOSURE, WOUNDS, SCALP/AXILLAE/TRUNK/EXTREMI | X | X |   |
| 12036 | LAYER CLOSURE, WOUNDS, SCALP/AXILLAE/TRUNK/EXTREMI | X | X |   |
| 12037 | LAYER CLOSURE, WOUNDS, SCALP/AXILLAE/TRUNK/EXTREMI | X | X |   |
| 12041 | LAYER CLOSURE, WOUNDS, NECK, HANDS, FEET AND/OR EX | X | X |   |
| 12042 | LAYER CLOSURE, WOUNDS, NECK, HANDS, FEET AND/OR EX | X | X |   |
| 12044 | LAYER CLOSURE, WOUNDS, NECK, HANDS, FEET AND/OR EX | X | X |   |
| 12045 | LAYER CLOSURE, WOUNDS, NECK, HANDS, FEET AND/OR EX | X | X |   |
| 12046 | LAYER CLOSURE, WOUNDS, NECK, HANDS, FEET AND/OR EX | X | X |   |
| 12047 | LAYER CLOSURE, WOUNDS, NECK, HANDS, FEET AND/OR EX | X | X |   |
| 12051 | LAYER CLOSURE, WOUNDS, FACE/EARS/EYELIDS/NOSE/LIPS | X | X |   |
| 12052 | LAYER CLOSURE, WOUNDS, FACE/EARS/EYELIDS/NOSE/LIPS | X | X |   |
| 12053 | LAYER CLOSURE, WOUNDS, FACE/EARS/EYELIDS/NOSE/LIPS | X | X |   |
| 12054 | LAYER CLOSURE, WOUNDS, FACE/EARS/EYELIDS/NOSE/LIPS | X | X |   |
| 12055 | LAYER CLOSURE, WOUNDS, FACE/EARS/EYELIDS/NOSE/LIPS | X | X |   |
| 12056 | LAYER CLOSURE, WOUNDS, FACE/EARS/EYELIDS/NOSE/LIPS | X | X |   |
| 12057 | LAYER CLOSURE, WOUNDS, FACE/EARS/EYELIDS/NOSE/LIPS | X | X |   |
| 13100 | REPAIR, COMPLEX, TRUNK; 1.1 TO 2.5 CM              | X | X |   |
| 13101 | REPAIR, COMPLEX, TRUNK; 2.6 TO 7.5 CM              | X | X |   |
| 13102 | REPAIR, COMPLEX TRUNK, EACH ADDL 5 CM OR LESS      | X | X |   |
| 13120 | REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 TO  | X | X |   |
| 13121 | REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 TO  | X | X |   |
| 13122 | REPAIR, COMPLEX, SCALP, ETC EACH ADDL 5 CM OR LESS | X | X |   |
| 13131 | REPAIR, COMPLEX, FOREHEAD/CHEEKS/CHIN/MOUTH/NECK/A | X | X |   |
| 13132 | REPAIR, COMPLEX, FOREHEAD/CHEEKS/CHIN/MOUTH/NECK/A | X | X |   |
| 13133 | REPAIR, COMPLEX, FOREHEAD, EACH ADDL 5 CM OR LESS  | X | X |   |
| 13151 | REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS;  | X | X |   |
| 13152 | REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS;  | X | X |   |
| 13153 | REPAIR, COMPLEX, EYELIDS, EACH ADDL 5 CM OR LESS   | X | X |   |
| 13160 | SECONDARY CLOSURE, SURGICAL WOUND/DEHISCENCE, EXTE | X | X |   |
| 14000 | ADJACENT TISSUE TRANSFER/REARRANGEMENT, TRUNK; DEF | X | X | X |
| 14001 | ADJACENT TISSUE TRANSFER/REARRANGEMENT, TRUNK; DEF | X | X | X |
| 14020 | ADJACENT TISSUE TRANSFER/REARRANGEMENT, SCALP, ARM | X | X | X |
| 14021 | ADJACENT TISSUE TRANSFER/REARRANGEMENT, SCALP, ARM | X | X | X |
| 14040 | ADJACENT TISSUE TRANSFER, FOREHEAD/CHEEKS/CHIN/MOU | X | X | X |
| 14041 | ADJACENT TISSUE TRANSFER, FOREHEAD/CHEEKS/CHIN/MOU | X | X | X |
| 14060 | ADJACENT TISSUE TRANSFER/REARRANGEMENT, EYELIDS/NO | X | X | X |
| 14061 | ADJACENT TISSUE TRANSFER/REARRANGEMENT, EYELIDS/NO | X | X | X |
| 14301 | ATT/R ANY AREA DEFECT 30.1-60SQCM                  | X | X | X |
| 14302 | ATT/R ANY AREA DEFECT EA ADDL 30SQCM OR PART       | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 14350 | FILLETED FINGER/TOE FLAP, W/PREPARATION, RECIPIENT   | x | x | x |
| 15002 | Wnd prep, ch/inf, trk/arm/lg   | x | x | x |
| 15003 | Wnd prep, ch/inf addl 100 cm   | x | x | x |
| 15004 | Wnd prep ch/inf, t/n/hf/g  | x | x | x |
| 15005 | Wnd prep, t/n/hf/g, addl cm  | x | x | x |
| 15040 | HARVEST OF SKIN FOR TISSUE CULTURED SKIN, 100 CM O   | x | x | x |
| 15050 | PINCH GRAFT, SINGLE/MULTIPLE, (EXCEPT ON FACE), 2  | x | x | x |
| 15100 | SPLIT GRAFT, TRUNK/EXTREMITIES; 1ST 100 SQ CM/LESS   | x | x | x |
| 15101 | SPLIT GRAFT, TRUNK/EXTREMITIES; ADDL 100 SQ CM/ 1P   | x | x | x |
| 15110 | EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS, FIRST 100  | x | x | x |
| 15111 | EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS, EACH ADD'L   | x | x | x |
| 15115 | EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH,  | x | x | x |
| 15116 | EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH,  | x | x | x |
| 15120 | SPLIT GRAFT, FACE/SCALP/MOUTH/HNDS/FEET/GENIT/MULT   | x | x | x |
| 15121 | SPLIT GRAFT, FACE/SCALP/MOUTH/HNDS/FEET/GENIT/MULT   | x | x | x |
| 15130 | DERMAL AUTOGRAFT, TRUNK , ARMS, LEGS, FIRST 100CM  | x | x | x |
| 15131 | DERMAL AUTOGRAFT, TRUNK , ARMS, LEGS, FIRST EACH A   | x | x | x |
| 15135 | DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, FIR   | x | x | x |
| 15136 | DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, EAC   | x | x | x |
| 15150 | CLTR SKIN AUTOGRAFT T/A/L 1ST 25 CM/<  | x | x | x |
| 15151 | CLTR SKIN AGRFT T/A/L ADDL 1 CM-75 CM  | x | x | x |
| 15152 | CLTR SKIN AGRFT T/A/L EA 100 CM/EA 1%BODY AREA   | x | x | x |
| 15155 | CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT 1ST 25CM/<  | x | x | x |
| 15156 | CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT ADDL 1-75CM   | x | x | x |
| 15157 | CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT EA 100 EA   | x | x | x |
| 15200 | FULL THICKNESS GRAFT, FREE, W/DIRECT CLOSURE, DONO   | x | x | x |
| 15201 | FULL THICKNESS GRAFT, FREE, W/DIRECT CLOSURE, DONO   | x | x | x |
| 15220 | FULL THICKNESS GRAFT, FREE, W/CLOSURE DONOR SITE,  | x | x | x |
| 15221 | FULL THICKNESS GRAFT, FREE, W/CLOSURE DONOR SITE,  | x | x | x |
| 15240 | FULL THICKNESS GRAFT, FREE, W/CLOSURE DONOR, FACE/   | x | x | x |
| 15241 | FULL THICKNESS GRAFT, FREE, W/CLOSURE DONOR, FACE/   | x | x | x |
| 15260 | FULL THICKNESS GRAFT, FREE, W/CLOSURE DONOR SITE,  | x | x | x |
| 15261 | FULL THICKNESS GRAFT, FREE, W/CLOSURE DONOR SITE,  | x | x | x |
| 15271 | APP SKN SUB GRFT T/A/L AREA/<100SCM /<1ST 25 SCM   | x | x | x |
| 15272 | APP SKN SUB GRFT T/A/L AREA/<100SCM EA ADL 25SCM   | x | x | x |
| 15273 | APP SKN SUB GRFT T/A/L AREA/>100SCM 1ST 100SCM   | x | x | x |
| 15274 | APP SKN SUB GRFT T/A/L AREA/>100SCM ADL 100SCM   | x | x | x |
| 15275 | SUB GRFT F/S/N/H/F/G/M/D /<100SCM /<1ST 25 SCM   | x | x | x |
| 15276 | SUB GRFT F/S/N/H/F/G/M/D /<100SCM EA ADL 25SCM   | x | x | x |
| 15277 | SUB GRFT F/S/N/H/F/G/M/D />100SCM 1ST 100SCM   | x | x | x |
| 15278 | SUB GRFT F/S/N/H/F/G/M/D />100SCM ADL 100SCM   | x | x | x |
| 15570 | FORMATION, DIRECT/TUBED PEDICLE, W/WO TRANSFER; TR   | x | x | x |
| 15572 | FORMATION, DIRECT/TUBED PEDICLE, W/WO TRANSFER; SC   | x | x | x |
| 15574 | FORMATION, DIRECT/TUBED PEDICLE W/WO TRANSF; FACE/   | x | x | x |
| 15576 | PEDICLE E/N/E/L/NTRORAL  | x | x | x |
| 15600 | DELAY, FLAP/SECTIONING, FLAP (DIVISION AND INSET);   | x | x | x |
| 15610 | DELAY, FLAP/SECTIONING, FLAP (DIVISION AND INSET);   | x | x | x |
| 15620 | DELAY, FLAP/SECTIONING, FLAP (DIVISION AND INSET);   | x | x | x |
| 15630 | DELAY, FLAP/SECTIONING, FLAP (DIVISION AND INSET);   | x | x | x |
| 15650 | TRANSFER, INTERMEDIATE, ANY PEDICLE FLAP, ANY LOCA   | x | x | x |
| 15730 | Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)  | x | x | x |
| 15731 | Forehead flap w/vasc pedicle   | x | x | x |
| 15733 | Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)  | x | x | x |
| 15734 | MUSCLE, MYOCUTANEOUS/FASCIOCUTANEOUS FLAP; TRUNK   | x | x | x |
| 15736 | MUSCLE, MYOCUTANEOUS/FASCIOCUTANEOUS FLAP; UPPER E   | x | x | x |
| 15738 | MUSCLE, MYOCUTANEOUS/FASCIOCUTANEOUS FLAP; LOWER E   | x | x | x |
| 15740 | FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY  | x | x | x |
| 15750 | FLAP; NEUROVASCULAR PEDICLE  | x | x | x |
| 15756 | FREE MUSCLE/MYOCUTANEOUS FLAP W/MICROVASCULAR ANAS   | x | x | x |
| 15757 | FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS   | x | x | x |
| 15758 | FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS  | x | x | x |
| 15760 | GRAFT; COMPOSITE, W/PRIMARY CLOSURE, DONOR AREA  | x | x | x |
| 15769 | Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)  | x | x | x |
| 15770 | GRAFT; DERMA-FAT-FASCIA  | x | x | 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 | 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 primary procedure)                                | x | x | x |
| 15773 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate  | x | x | x |
| 15774 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure) | x | x | x |
| 15777 | IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT  | x | x | x |



|       |  |   |   |   |
|-------|--|---|---|---|
| 15778 | Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma |   |   | X |
| 15786 | ABRASION; SINGLE LESION  | X | X | X |
| 15787 | ABRASION; ADDL 4 LESIONS/LESS  | X | X | X |
| 15788 | CHEMICAL PEEL, FACIAL; EPIDERMAL   | X | X | X |
| 15789 | CHEMICAL PEEL, FACIAL; DERMAL  | X | X | X |
| 15792 | CHEMICAL PEEL, NONFACIAL; EPIDERMAL  | X | X | X |
| 15793 | CHEMICAL PEEL, NONFACIAL; DERMAL   | X | X | X |
| 15820 | BLEPHAROPLASTY, LOWER EYELID   | X | X | X |
| 15821 | BLEPHAROPLASTY, LOWER EYELID; W/EXTENSIVE HERNIATE   | X | X | X |
| 15822 | BLEPHAROPLASTY, UPPER EYELID   | X | X | X |
| 15823 | BLEPHAROPLASTY, UPPER EYELID; W/EXCESSIVE SKIN WEI   | X | X | X |
| 15830 | Exc skin abd   | X | X | X |
| 15832 | EXCISION, EXCESSIVE SKIN AND SUBQ TISSUE (W/LIPECT   | X | X | X |
| 15833 | EXCISION, EXCESSIVE SKIN AND SUBQ TISSUE (W/LIPECT   | X | X | X |
| 15834 | EXCISION, EXCESSIVE SKIN AND SUBQ TISSUE (W/LIPECT   | X | X | X |
| 15835 | EXCISION, EXCESSIVE SKIN AND SUBQ TISSUE (W/LIPECT   | X | X | X |
| 15836 | EXCISION, EXCESSIVE SKIN AND SUBQ TISSUE (W/LIPECT   | X | X | X |
| 15837 | EXCISION, EXCESSIVE SKIN AND SUBQ TISSUE (W/LIPECT   | X | X | X |
| 15838 | EXCISION, EXCESSIVE SKIN AND SUBQ TISSUE (W/LIPECT   | X | X | X |
| 15839 | EXCISION, EXCESSIVE SKIN AND SUBQ TISSUE (W/LIPECT   | X | X | X |
| 15840 | GRAFT, FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (   | X | X | X |
| 15841 | GRAFT, FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (   | X | X | X |
| 15842 | GRAFT, FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP, M   | X | X | X |
| 15845 | GRAFT, FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRA   | X | X | X |
| 15847 | Exc skin abd add-on  | X | X | X |
| 15850 | REMOVAL, SUTURES UNDER ANESTHESIA (OTHER THAN LOCA   | X | X |   |
| 15851 | REMOVAL OF SUTURES UNDER ANESTHESIA(OTHER THAN LOC   | X | X |   |
| 15852 | DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANEST   | X | X | X |
| 15860 | IV INJECTION, AGENT TO TEST VASCULAR FLOW IN FLAP/   | X | X | X |
| 15920 | EXCISION, COCCYGEAL PRESSURE ULCER, W/COCCYGECTOMY   | X | X | X |
| 15922 | EXCISION, COCCYGEAL PRESSURE ULCER, W/COCCYGECTOMY   | X | X | X |
| 15931 | EXCISION, SACRAL PRESSURE ULCER, W/PRIMARY SUTURE;   | X | X | X |
| 15933 | EXCISION, SACRAL PRESSURE ULCER, W/PRIMARY SUTURE;   | X | X | X |
| 15934 | EXCISION, SACRAL PRESSURE ULCER, W/SKIN FLAP CLOSU   | X | X | X |
| 15935 | EXCISION, SACRAL PRESSURE ULCER, W/SKIN FLAP CLOSU   | X | X | X |
| 15936 | EXCISION, SACRAL PRESSURE ULCER, PREP, MUSCLE/MYOC   | X | X | X |
| 15937 | EXCISION, SACRAL PRESSURE ULCER, PREP, MUSCLE/MYOC   | X | X | X |
| 15940 | EXCISION, ISCHIAL PRESSURE ULCER, W/PRIMARY SUTURE   | X | X | X |
| 15941 | EXCISION, ISCHIAL PRESSURE ULCER, W/PRIMARY SUTURE   | X | X | X |
| 15944 | EXCISION, ISCHIAL PRESSURE ULCER, W/SKIN FLAP CLOS   | X | X | X |
| 15945 | EXCISION, ISCHIAL PRESSURE ULCER, W/SKIN FLAP CLOS   | X | X | X |
| 15946 | EXCISION, ISCHIAL PRESSURE ULCER, W/OSTECTOMY, PRE   | X | X | X |
| 15950 | EXCISION, TROCHANTERIC PRESSURE ULCER, W/PRIMARY S   | X | X | X |
| 15951 | EXCISION, TROCHANTERIC PRESSURE ULCER, W/PRIMARY S   | X | X | X |
| 15952 | EXCISION, TROCHANTERIC PRESSURE ULCER, W/SKIN FLAP   | X | X | X |
| 15953 | EXCISION, TROCHANTERIC PRESSURE ULCER, W/SKIN FLAP   | X | X | X |
| 15956 | EXCISION, TROCHANTERIC PRESSURE ULCER, PREP, MUSCL   | X | X | X |
| 15958 | EXCISION, TROCHANTERIC PRESSURE ULCER, PREP, MUSCL   | X | X | X |
| 15999 | UNLISTED PROC, EXCISION PRESSURE ULCER   | X | X | X |
| 16000 | INITIAL TREATMENT, 1ST DEGREE BURN, WHEN NO MORE T   | X | X | X |
| 16020 | DRESSINGS AND/OR DEBRIDEMENT, INITIAL/SUBSEQUENT;  | X | X | X |
| 16025 | DRESSINGS AND/OR DEBRIDEMENT, INITIAL/SUBSEQUENT;  | X | X | X |
| 16030 | DRESSINGS AND/OR DEBRIDEMENT, INITIAL/SUBSEQUENT;  | X | X | X |
| 16035 | ESCHAROTOMY; INITIAL INCISION  | X | X | X |
| 16036 | ESCHAROTOMY; ADDL INCISION   | X | X | X |
| 17000 | DESTRUCTION, BENIGN/PREMLIG LESIONS, EXCEPT SKIN   | X | X |   |
| 17003 | DESTRUCTION, BENIGN/PREMLIG LESIONS, EXCEPT SKIN   | X | X |   |
| 17004 | DESTRUCTION, BENIGN/PREMLIG LESIONS, EXCEPT SKIN   | X | X |   |
| 17106 | DESTRUCTION, CUTANEOUS VASCULAR PROLIFERATIVE LESI   | X | X | X |
| 17107 | DESTRUCTION, CUTANEOUS VASCULAR PROLIFERATIVE LESI   | X | X | X |
| 17108 | DESTRUCTION, CUTANEOUS VASCULAR PROLIFERATIVE LESI   | X | X | X |
| 17110 | DESTRUCTION, FLAT WARTS, MOLLUSCUM CONTAGIOSUM/MIL   | X | X | X |
| 17111 | DESTRUCTION, FLAT WARTS, MOLLUSCUM CONTAGIOSUM/MIL   | X | X | X |
| 17250 | CHEMICAL CAUTERIZATION, GRANULATION TISSUE (PROUD  | X | X |   |
| 17260 | DESTRUCTION, MALIGNANT LESION, TRUNK/ARMS/LEGS; LE   | X | X |   |
| 17261 | DESTRUCTION, MALIGNANT LESION, TRUNK/ARMS/LEGS; LE   | X | X |   |
| 17262 | DESTRUCTION, MALIGNANT LESION, TRUNK/ARMS/LEGS; LE   | X | X |   |
| 17263 | DESTRUCTION, MALIGNANT LESION, TRUNK/ARMS/LEGS; LE   | X | X |   |
| 17264 | DESTRUCTION, MALIGNANT LESION, TRUNK/ARMS/LEGS; LE   | X | X |   |
| 17266 | DESTRUCTION, MALIGNANT LESION, TRUNK/ARMS/LEGS; LE   | X | X |   |
| 17270 | DESTRUCTION, MALIGNANT LESION, SCALP/NECK/HANDS/FE   | X | X |   |
| 17271 | DESTRUCTION, MALIGNANT LESION, SCALP/NECK/HANDS/FE   | X | X |   |
| 17272 | DESTRUCTION, MALIGNANT LESION, SCALP/NECK/HANDS/FE   | X | X |   |
| 17273 | DESTRUCTION, MALIGNANT LESION, SCALP/NECK/HANDS/FE   | X | X |   |

|       |   |   |   |   |
|-------|---|---|---|---|
| 17274 | DESTRUCTION, MALIGNANT LESION, SCALP/NECK/HANDS/FE  | x | x |   |
| 17276 | DESTRUCTION, MALIGNANT LESION, SCALP/NECK/HANDS/FE  | x | x |   |
| 17280 | DESTRUCTION, MALIGNANT LESION, FACE/EARS/EYELIDS/N  | x | x |   |
| 17281 | DESTRUCTION, MALIGNANT LESION, FACE/EARS/EYELIDS/N  | x | x |   |
| 17282 | DESTRUCTION, MALIGNANT LESION, FACE/EARS/EYELIDS/N  | x | x |   |
| 17283 | DESTRUCTION, MALIGNANT LESION, FACE/EARS/EYELIDS/N  | x | x |   |
| 17284 | DESTRUCTION, MALIGNANT LESION, FACE/EARS/EYELIDS/N  | x | x |   |
| 17286 | DESTRUCTION, MALIGNANT LESION, FACE/EARS/EYELIDS/N  | x | x |   |
| 17311 | Mohs, 1 stage, h/n/hf/g   | x | x |   |
| 17312 | Mohs addl stage   | x | x |   |
| 17313 | Mohs, 1 stage, t/a/l  | x | x |   |
| 17314 | Mohs, addl stage, t/a/l   | x | x |   |
| 17315 | Mohs surg, addl block   | x | x |   |
| 17999 | UNLISTED PROC, SKIN, MUCOUS MEMBRANE AND SUBQ TISS  | x | x | x |
| 19000 | PUNCTURE ASPIRATION, CYST, BREAST;  | x | x | x |
| 19001 | PUNCTURE ASPIRATION, CYST, BREAST; EACH ADDL CYST   | x | x | x |
| 19020 | MASTOTOMY W/EXPLORATION/DRAINAGE, ABSCESS, DEEP   | x | x | x |
| 19030 | INJECTION PROC ONLY, MAMMARY DUCTOGRAM/GALACTOGRAM  | x | x | x |
| 19105 | Cryosurg ablate fa, each  | x | x | x |
| 19110 | NIPPLE EXPLORATION W/WO EXCISION SOLITARY/PAPILLOM  | x | x | x |
| 19112 | EXCISION, LACTIFEROUS DUCT FISTULA  | x | x | x |
| 19120 | EXCISION, BREAST LESION(S), OPEN, MALE/FEMALE; 1 O  | x | x |   |
| 19125 | EXCISION, BREAST LESION, PREOP PLACEMENT, RADIOLOG  | x | x | x |
| 19126 | EXCISION, BREAST LESION, PREOP PLACEMENT, RADIOLOG  | x | x | x |
| 19281 | PERQ DEVICE PLACEMT BREAST LOC 1ST LES W GUIDNCE  | x | x | x |
| 19282 | PERQ DEVICE PLACEMT BREAST LOC EA LES W GUIDNCE   | x | x | x |
| 19283 | PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GUID   | x | x | x |
| 19284 | PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC  | x | x | x |
| 19285 | PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG  | x | x | x |
| 19286 | PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAG   | x | x | x |
| 19287 | PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO MR GUID  | x | x | x |
| 19288 | PERQ BREAST LOC DEVICE PLACEMT ADD LESIO MR GUID  | x | x | x |
| 19294 | Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)                            | x | x | x |
| 19296 | PLACEMENT OF RADIOTHERAPY, FOLLOWING PARTIAL MASTE  | x | x | x |
| 19297 | PLACEMENT OF RADIOTHERAPY CONCURRENT W PARTIAL MAS  | x | x | x |
| 19298 | PLACEMENT OF RADIOTHERAPY AFTER LOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE AND BUTTON TYPE) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING (AT THE TIME OF OR SUBSEQUENT TO) PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE | x | x | x |
| 19300 | Removal of breast tissue  | x | x | x |
| 19301 | Partial mastectomy  | x | x | x |
| 19302 | P-mastectomy w/ln removal   | x | x | x |
| 19303 | Mast, simple, complete  | x | x | x |
| 19305 | Mast, radical   | x | x | x |
| 19306 | Mast, rad, urban type   | x | x | x |
| 19307 | Mast, mod rad   | x | x | x |
| 19316 | MASTOPEXY   | x | x | x |
| 19318 | REDUCTION MAMMAPLASTY   | x | x | x |
| 19324 | MAMMAPLASTY, AUGMENTATION; W/O PROSTHETIC IMPLANT   | x |   |   |
| 19325 | MAMMAPLASTY, AUGMENTATION; W/PROSTHETIC IMPLANT   | x | x | x |
| 19328 | REMOVAL, INTACT MAMMARY IMPLANT   | x | x | x |
| 19330 | REMOVAL, MAMMARY IMPLANT MATL   | x | x | x |
| 19340 | IMMEDIATE INSERTION, BREAST PROSTHESIS FOLLOWING M  | x | x | x |
| 19342 | DELAYED INSERTION, BREAST PROSTHESIS FOLLOWING MAS  | x | x | x |
| 19350 | NIPPLE/AREOLA RECONSTRUCTION  | x | x | x |
| 19355 | CORRECTION, INVERTED NIPPLES  | x | x | x |
| 19357 | BREAST RECONSTRUCTION W/TISSUE EXPANDER, IMMEDIATE  | x | x | x |
| 19361 | BREAST RECONSTRUCTION W/LATISSIMUS DORSI FLAP, W/W  | x | x | x |
| 19364 | BREAST RECONSTRUCTION W/FREE FLAP   | x | x | x |
| 19366 | BREAST RECONSTRUCTION W/OTHER TECHNIQUE   | x |   |   |
| 19367 | BREAST RECONSTRUCTION W/MYOCUTANEOUS (TRAM) FLAP,   | x | x | x |
| 19368 | BREAST RECONSTRUCTION W/MYOCUTAN (TRAM) FLAP, SING  | x | x | x |
| 19369 | BREAST RECONSTRUCTION W/MYOCUTANEOUS (TRAM) FLAP,   | x | x | x |
| 19370 | OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST   | x | x | x |
| 19371 | PERIPROSTHETIC CAPSULECTOMY, BREAST   | x | x | x |
| 19380 | REVISION, RECONSTRUCTED BREAST  | x | x | x |
| 19396 | PREPARATION, MOULAGE, CUSTOM BREAST IMPLANT   | x | x | x |
| 19499 | UNLISTED PROC, BREAST   | x | x | x |
| 20100 | EXPLORATION, PENETRATING WOUND (SEP PROC); NECK   | x | x | x |
| 20101 | EXPLORATION, PENETRATING WOUND (SEP PROC); CHEST  | x | x | x |
| 20102 | EXPLORATION, PENETRATING WOUND (SEP PROC); ABDOMEN  | x | x | x |
| 20103 | EXPLORATION OF PENETRATING WOUND, EXTREMITY   | x | x | x |
| 20150 | EXCISION, EPIPHYSEAL BAR, W/WO AUTOGENOUS SOFT TIS  | x | x | x |
| 20200 | BX, MUSCLE; SUPERFICIAL   | x | x | x |
| 20205 | BX, MUSCLE; DEEP  | x | x | x |

|       |   |   |   |   |
|-------|---|---|---|---|
| 20240 | BIOPSY, BONE, OPEN; SUPERFICIAL (EG, STERNUM, SPINOUS PROCESS, RIB, PATELLA, OLECRANON PROCESS, CALCANEUS, TARSAL, METATARSAL, CARPAL, METACARPAL, PHALANX)   | X | X | X |
| 20245 | BIOPSY, BONE, OPEN; DEEP (EG, HUMERAL SHAFT, ISCHIUM, FEMORAL SHAFT)  | X | X | X |
| 20250 | BX, VERTEBRAL BODY, OPEN; THORACIC  | X | X | X |
| 20251 | BX, VERTEBRAL BODY, OPEN; LUMBAR/CERVICAL   | X | X | X |
| 20500 | INJECTION, SINUS TRACT; THERAPEUTIC (SEP PROC)  | X | X | X |
| 20501 | INJECTION, SINUS TRACT; DX (SINOGRAM)   | X | X | X |
| 20520 | REMOVAL, FB IN MUSCLE/TENDON SHEATH; SIMPLE   | X | X | X |
| 20525 | REMOVAL, FB IN MUSCLE/TENDON SHEATH; DEEP/COMPLICA  | X | X | X |
| 20526 | INJECTION, THERAPEUTIC, CARPAL CANAL  | X | X | X |
| 20550 | INJECTION(S); SINGLE TENDON SHEATH, LIGAMENT, APON  | X | X |   |
| 20555 | PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE AND/  | X | X | X |
| 20604 | ARTHROCENT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT   | X | X | X |
| 20612 | ASPIRATION AND/OR INJECTION, GANGLION CYST(S) ANY   | X | X |   |
| 20615 | ASPIRATION AND INJECTION, TREATMENT, BONE CYST  | X | X |   |
| 20650 | INSERTION, WIRE/PIN W/APPLICATION, SKELETAL TRACTI  | X | X | X |
| 20660 | APPLICATION, CRANIAL TONGS, CALIPER/STEREOTACTIC F  | X | X | X |
| 20661 | APPLICATION, HALO, W/REMOVAL; CRANIAL   | X | X | X |
| 20662 | APPLICATION, HALO, W/REMOVAL; PELVIC  | X | X | X |
| 20663 | APPLICATION, HALO, W/REMOVAL; FEMORAL   | X | X | X |
| 20664 | APPL HALO 6/> PINS THIN SKULL OSTEOLOGY   | X | X | X |
| 20665 | REMOVAL TONG/HALO APPLIED BY ANOTHER INDIVIDUAL   | X | X | X |
| 20670 | REMOVAL, IMPLANT; SUPERFICIAL (SEP PROC)  | X | X | X |
| 20690 | APPLICATION, UNIPLANE (PINS/WIRES IN ONE PLANE), U  | X | X | X |
| 20692 | APPLICATION, MULTIPLANE, UNILAT, EXT FIXATION SYST  | X | X | X |
| 20693 | ADJUSTMENT/REVISION, EXT FIXATION SYSTEM W/ANESTHE  | X | X | X |
| 20694 | REMOVAL, UNDER ANESTHESIA, EXT FIXATION SYSTEM  | X | X | X |
| 20696 | XTRNL FIXJ W/STEREOTACTIC ADJUSTMENT 1ST&SUBQ   | X | X | X |
| 20697 | XTRNL FIXJ W/STRCTCTC ADJUSTMENT EXCHANGE STRUT   | X | X | X |
| 20802 | REPLANTATION, ARM (INCLUDES SURGICAL NECK, HUMERUS  | X | X | X |
| 20805 | REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO  | X | X | X |
| 20808 | REPLANTATION, HAND (INCLUDES HAND THROUGH METACARP  | X | X | X |
| 20816 | REPLANTATION, DIGIT, W/O THUMB, (INC METACARPOPHAL  | X | X | X |
| 20822 | REPLANTATION, DIGIT, W/O THUMB, (DISTAL TIP TO SUB  | X | X | X |
| 20824 | REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOIN  | X | X | X |
| 20827 | REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOI  | X | X | X |
| 20838 | REPLANTATION, FOOT, COMPLETE AMPUTATION   | X | X | X |
| 20900 | BONE GRAFT, ANY DONOR AREA; MINOR/SMALL   | X | X | X |
| 20902 | BONE GRAFT, ANY DONOR AREA; MAJOR/LARGE   | X | X | X |
| 20910 | CARTILAGE GRAFT; COSTOCHONDRAL  | X | X | X |
| 20912 | CARTILAGE GRAFT; NASAL SEPTUM   | X | X | X |
| 20920 | FASCIA LATA GRAFT; STRIPPER   | X | X | X |
| 20922 | FASCIA LATA GRAFT; INCISION AND AREA EXPOSURE, COM  | X | X | X |
| 20924 | TENDON GRAFT, FROM A DISTANCE   | X | X | X |
| 20930 | ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED   | X | X | X |
| 20931 | ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL   | X | X | X |
| 20932 | Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure) | X | X | X |
| 20933 | Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)         | X | X | X |
| 20934 | Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)                         | X | X | X |
| 20936 | AUTOGRAFT, SPINE SURGERY ONLY; LOCAL, SAME INCISIO  | X | X | X |
| 20937 | AUTOGRAFT, SPINE SURGERY ONLY; MORSELIZED, SEP INC  | X | X | X |
| 20938 | AUTOGRAFT, SPINE SURGERY ONLY; STRUCTURAL/BICORTIC  | X | 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 | X | X |
| 20950 | MONITORING, INTERSTITIAL FLUID PRESSURE W/DEVICE I  | X | X | X |
| 20955 | BONE GRAFT W/MICROVASCULAR ANASTOMOSIS; FIBULA  | X | X | X |
| 20956 | BONE GRAFT W/MICROVASCULAR ANASTOMOSIS; ILIAC CRES  | X | X | X |
| 20957 | BONE GRAFT W/MICROVASCULAR ANASTOMOSIS; METATARSAL  | X | X | X |
| 20962 | BONE GRAFT W/MICROVASCULAR ANASTOMOSIS; OTHER THAN  | X | X | X |
| 20969 | FREE OSTEOCUTANEOUS FLAP W/MICROVASC ANASTOMOSIS;   | X | X | X |
| 20970 | FREE OSTEOCUTANEOUS FLAP W/MICROVASCULAR ANASTOMOS  | X | X | X |
| 20972 | FREE OSTEOCUTANEOUS FLAP W/MICROVASCULAR ANASTOMOS  | X | X | X |
| 20973 | FREE OSTEOCUTANEOUS FLAP W/MICROVASCULAR ANASTOMOS  | X | X | X |
| 20974 | ELECTRICAL STIMULATION TO AID BONE HEALING; NONINV  | X | X | X |
| 20975 | ELECTRICAL STIMULATION TO AID BONE HEALING; INVASI  | X | X | X |
| 20979 | LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE H  | X | X | X |
| 20982 | ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE   | X | X | X |
| 20983 | ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD  | X | X | X |
| 20985 | CPTR-ASST DIR MS PX   | X | X | X |
| 20999 | MUSCULOSKELETAL SURGERY   | X | X | X |
| 21010 | ARTHROTOMY, TEMPOROMANDIBULAR JOINT   | X | X | X |
| 21011 | EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ < 2CM  | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 21012 | EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2+CM      | X | X | X |
| 21013 | EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL < 2CM    | X | X | X |
| 21014 | EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL 2+CM     | X | X | X |
| 21015 | RAD RESECTION TUMOR SOFT TISS FACE/SCALP < 2CM     | X | X | X |
| 21016 | RAD RESECTION TUMOR SOFT TISS FACE/SCALP 2 CM/>    | X | X | X |
| 21025 | EXCISION, BONE; MANDIBLE                           | X | X | X |
| 21026 | EXCISION, BONE; FACIAL BONE(S)                     | X | X | X |
| 21029 | REMOVAL BY CONTOURING, BENIGN TUMOR, FACIAL BONE   | X | X | X |
| 21030 | EXCISION, BENIGN TUMOR/CYST MAXILLA/ZYGOMA, ENUCLE | X | X | X |
| 21031 | EXCISION, TORUS MANDIBULARIS                       | X | X | X |
| 21032 | EXCISION, MAXILLARY TORUS PALATINUS                | X | X | X |
| 21034 | EXCISION, MALIGNANT TUMOR, MAXILLA/ZYGOMA          | X | X | X |
| 21040 | EXCISION, BENIGN TUMOR/CYST, MANDIBLE; ENUCLEATION | X | X | X |
| 21044 | EXCISION, MALIGNANT TUMOR, MANDIBLE                | X | X | X |
| 21045 | EXCISION, MALIGNANT TUMOR, MANDIBLE; RADICAL RESEC | X | X | X |
| 21046 | EXCISION, BENIGN TUMOR/CYST, MANDIBLE; INTRA-ORAL  | X | X | X |
| 21047 | EXCISION, BENIGN TUMOR/CYST, MANDIBLE; EXTRA-ORAL  | X | X | X |
| 21048 | EXCISION, BENIGN TUMOR/CYST, MAXILLA; INTRA-ORAL O | X | X | X |
| 21049 | EXCISION, BENIGN TUMOR/CYST, MAXILLA; EXTRA-ORAL O | X | X | X |
| 21050 | CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEP PROC)   | X | X | X |
| 21060 | MENISCECTOMY, PARTIAL/COMPLETE, TEMPOROMANDIBULAR  | X | X | X |
| 21070 | CORONOIDECTOMY (SEP PROC)                          | X | X | X |
| 21073 | MANIPULATION OF TEMPOROMANDIBULAR JOINT(S), THERAP | X | X | X |
| 21076 | IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURA | X | X | X |
| 21077 | IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHE | X | X | X |
| 21079 | IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURAT | X | X | X |
| 21080 | IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTU | X | X | X |
| 21081 | IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESE | X | X | X |
| 21082 | IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENT | X | X | X |
| 21083 | IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PR | X | X | X |
| 21084 | IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROS | X | X | X |
| 21085 | IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL S | X | X | X |
| 21086 | IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROST | X | X | X |
| 21087 | IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESI | X | X | X |
| 21088 | IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHES | X | X | X |
| 21089 | UNLISTED MAXILLOFACIAL PROSTHETIC PROC             | X | X | X |
| 21100 | APPLICATION, HALO TYPE APPLIANCE, MAXILLOFACIAL FI | X | X | X |
| 21110 | APPLICATION, INTERDENTAL FIXATION DEVICE, NON-FX/D | X | X | X |
| 21116 | INJECTION PROC, TEMPOROMANDIBULAR JOINT ARTHROGRAP | X | X | X |
| 21141 | RECONSTRUCTION MIDFACE, LEFORT I; 1 PIECE, W/O BON | X | X | X |
| 21142 | RECONSTRUCTION MIDFACE, LEFORT I; 2 PIECES, W/O BO | X | X | X |
| 21143 | RECONSTRUCTION MIDFACE, LEFORT I; OVER 3 PIECES, W | X | X | X |
| 21145 | RECONSTRUCTION MIDFACE, LEFORT I; 1 PIECE, W/BONE  | X | X | X |
| 21146 | RECONSTRUCTION MIDFACE, LEFORT I; 2 PIECES, W/BONE | X | X | X |
| 21147 | RECONSTRUCTION MIDFACE, LEFORT I; OVER 3 PIECES, W | X | X | X |
| 21150 | RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUS | X | X | X |
| 21151 | RECONSTRUCTION MIDFACE, LEFORT II; W/BONE GRAFTS   | X | X | X |
| 21154 | RECONSTRUCTION MIDFACE, LEFORT III, W/BONE GRAFTS; | X | X | X |
| 21155 | RECONSTRUCTION MIDFACE, LEFORT III, W/BONE GRAFTS; | X | X | X |
| 21159 | RECONSTRUCTION MIDFACE, LEFORT III, (EXTRA/INTRACR | X | X | X |
| 21160 | RECONSTRUCTION MIDFACE, LEFORT III, (EXTRA/INTRACR | X | X | X |
| 21172 | RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LO | X | X | X |
| 21175 | RECONSTRUCTION, BIFRONTAL,SUPERIOR-LATERAL ORBITAL | X | X | X |
| 21179 | RECONSTRUCTION, MAJORITY, FOREHEAD AND SUPRAORBITA | X | X | X |
| 21180 | RECONSTRUCTION, MAJORITY, FOREHEAD AND SUPRAORBITA | X | X | X |
| 21181 | RECONSTRUCTION, CONTOURING, BENIGN TUMOR, CRANIAL  | X | X | X |
| 21182 | RECONSTRUCTION, ORBIT/FOREHEAD/NASOETHMOID, FOLLOW | X | X | X |
| 21183 | RECONSTRUCTION, ORBIT/FOREHEAD/NASOETHMIOD, FOLLOW | X | X | X |
| 21184 | RECONSTRUCTION, ORBIT/FOREHEAD/NASOETHMOID, FOLLOW | X | X | X |
| 21188 | RECONSTRUCTION, MIDFACE, OSTEOTOMIES (NON-LEFORT T | X | X | X |
| 21193 | RECONSTRUCTION, MANDIBULAR RAMI, HORIZONTAL, VERTI | X | X | X |
| 21194 | RECONSTRUCTION, MANDIBULAR RAMI, HORIZONTAL, VERTI | X | X | X |
| 21195 | RECONSTRUCTION, MANDIBULAR RAMI AND/OR BODY, SAGIT | X | X | X |
| 21196 | RECONSTRUCTION, MANDIBULAR RAMI AND/OR BODY, SAGIT | X | X | X |
| 21198 | OSTEOTOMY, MANDIBLE, SEGMENTAL                     | X | X | X |
| 21199 | OSTEOTOMY, MANDIBLE, SEGMENTAL; W/GENIOGLOSSUS ADV | X | X | X |
| 21206 | OSTEOTOMY, MAXILLA, SEGMENTAL                      | X | X | X |
| 21208 | OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT | X | X | X |
| 21209 | OSTEOPLASTY, FACIAL BONES; REDUCTION               | X | X | X |
| 21210 | GRAFT, BONE; NASAL, MAXILLARY/MALAR AREAS (INCLUDE | X | X | X |
| 21215 | GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)   | X | X | X |
| 21230 | GRAFT; RIB CARTILAGE, AUTOGENOUS, FACE/CHIN/NOSE/E | X | X | X |
| 21235 | GRAFT; EAR CARTILAGE, AUTOGENOUS, NOSE/EAR (INCLUD | X | X | X |
| 21240 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, W/WO AUTOGR | X | X | X |
| 21242 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, W/ALLOGRAFT | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 21243 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, W/PROSTHETI | x | x | x |
| 21244 | RECONSTRUCTION, MANDIBLE, EXTRAORAL, W/TRANSOSTEAL | x | x | x |
| 21245 | RECONSTRUCTION, MANDIBLE/MAXILLA, SUBPERIOSTEAL IM | x | x | x |
| 21246 | RECONSTRUCTION, MANDIBLE/MAXILLA, SUBPERIOSTEAL IM | x | x | x |
| 21247 | RECONSTRUCTION, MANDIBULAR CONDYLE W/BONE AND CART | x | x | x |
| 21248 | RECONSTRUCTION, MANDIBLE/MAXILLA, ENDOSTEAL IMPLAN | x | x | x |
| 21249 | RECONSTRUCTION, MANDIBLE/MAXILLA, ENDOSTEAL IMPLAN | x | x | x |
| 21255 | RECONSTRUCTION, ZYGOMATIC ARCH/GLENOID FOSSA W/BON | x | x | x |
| 21256 | RECONSTRUCTION, ORBIT W/OSTEOTOMIES AND BONE GRAFT | x | x | x |
| 21260 | PERIORBITAL OSTEOTOMIES, ORBITAL HYPERTELORISM, W/ | x | x | x |
| 21261 | PERIORBITAL OSTEOTOMIES, ORBITAL HYPERTELORISM, W/ | x | x | x |
| 21263 | PERIORBITAL OSTEOTOMIES, ORBITAL HYPERTELORISM, W/ | x | x | x |
| 21267 | ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UN | x | x | x |
| 21268 | ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UN | x | x | x |
| 21270 | MALAR AUGMENTATION, PROSTHETIC MATL                | x | x | x |
| 21275 | SECONDARY REVISION, ORBITOCRANIOFACIAL RECONSTRUCT | x | x | x |
| 21280 | MEDIAL CANTHOPEXY (SEP PROC)                       | x | x | x |
| 21282 | LATERAL CANTHOPEXY                                 | x | x | x |
| 21295 | REDUCTION, MASSETER MUSCLE/BONE; EXTRAORAL APPROAC | x | x | x |
| 21296 | REDUCTION, MASSETER MUSCLE/BONE; INTRAORAL APPROAC | x | x | x |
| 21299 | UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROC       | x | x | x |
| 21310 | CLOSED TREATMENT, NASAL BONE FX W/O MANIPULATION   | x |   |   |
| 21315 | CLOSED TREATMENT, NASAL BONE FX; W/O STABILIZATION | x | x | x |
| 21320 | CLOSED TREATMENT, NASAL BONE FX; W/STABILIZATION   | x | x | x |
| 21325 | OPEN TREATMENT, NASAL FX; UNCOMPLICATED            | x | x | x |
| 21330 | OPEN TREATMENT, NASAL FX; COMPLICATED, W/INT AND/O | x | x | x |
| 21335 | OPEN TREATMENT, NASAL FX; W/CONCOMITANT OPEN TREAT | x | x | x |
| 21336 | OPEN TREATMENT, NASAL SEPTAL FX, W/WO STABILIZATIO | x | x | x |
| 21337 | CLOSED TREATMENT, NASAL SEPTAL FX, W/WO STABILIZAT | x | x | x |
| 21338 | OPEN TREATMENT, NASOETHMOID FX; W/O EXT FIXATION   | x | x | x |
| 21339 | OPEN TREATMENT, NASOETHMOID FX; W/EXT FIXATION     | x | x | x |
| 21340 | PERCUT TREATMENT, NASOETHMOID COMPLEX FX, W SPLINT | x | x | x |
| 21343 | OPEN TREATMENT, DEPRESSED FRONTAL SINUS FX         | x | x | x |
| 21344 | OPEN TREATMENT, COMPLICATED FRONTAL SINUS FX       | x | x | x |
| 21345 | CLOSED TREATMENT, NASOMAXILLARY COMPLEX FX (LEFORT | x | x | x |
| 21346 | OPEN TREATMENT, NASOMAXILLARY COMPLEX FX (LEFORT I | x | x | x |
| 21347 | OPEN TREATMENT, NASOMAXILLARY COMPLEX FX (LEFORT I | x | x | x |
| 21348 | OPEN TREATMENT, NASOMAXILLARY COMPLEX FX (LEFORT I | x | x | x |
| 21355 | PERCUT TREATMENT, FX, MALAR AREA, W/ZYGOMATIC ARCH | x | x | x |
| 21356 | OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTUR | x | x | x |
| 21360 | OPEN TREATMENT, DEPRESSED MALAR FX, W/ZYGOMATIC AR | x | x | x |
| 21365 | OPEN TREATMENT, COMPLICATED FX, MALAR AREA, W/ZYGO | x | x | x |
| 21366 | OPEN TREATMENT, COMPLICATED FX, MALAR AREA, W/ZYGO | x | x | x |
| 21385 | OPEN TREATMENT, ORBITAL FLOOR BLOWOUT FX; TRANSANT | x | x | x |
| 21386 | OPEN TREATMENT, ORBITAL FLOOR BLOWOUT FX; PERIORBI | x | x | x |
| 21387 | OPEN TREATMENT, ORBITAL FLOOR BLOWOUT FX; COMBINED | x | x | x |
| 21390 | OPEN TREATMENT, ORBITAL FLOOR BLOWOUT FX; PERIORBI | x | x | x |
| 21395 | OPEN TREATMENT, ORBITAL FLOOR BLOWOUT FX; PERIORBI | x | x | x |
| 21400 | CLOSED TREATMENT, FX, ORBIT, EXCEPT BLOWOUT; W/O M | x | x | x |
| 21401 | CLOSED TREATMENT, FX, ORBIT, EXCEPT BLOWOUT; W/MAN | x | x | x |
| 21406 | OPEN TREATMENT, FX, ORBIT, EXCEPT BLOWOUT; W/O IMP | x | x | x |
| 21407 | OPEN TREATMENT, FX, ORBIT, EXCEPT BLOWOUT; W/IMPLA | x | x | x |
| 21408 | OPEN TREATMENT, FX, ORBIT, EXCEPT BLOWOUT; W/BONE  | x | x | x |
| 21421 | CLOSED TREATMENT, PALATAL/MAXILLARY FX (LEFORT I T | x | x | x |
| 21422 | OPEN TREATMENT, PALATAL/MAXILLARY FX (LEFORT I TYP | x | x | x |
| 21423 | OPEN TREATMENT, PALATAL/MAXILLARY FX (LEFORT I TYP | x | x | x |
| 21431 | CLOSED TREATMENT, CRANIOFACIAL SEPARATION (LEFORT  | x | x | x |
| 21432 | OPEN TREATMENT, CRANIOFACIAL SEPARATION (LEFORT II | x | x | x |
| 21433 | OPEN TREATMENT, CRANIOFACIAL SEPARATION (LEFORT II | x | x | x |
| 21435 | OPEN TREATMENT, CRANIOFACIAL SEPARATION (LEFORT II | x | x | x |
| 21436 | OPEN TREATMENT, CRANIOFACIAL SEPARATION (LEFORT II | x | x | x |
| 21440 | CLOSED TREATMENT, MANDIBULAR/MAXILLARY ALVEOLAR RI | x | x | x |
| 21445 | OPEN TREATMENT, MANDIBULAR/MAXILLARY ALVEOLAR RIDG | x | x | x |
| 21450 | CLOSED TREATMENT, MANDIBULAR FX; W/O MANIPULATION  | x | x | x |
| 21451 | CLOSED TREATMENT, MANDIBULAR FX; W/MANIPULATION    | x | x | x |
| 21452 | PERCUTANEOUS TREATMENT, MANDIBULAR FX, W/EXT FIXAT | x | x | x |
| 21453 | CLOSED TREATMENT, MANDIBULAR FX W/INTERDENTAL FIXA | x | x | x |
| 21454 | OPEN TREATMENT, MANDIBULAR FX W/EXT FIXATION       | x | x | x |
| 21461 | OPEN TREATMENT, MANDIBULAR FX; W/O INTERDENTAL FIX | x | x | x |
| 21462 | OPEN TREATMENT, MANDIBULAR FX; W/INTERDENTAL FIXAT | x | x | x |
| 21465 | OPEN TREATMENT, MANDIBULAR CONDYLAR FX             | x | x | x |
| 21470 | OPEN TREATMENT, MANDIBULAR FX, COMPLICATED, MULTIP | x | x | x |
| 21480 | CLOSED TREATMENT, TEMPOROMANDIBULAR DISLOCATION; I | x | x | x |
| 21485 | CLOSED TREATMENT, TEMPOROMANDIBULAR DISLOCATION; C | x | x | x |
| 21490 | OPEN TREATMENT, TEMPOROMANDIBULAR DISLOCATION      | x | x | x |

|       |   |   |   |   |
|-------|---|---|---|---|
| 21497 | INTERDENTAL WIRING, CONDITION OTHER THAN FX   | x | x | x |
| 21499 | UNLISTED MUSCULOSKELETAL PROC, HEAD   | x | x | x |
| 21501 | INCISION AND DRAINAGE, DEEP ABSCESS/HEMATOMA, SOFT  | x | x | x |
| 21502 | INCISION AND DRAINAGE, DEEP ABSCESS/HEMATOMA, SOFT  | x | x | x |
| 21510 | INCISION, DEEP, W/OPENING, BONE CORTEX, THORAX  | x | x | x |
| 21550 | BX, SOFT TISSUE, NECK/THORAX  | x | x | x |
| 21552 | EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ 3+CM   | x | x | x |
| 21554 | EXC TUMOR SOFT TISSUE NECK/THORAX SUBFASC 5+CM  | x | x | x |
| 21555 | EXCISION TUMOR, SOFT TISSUE, NECK/THORAX; SUBQ  | x | x | x |
| 21556 | EXCISION TUMOR, SOFT TISSUE, NECK/THORAX; SUBFASC   | x | x | x |
| 21557 | RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX <5CM   | x | x | x |
| 21558 | RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX 5CM/>  | x | x | x |
| 21600 | EXCISION, RIB, PARTIAL  | x | x | x |
| 21601 | Excision of chest wall tumor including rib(s)   | x | x | x |
| 21602 | Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy | x | x | x |
| 21603 | Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy    | x | x | x |
| 21610 | COSTOTRANSVERSECTOMY (SEP PROC)   | x | x | x |
| 21615 | EXCISION 1ST AND/OR CERVICAL RIB  | x | x | x |
| 21616 | EXCISION 1ST AND/OR CERVICAL RIB; W/SYPATHECTOMY  | x | x | x |
| 21620 | OSTECTOMY, STERNUM, PARTIAL   | x | x | x |
| 21627 | STERNAL DEBRIDEMENT   | x | x | x |
| 21630 | RADICAL RESECTION, STERNUM;   | x | x | x |
| 21632 | RADICAL RESECTION, STERNUM; W/MEDIASTINAL LYMPHADE  | x | x | x |
| 21685 | HYOID MYOTOMY AND SUSPENSION  | x | x | x |
| 21700 | DIVISION, SCALENUS ANTICUS; W/O RESECTION, CERVICA  | x | x | x |
| 21705 | DIVISION, SCALENUS ANTICUS; W/RESECTION, CERVICAL   | x | x | x |
| 21720 | DIVISION, STERNOCLEIDOMASTOID, TORTICOLLIS, OPEN O  | x | x | x |
| 21725 | DIVISION, STERNOCLEIDOMASTOID, TORTICOLLIS, OPEN O  | x | x | x |
| 21740 | RECONSTRUCTIVE REPAIR, PECTUS EXCAVATUM/CARINATUM;  | x | x | x |
| 21742 | RECONSTRUCTIVE REPAIR, PECTUS EXCAVATUM/CARINATUM;  | x | x | x |
| 21743 | RECONSTRUCTIVE REPAIR, PECTUS EXCAVATUM/CARINATUM;  | x | x | x |
| 21750 | CLOSURE, MEDIAN STERNOTOMY SEPARATION, W/WO DEBRID  | x | x | x |
| 21811 | OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 1-3 RIBS  | x | x | x |
| 21812 | OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 4-6 RIBS  | x | x | x |
| 21813 | OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 7+ RIBS   | x | x | x |
| 21820 | CLOSED TREATMENT, STERNUM FX  | x | x | x |
| 21825 | OPEN TREATMENT, STERNUM FX W/WO SKELETAL FIXATION   | x | x | x |
| 21899 | UNLISTED PROC, NECK/THORAX  | x | x | x |
| 21920 | BX, SOFT TISSUE, BACK/FLANK; SUPERFICIAL  | x | x | x |
| 21925 | BX, SOFT TISSUE, BACK/FLANK; DEEP   | x | x | x |
| 21930 | EXC, TUMOR, SOFT TISSUE, BACK/FLANK SUBQ  | x | x | x |
| 21931 | EXCISION TUMOR SOFT TISSUE BACK/FLANK SUBQ 3+CM   | x | x | x |
| 21932 | EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL <5CM  | x | x | x |
| 21933 | EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL 5+CM  | x | x | x |
| 21935 | RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK <5CM   | x | x | x |
| 21936 | RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK 5CM/>  | x | x | x |
| 22010 | I & D; OPEN OF DEEP ABSCESS; POSTERIOR SPINE; CERV  | x | x | x |
| 22015 | I & D; OPEN OF DEEP ABSCESS; POSTERIOR SPINE; LUMB  | x | x | x |
| 22100 | PARTIAL EXCISION, POSTERIOR VERTEBRAL COMPONENT, I  | x | x | x |
| 22101 | PARTIAL EXCISION, POSTERIOR VERTEBRAL COMPONENT, I  | x | x | x |
| 22102 | PARTIAL EXCISION, POSTERIOR VERTEBRAL COMPONENT, I  | x | x | x |
| 22103 | PARTIAL EXCISION, POST VERTEBRAL COMPONENT, INTRIN  | x | x | x |
| 22110 | PART EXCIS, VERTEBRAL BODY, BONY LESION, W/O SPINA  | x | x | x |
| 22112 | PART EXCIS, VERTEBRAL BODY, BONY LESION, W/O SPINA  | x | x | x |
| 22114 | PART EXCIS, VERTEBRAL BODY, BONY LESION, W/O SPINA  | x | x | x |
| 22116 | PART EXCIS, VERTEBRAL BODY, BONY LESION, W/O SPINA  | x | x | x |
| 22206 | OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL AP  | x | x | x |
| 22207 | OSTEOTOMY OF SPINE, LUMBAR  | x | x | x |
| 22208 | EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY  | x | x | x |
| 22210 | OSTEOTOMY, SPINE, POSTERIOR/POSTEROLATERAL APPROAC  | x | x | x |
| 22212 | OSTEOTOMY, SPINE, POSTERIOR/POSTEROLATERAL APPROAC  | x | x | x |
| 22214 | OSTEOTOMY, SPINE, POSTERIOR/POSTEROLATERAL APPROAC  | x | x | x |
| 22216 | OSTEOTOMY, SPINE, POSTERIOR/POSTEROLATERAL APPROAC  | x | x | x |
| 22220 | OSTEOTOMY, SPINE, W/DISSECTOMY, ANTERIOR APPROACH,  | x | x | x |
| 22222 | OSTEOTOMY, SPINE, W/DISSECTOMY, ANTERIOR APPROACH,  | x | x | x |
| 22224 | OSTEOTOMY, SPINE, W/DISSECTOMY, ANTERIOR APPROACH,  | x | x | x |
| 22226 | OSTEOTOMY, SPINE, W/DISSECTOMY, ANTERIOR APPROACH,  | x | x | x |
| 22310 | CLOSED TREATMENT, VERTEBRAL BODY FX(S), W/O MANIPU  | x | x | x |
| 22315 | CLTX VRT FX&/DISLC CSTING/BRACING MNPJ/TRCJ   | x | x | x |
| 22318 | OPEN TREAT AND/OR REDUCTION, ODONTOID FX(S) AND/OR  | x | x | x |
| 22319 | OPEN TREAT AND/OR REDUCTION, ODONTOID FX(S) AND/OR  | x | x | x |
| 22325 | OPEN TREAT AND/OR REDUCT, VERTBR FX(S) AND/OR DISL  | x | x | x |
| 22326 | OPEN TREAT AND/OR REDUCT, VERTBR FX(S) AND/OR DISL  | x | x | x |
| 22327 | OPEN TREAT AND/OR REDUCT, VERTBR FX(S) AND/OR DISL  | x | x | x |



|       |   |   |   |   |
|-------|---|---|---|---|
| 22328 | OPEN TREAT AND/OR REDUCT, VERTBR FX(S) AND/OR DISL  | X | X | X |
| 22505 | MANIPULATION, SPINE, REQUIRING ANESTHESIA, ANY REG  | X | X | X |
| 22510 | PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC   | X | X | X |
| 22511 | PERQ LUMBOSACRAL INJECTION  | X | X | X |
| 22512 | VERTEBROPLASTY EACH ADDL CERVICOTHOR/LUMBOSACRAL  | X | X | X |
| 22513 | PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION   | X | X | X |
| 22514 | PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR  | X | X | X |
| 22515 | PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH  | X | X | X |
| 22526 | Idet, single level  | X | X | X |
| 22527 | Idet, 1 or more levels  | X | X | X |
| 22532 | LAT EXTRACAVITARY ARTHRODESIS, W/MIN DISKECTOMY; T  | X | X | X |
| 22533 | LAT EXTRACAVITARY ARTHRODESIS, W/MIN DISKECTOMY; L  | X | X | X |
| 22534 | LAT EXTRACAVITARY ARTHRODESIS, W/MIN DISKECTOMY; T  | X | X | X |
| 22548 | ARTHRODESIS, ANTERIOR TRANSORAL/EXTRAORAL, ATLAS-A  | X | X | X |
| 22551 | ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2  | X | X | X |
| 22552 | ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC  | X | X | X |
| 22554 | ARTHRODESIS, ANTERIOR INTERBODY, W/MININMAL DISKEC  | X | X | X |
| 22556 | ARTHRODESIS, ANTERIOR INTERBODY, W/MININMAL DISKEC  | X | X | X |
| 22558 | ARTHRODESIS, ANTERIOR INTERBODY, W/MININMAL DISKEC  | X | X | X |
| 22585 | ARTHRODESIS, ANTERIOR INTERBODY, W/MININMAL DISKEC  | X | X | X |
| 22586 | ARTHRODESIS PRESACRAL INTRBDY W/INSTRUMENT L5/S1  | X | X | X |
| 22590 | ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL  | X | X | X |
| 22595 | ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS  | X | X | X |
| 22600 | ARTHRODESIS, POSTERIOR/POSTEROLATERAL TECHNIQUE, S  | X | X | X |
| 22610 | ARTHRODESIS POSTERIOR/POSTEROLATERAL THORACIC   | X | X | X |
| 22612 | ARTHRODESIS POSTERIOR/POSTEROLATERAL LUMBAR   | X | X | X |
| 22614 | ARTHRODESIS, POSTERIOR/POSTEROLATERAL TECHNIQUE, S  | X | X | X |
| 22630 | ARTHRODESIS, POST INTERBODY W/LAMINECTOMY AND/OR D  | X | X | X |
| 22632 | ARTHRODESIS, POST INTERBODY W/LAMINECT AND/OR DISK  | X | X | X |
| 22633 | ARTHDSIS POST/POSTEROLATRL/POSTINTERBODY LUMBAR   | X | X | X |
| 22634 | ARTHDSIS POST/POSTERLATRL/POSTINTRBDYADL SPC/SEG  | X | X | X |
| 22800 | ARTHRODESIS, POSTERIOR, SPINAL DEFORMITY, W/WO CAS  | X | X | X |
| 22802 | ARTHRODESIS, POSTERIOR, SPINAL DEFORMITY, W/WO CAS  | X | X | X |
| 22804 | ARTHRODESIS, POSTERIOR, SPINAL DEFORMITY, W/WO CAS  | X | X | X |
| 22808 | ARTHRODESIS, ANTERIOR, SPINAL DEFORMITY, W/WO CAST  | X | X | X |
| 22810 | ARTHRODESIS, ANTERIOR, SPINAL DEFORMITY, W/WO CAST  | X | X | X |
| 22812 | ARTHRODESIS, ANTERIOR, SPINAL DEFORMITY, W/WO CAST  | X | X | X |
| 22818 | KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE, SPINE; 1-2 V  | X | X | X |
| 22819 | KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE, SPINE; OVER   | X | X | X |
| 22830 | EXPLORATION, SPINAL FUSION  | X | X | X |
| 22840 | POST NON-SEGMENTAL INSTRUMENTATION  | X | X | X |
| 22841 | INT SPINAL FIXATION, WIRING, SPINOUS PROCESSES  | X | X | X |
| 22842 | POSTERIOR SEGMENTAL INSTRUMENTATION; 3-6 VERTEBRAL  | X | X | X |
| 22843 | POSTERIOR SEGMENTAL INSTRUMENTATION; 7-12 VERTEBRA  | X | X | X |
| 22844 | POSTERIOR SEGMENTAL INSTRUMENTATION; OVER 13 VERTE  | X | X | X |
| 22845 | ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENT  | X | X | X |
| 22846 | ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENT  | X | X | X |
| 22847 | ANTERIOR INSTRUMENTATION;OVER 8 VERTEBRAL SEGMENT   | X | X | X |
| 22848 | PELVIC FIXATION, NON-SACRUM   | X | X | X |
| 22849 | REINSERTION, SPINAL FIXATION DEVICE   | X | X | X |
| 22850 | REMOVAL, POSTERIOR NONSEGMENTAL INSTRUMENTATION   | X | X | X |
| 22852 | REMOVAL, POSTERIOR SEGMENTAL INSTRUMENTATION  | X | X | X |
| 22853 | INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FO | X | X | X |
| 22854 | INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE) DEFECT, IN CONJUNCTION WITH INTERBODY ARTHROD      | X | X | X |
| 22855 | REMOVAL, ANTERIOR INSTRUMENTATION   | X | X | X |
| 22856 | TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV   | X | X | X |
| 22857 | Lumbar artif diskectomy   | X | X | X |
| 22858 | TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL  | X | X | X |
| 22859 | INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH, METHYLMETHACRYLATE) TO INTERVERTEBRAL DISC SPACE OR VERTEBRAL BODY DEFECT WITHOUT INTERBODY ARTHRODESIS, EACH CONTIGUOUS DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | X | X | X |
| 22860 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)  |   |   | X |
| 22861 | REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV  | X | X | X |
| 22862 | Revise lumbar artif disc  | X | X | X |
| 22864 | RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL  | X | X | X |
| 22865 | Remove lumb artif disc  | X | X | X |

|       |   |   |   |   |
|-------|---|---|---|---|
| 22867 | INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN DECOMPRESSION, LUMBAR; SINGLE LEVEL   | x | x | x |
| 22868 | INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | x | x | x |
| 22869 | INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, LUMBAR; SINGLE LEVEL  | x | x | x |
| 22870 | INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, LUMBAR; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)    | x | x | x |
| 22899 | UNLISTED PROC, SPINE  | x | x | x |
| 22900 | EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL  | x | x | x |
| 22901 | EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL 5+CM   | x | x | x |
| 22902 | EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ <3CM  | x | x | x |
| 22903 | EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ 3+CM  | x | x | x |
| 22904 | RAD RESECTION TUMOR SOFT TISSUE ABDL WALL <5CM  | x | x | x |
| 22905 | RAD RESECTION TUMOR SOFT TISSUE ABDL WALL 5 CM/>  | x | x | x |
| 22999 | UNLISTED PROC, ABDOMEN, MUSCULOSKELETAL SYSTEM  | x | x | x |
| 23000 | REMOVAL, SUBDELTOID CALCAREOUS DEPOSITS, OPEN   | x | x | x |
| 23020 | CAPSULAR CONTRACTURE RELEASE  | x | x | x |
| 23030 | INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS  | x | x | x |
| 23031 | INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BUR  | x | x | x |
| 23035 | INCISION, BONE CORTEX, SHOULDER AREA  | x | x | x |
| 23040 | ARTHROTOMY, GLENOHUMERAL JOINT, W/EXPLORATION, DRA  | x | x | x |
| 23044 | ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JN  | x | x | x |
| 23065 | BX, SOFT TISSUE, SHOULDER AREA; SUPERFICIAL   | x | x | x |
| 23066 | BX, SOFT TISSUE, SHOULDER AREA; DEEP  | x | x | x |
| 23071 | EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3+CM   | x | x | x |
| 23073 | EXC TUMOR SOFT TISSUE SHOULDER SUBFASCIAL 5+CM  | x | x | x |
| 23075 | EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; SUBQ  | x | x | x |
| 23076 | EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; SUBFA   | x | x | x |
| 23077 | RAD RESECTION TUMOR SOFT TISSUE SHOULDER <5CM   | x | x | x |
| 23078 | RAD RESECTION TUMOR SOFT TISSUE SHOULDER 5 CM/>   | x | x | x |
| 23100 | ARTHROTOMY, GLENOHUMERAL JOINT, W/BX  | x | x | x |
| 23101 | ARTHROTOMY, ACROMIO/STERNOCLAVICULAR JOINT, W/BX A  | x | x | x |
| 23105 | ARTHROTOMY; GLENOHUMERAL JOINT, W/SYNOVECTOMY, W/W  | x | x | x |
| 23106 | ARTHROTOMY; STERNOCLAVICULAR JOINT, W/SYNOVECTOMY,  | x | x | x |
| 23107 | ARTHROTOMY, GLENOHUMERAL JOINT, W/EXPLORATION, W/W  | x | x | x |
| 23120 | CLAVICULECTOMY; PARTIAL   | x | x | x |
| 23125 | CLAVICULECTOMY; TOTAL   | x | x | x |
| 23130 | ACROMIOPLASTY/ACROMIONECTOMY, PARTIAL, W/VO CORACO  | x | x | x |
| 23140 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, CLAVIC  | x | x | x |
| 23145 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, CLAVIC  | x | x | x |
| 23146 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, CLAVIC  | x | x | x |
| 23150 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, PROXIM  | x | x | x |
| 23155 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, PROXIM  | x | x | x |
| 23156 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, PROXIM  | x | x | x |
| 23170 | SEQUESTRECTOMY, CLAVICLE  | x | x | x |
| 23172 | SEQUESTRECTOMY, SCAPULA   | x | x | x |
| 23174 | SEQUESTRECTOMY, HUMERAL HEAD TO SURGICAL NECK   | x | x | x |
| 23180 | PARTIAL EXCISION, BONE, CLAVICLE  | x | x | x |
| 23182 | PARTIAL EXCISION, BONE, SCAPULA   | x | x | x |
| 23184 | PARTIAL EXCISION, BONE, PROXIMAL HUMERUS  | x | x | x |
| 23190 | OSTECTOMY, SCAPULA, PARTIAL   | x | x | x |
| 23195 | RESECTION, HUMERAL HEAD   | x | x | x |
| 23200 | RADICAL RESECTION, TUMOR; CLAVICLE  | x | x | x |
| 23210 | RADICAL RESECTION, TUMOR; SCAPULA   | x | x | x |
| 23220 | RADICAL RESECTION, BONE TUMOR, PROXIMAL HUMERUS   | x | x | x |
| 23330 | REMOVAL, FB, SHOULDER; SUBQ   | x | x | x |
| 23333 | REMOVE SHOULDER FB DEEP   | x | x | x |
| 23334 | SHOULDER PROSTHESIS REMOVAL   | x | x | x |
| 23335 | SHOULDER PROSTHESIS REMOVAL   | x | x | x |
| 23350 | INJECTION PROC, SHOULDER ARTHROGRAPHY/ENHANCED CT/  | x | x | x |
| 23395 | MUSCLE TRANSFER, ANY TYPE, SHOULDER/UPPER ARM; SIN  | x | x | x |
| 23397 | MUSCLE TRANSFER, ANY TYPE, SHOULDER/UPPER ARM; MUL  | x | x | x |
| 23400 | SCAPULOPEXY   | x | x | x |
| 23405 | TENOTOMY, SHOULDER AREA; SINGLE TENDON  | x | x | x |
| 23406 | TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH   | x | x | x |
| 23410 | REPAIR, RUPTURED MUSCULOTENDINOUS CUFF, OPEN; ACUT  | x | x | x |
| 23412 | REPAIR, RUPTURED MUSCULOTENDINOUS CUFF; CHRONIC   | x | x | x |
| 23415 | CORACOACROMIAL LIGAMENT RELEASE, W/VO ACROMIOPLAST  | x | x | x |
| 23420 | RECONSTRUCTION, COMPLETE SHOULDER (ROTATOR) CUFF A  | x | x | x |
| 23430 | TENODESIS, LONG TENDON, BICEPS  | x | x | x |



|       |  |   |   |   |
|-------|--|---|---|---|
| 23440 | RESECTION/TRANSPLANTATION, LONG TENDON, BICEPS     | X | X | X |
| 23450 | CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROC/MAGNUSO | X | X | X |
| 23455 | CAPSULORRHAPHY, ANTERIOR; W/LABRAL REPAIR          | X | X | X |
| 23460 | CAPSULORRHAPHY, ANTERIOR, ANY TYPE; W/BONE BLOCK   | X | X | X |
| 23462 | CAPSULORRHAPHY, ANTERIOR, ANY TYPE; W/CORACOID PRO | X | X | X |
| 23465 | CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, W/W | X | X | X |
| 23466 | CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI | X | X | X |
| 23470 | ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY | X | X | X |
| 23472 | ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER   | X | X | X |
| 23473 | REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT   | X | X | X |
| 23474 | REVIS SHOULDER ARTHRPLSTY HUMERAL&GLENOID COMPNT   | X | X | X |
| 23480 | OSTEOTOMY, CLAVICLE, W/WO INT FIXATION;            | X | X | X |
| 23485 | OSTEOTOMY, CLAVICLE, W/WO INT FIXATION; W/BONE GRA | X | X | X |
| 23490 | PROPHYLACTIC TREATMENT W/WO METHYLMETHACRYLATE; CL | X | X | X |
| 23491 | PROPHYLACTIC TREATMENT W/WO METHYLMETHACRYLATE; PR | X | X | X |
| 23500 | CLOSED TREATMENT, CLAVICULAR FX; W/O MANIPULATION  | X | X | X |
| 23505 | CLOSED TREATMENT, CLAVICULAR FX; W/MANIPULATION    | X | X | X |
| 23515 | OPEN TREATMENT, CLAVICULAR FX, W/WO INT/EXT FIXATI | X | X | X |
| 23520 | CLOSED TREATMENT, STERNOCLAVICULAR DISLOCATION; W/ | X | X | X |
| 23525 | CLOSED TREATMENT, STERNOCLAVICULAR DISLOCATION; W/ | X | X | X |
| 23530 | OPEN TREATMENT, STERNOCLAVICULAR DISLOCATION, ACUT | X | X | X |
| 23532 | OPEN TREATMENT, STERNOCLAVICULAR DISLOCATION, ACUT | X | X | X |
| 23540 | CLOSED TREATMENT, ACROMIOCLAVICULAR DISLOCATION; W | X | X | X |
| 23545 | CLOSED TREATMENT, ACROMIOCLAVICULAR DISLOCATION; W | X | X | X |
| 23550 | OPEN TREATMENT, ACROMIOCLAVICULAR DISLOCATION, ACU | X | X | X |
| 23552 | OPEN TREATMENT, ACROMIOCLAVICULAR DISLOCATION, ACU | X | X | X |
| 23570 | CLOSED TREATMENT, SCAPULAR FX; W/O MANIPULATION    | X | X | X |
| 23575 | CLOSED TREATMENT, SCAPULAR FX; W/MANIPULATION, W/W | X | X | X |
| 23585 | OPEN TREATMENT, SCAPULAR FX, W/WO INTERNAL FIXATIO | X | X | X |
| 23600 | CLOSED TREATMENT, PROXIMAL HUMERAL FX; W/O MANIPUL | X | X | X |
| 23605 | CLOSED TREATMENT, PROXIMAL HUMERAL FX; W/MANIPULAT | X | X | X |
| 23615 | OPEN TREATMENT, PROXIMAL HUMERAL FX, W/WO INT/EXT  | X | X | X |
| 23616 | OPEN TREATMENT, PROXIMAL HUMERAL FX, W/WO INT/EXT  | X | X | X |
| 23620 | CLOSED TREATMENT, GREATER HUMERAL TUBEROSITY FX; W | X | X | X |
| 23625 | CLOSED TREATMENT, GREATER HUMERAL TUBEROSITY FX; W | X | X | X |
| 23630 | OPEN TREATMENT, GREATER HUMERAL TUBEROSITY FX W/WO | X | X | X |
| 23650 | CLOSED TREATMENT, SHOULDER DISLOCATION, W/MANIPULA | X | X | X |
| 23655 | CLOSED TREATMENT, SHOULDER DISLOCATION, W/MANIPULA | X | X | X |
| 23660 | OPEN TREATMENT, ACUTE SHOULDER DISLOCATION         | X | X | X |
| 23665 | CLOSED TREATMENT, SHOULDER DISLOCATION, W/FX, GREA | X | X | X |
| 23670 | OPEN TREATMENT, SHOULDER DISLOCATION, W/FX, GREATE | X | X | X |
| 23675 | CLOSED TREATMENT, SHOULDER DISLOCATION, W/SURGICAL | X | X | X |
| 23680 | OPEN TREATMENT, SHOULDER DISLOCATION, W/SURGICAL/A | X | X | X |
| 23700 | MANIPULATION W/ANESTHESIA, SHOULDER JOINT, W/APPLI | X | X | X |
| 23800 | ARTHRODESIS, GLENOHUMERAL JOINT                    | X | X | X |
| 23802 | ARTHRODESIS, GLENOHUMERAL JOINT; W/AUTOGENOUS GRAF | X | X | X |
| 23900 | INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)      | X | X | X |
| 23920 | DISARTICULATION, SHOULDER                          | X | X | X |
| 23921 | DISARTICULATION, SHOULDER; SECONDARY CLOSURE/SCAR  | X | X | X |
| 23929 | UNLISTED PROC, SHOULDER                            | X | X | X |
| 23930 | INCISION AND DRAINAGE, UPPER ARM/ELBOW AREA; DEEP  | X | X | X |
| 23931 | INCISION AND DRAINAGE, UPPER ARM/ELBOW AREA; BURSA | X | X | X |
| 23935 | INCISION, DEEP, W/OPENING, BONE CORTEX, HUMERUS/EL | X | X | X |
| 24000 | ARTHROTOMY, ELBOW, W/EXPLORATION, DRAINAGE/REMOVAL | X | X | X |
| 24006 | ARTHROTOMY, ELBOW, W/CAPSULAR EXCISION, CAPSULAR R | X | X | X |
| 24065 | BX, SOFT TISSUE, UPPER ARM/ELBOW AREA; SUPERFICIAL | X | X | X |
| 24066 | BX, SOFT TISSUE, UPPER ARM/ELBOW AREA; DEEP (SUBFA | X | X | X |
| 24071 | EXC TUMOR SOFT TISSUE UPPER ARM/ELBOW SUBQ 3+CM    | X | X | X |
| 24073 | EXC TUMOR SOFT TISS UPPER ARM/ELBW SUBFASC 5+CM    | X | X | X |
| 24075 | EXC, TUMOR, SOFT TISSUE, UPPER ARM/ELBOW AREA SUBQ | X | X | X |
| 24076 | EXC, TUMOR, SOFT TISSUE, UPPER ARM/ELBOW SUBFASC   | X | X | X |
| 24077 | RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW <5CM    | X | X | X |
| 24079 | RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW 5CM/>   | X | X | X |
| 24100 | ARTHROTOMY, ELBOW; W/SYNOVIAL BX ONLY              | X | X | X |
| 24101 | ARTHROTOMY, ELBOW; W/JOINT EXPLORATION, W/WO BX, W | X | X | X |
| 24102 | ARTHROTOMY, ELBOW; W/SYNOVECTOMY                   | X | X | X |
| 24105 | EXCISION, OLECRANON BURSA                          | X | X | X |
| 24110 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, HUMERU | X | X | X |
| 24115 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, HUMERU | X | X | X |
| 24116 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, HUMERU | X | X | X |
| 24120 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, HEAD/N | X | X | X |
| 24125 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, HEAD/N | X | X | X |
| 24126 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, HEAD/N | X | X | X |
| 24130 | EXCISION, RADIAL HEAD                              | X | X | X |
| 24134 | SEQUESTRECTOMY, SHAFT/DISTAL HUMERUS               | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 24136 | SEQUESTRECTOMY, RADIAL HEAD/NECK                   | x | x | x |
| 24138 | SEQUESTRECTOMY, OLECRANON PROCESS                  | x | x | x |
| 24140 | PARTIAL EXCISION, BONE, HUMERUS                    | x | x | x |
| 24145 | PARTIAL EXCISION, BONE, RADIAL HEAD/NECK           | x | x | x |
| 24147 | PARTIAL EXCISION, BONE, OLECRANON PROCESS          | x | x | x |
| 24149 | RADICAL RESECTION, CAPSULE/SOFT TISSUE/HETEROTOPIC | x | x | x |
| 24150 | RADICAL RESECTION, TUMOR, SHAFT/DISTAL HUMERUS     | x | x | x |
| 24152 | RADICAL RESECTION, TUMOR, RADIAL HEAD/NECK         | x | x | x |
| 24155 | RESECTION, ELBOW JOINT (ARTHRECTOMY)               | x | x | x |
| 24160 | PROSTHESIS REMOVAL HUMERAL AND ULNAR COMPONENTS    | x | x | x |
| 24164 | PROSTHESIS REMOVAL RADIAL HEAD                     | x | x | x |
| 24200 | REMOVAL, FB, UPPER ARM/ELBOW AREA; SUBQ            | x | x | x |
| 24201 | REMOVAL, FB, UPPER ARM/ELBOW AREA; DEEP (SUBFASCIA | x | x | x |
| 24220 | INJECTION PROC, ELBOW ARTHROGRAPHY                 | x | x | x |
| 24300 | MANIPULATION, ELBOW, UNDER ANESTHESIA              | x | x | x |
| 24301 | MUSCLE/TENDON TRANSFER, ANY TYPE, UPPER ARM/ELBOW, | x | x | x |
| 24305 | TENDON LENGTHENING, UPPER ARM/ELBOW, EACH TENDON   | x | x | x |
| 24310 | TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON     | x | x | x |
| 24320 | TENOPLASTY, W/MUSCLE TRANSFER, W/WO FREE GRAFT, EL | x | x | x |
| 24330 | FLEXOR-PLASTY, ELBOW                               | x | x | x |
| 24331 | FLEXOR-PLASTY, ELBOW; W/EXTENSOR ADVANCEMENT       | x | x | x |
| 24332 | TENOLYSIS, TRICEPS                                 | x | x | x |
| 24340 | TENODESIS, BICEPS TENDON AT ELBOW (SEP PROC)       | x | x | x |
| 24341 | REPAIR, TENDON/MUSCLE, UPPER ARM/ELBOW, EACH TENDO | x | x | x |
| 24342 | REINSERTION, RUPTURED BICEPS/TRICEPS TENDON, DISTA | x | x | x |
| 24343 | REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, W/LOCAL | x | x | x |
| 24344 | RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, | x | x | x |
| 24345 | REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, W/LOCAL  | x | x | x |
| 24346 | RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW,  | x | x | x |
| 24357 | TENOTOMY, ELBOW, LATERAL OR MEDIAL EG, EPICONDYLIT | x | x | x |
| 24358 | DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN         | x | x | x |
| 24359 | DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN WITH TE | x | x | x |
| 24360 | ARTHROPLASTY, ELBOW; W/MEMBRANE                    | x | x | x |
| 24361 | ARTHROPLASTY, ELBOW; W/DISTAL HUMERAL PROSTHETIC R | x | x | x |
| 24362 | ARTHROPLASTY, ELBOW; W/IMPLANT AND FASCIA LATA LIG | x | x | x |
| 24363 | ARTHROPLASTY, ELBOW; W/DISTAL HUMERUS/PROXIMAL ULN | x | x | x |
| 24365 | ARTHROPLASTY, RADIAL HEAD                          | x | x | x |
| 24366 | ARTHROPLASTY, RADIAL HEAD; W/IMPLANT               | x | x | x |
| 24370 | REVISE RECONST ELBOW JOINT                         | x | x | x |
| 24371 | REVISE RECONST ELBOW JOINT                         | x | x | x |
| 24400 | OSTEOTOMY, HUMERUS, W/WO INT FIXATION              | x | x | x |
| 24410 | MULTIPLE OSTEOTOMIES W/REALIGNMENT ON INTRAMEDULLA | x | x | x |
| 24420 | OSTEOPLASTY, HUMERUS (EXCLUDING 64876)             | x | x | x |
| 24430 | REPAIR, NONUNION/MALUNION, HUMERUS; W/O GRAFT      | x | x | x |
| 24435 | REPAIR, NONUNION/MALUNION, HUMERUS; W/ILIAC/OTHER  | x | x | x |
| 24470 | HEMIEPIPHYSEAL ARREST                              | x | x | x |
| 24495 | DECOMPRESSION FASCIOTOMY, FOREARM, W/BRACHIAL ARTE | x | x | x |
| 24498 | PROPHYLACTIC TREATMENT, W/WO METHYLMETHACRYLATE, H | x | x | x |
| 24500 | CLOSED TREATMENT, HUMERAL SHAFT FX; W/O MANIPULATI | x | x | x |
| 24505 | CLOSED TREATMENT, HUMERAL SHAFT FX; W/MANIPULATION | x | x | x |
| 24515 | OPEN TREATMENT, HUMERAL SHAFT FX W/PLATE/SCREWS, W | x | x | x |
| 24516 | TREATMENT, HUMERAL SHAFT FX, W/INSERTION, INTRAMED | x | x | x |
| 24530 | CLOSED TREATMENT, SUPRACONDYLAR/TRANSCONDYLAR HUME | x | x | x |
| 24535 | CLOSED TREATMENT, SUPRACONDYLAR/TRANSCONDYLAR HUME | x | x | x |
| 24538 | PERCUTANEOUS SKELETAL FIXATION, SUPRACONDYLAR/TRAN | x | x | x |
| 24545 | OPEN TREATMENT, HUMERAL SUPRACONDYLAR/TRANSCONDYLA | x | x | x |
| 24546 | OPEN TREATMENT, HUMERAL SUPRACONDYLAR/TRANSCONDYLA | x | x | x |
| 24560 | CLOSED TREATMENT, HUMERAL EPICONDYLAR FX, MEDIAL/L | x | x | x |
| 24565 | CLOSED TREATMENT, HUMERAL EPICONDYLAR FX, MEDIAL/L | x | x | x |
| 24566 | PERCUTANEOUS SKELETAL FIXATION, HUMERAL EPICONDYLA | x | x | x |
| 24575 | OPEN TREATMENT, HUMERAL EPICONDYLAR FX, MEDIAL/LAT | x | x | x |
| 24576 | CLOSED TREATMENT, HUMERAL CONDYLAR FX, MEDIAL/LATE | x | x | x |
| 24577 | CLOSED TREATMENT, HUMERAL CONDYLAR FX, MEDIAL/LATE | x | x | x |
| 24579 | OPEN TREATMENT, HUMERAL CONDYLAR FX, MEDIAL/LATERA | x | x | x |
| 24582 | PERCUTANEOUS SKELETAL FIXATION, HUMERAL CONDYLAR F | x | x | x |
| 24586 | OPEN TREATMENT, PERIARTICULAR FX/DISLOCATION, ELBO | x | x | x |
| 24587 | OPEN TREATMENT, PERIARTICULAR FX/DISLOCATION, ELBO | x | x | x |
| 24600 | TREATMENT, CLOSED ELBOW DISLOCATION; W/O ANESTHESI | x | x | x |
| 24605 | TREATMENT, CLOSED ELBOW DISLOCATION; REQUIRING ANE | x | x | x |
| 24615 | OPEN TREATMENT, ACUTE/CHRONIC ELBOW DISLOCATION    | x | x | x |
| 24620 | CLOSED TREATMENT, MONTEGGIA TYPE, FX DISLOCATION,  | x | x | x |
| 24635 | OPEN TREATMENT, MONTEGGIA TYPE, FX DISLOCATION, EL | x | x | x |
| 24640 | CLOSED TREATMENT, RADIAL HEAD SUBLUXATION IN CHILD | x | x | x |
| 24650 | CLOSED TREATMENT, RADIAL HEAD/NECK FX; W/O MANIPUL | x | x | x |
| 24655 | CLOSED TREATMENT, RADIAL HEAD/NECK FX; W/MANIPULAT | x | x | x |

|       |  |   |   |   |
|-------|--|---|---|---|
| 24665 | OPEN TREATMENT, RADIAL HEAD/NECK FX W/WO INT FIXAT | x | x | x |
| 24666 | OPEN TREATMENT, RADIAL HEAD/NECK FX W/WO INT FIXAT | x | x | x |
| 24670 | CLOSED TREATMENT, ULNAR FX, PROXIMAL END (OLECRANO | x | x | x |
| 24675 | CLOSED TREATMENT, ULNAR FX, PROXIMAL END (OLECRANO | x | x | x |
| 24685 | OPEN TREATMENT, ULNAR FX, PROXIMAL END (OLECRANON  | x | x | x |
| 24800 | ARTHRODESIS, ELBOW JOINT; LOCAL                    | x | x | x |
| 24802 | ARTHRODESIS, ELBOW JOINT; W/AUTOGENOUS GRAFT (INCL | x | x | x |
| 24900 | AMPUTATION, ARM THROUGH HUMERUS; W/PRIMARY CLOSURE | x | x | x |
| 24920 | AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (G | x | x | x |
| 24925 | AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE | x | x | x |
| 24930 | AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION     | x | x | x |
| 24931 | AMPUTATION, ARM THROUGH HUMERUS; W/IMPLANT         | x | x | x |
| 24935 | STUMP ELONGATION, UPPER EXTREMITY                  | x | x | x |
| 24940 | CINEPLASTY, UPPER EXTREMITY, COMPLETE PROC         | x | x | x |
| 24999 | UNLISTED PROC, HUMERUS/ELBOW                       | x | x | x |
| 25000 | INCISION, EXTENSOR TENDON SHEATH, WRIST            | x | x | x |
| 25001 | INCISION, FLEXOR TENDON SHEATH, WRIST              | x | x | x |
| 25020 | DECOMPRES FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR | x | x | x |
| 25023 | DECOMPRES FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR | x | x | x |
| 25024 | DECOMPRES FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR | x | x | x |
| 25025 | DECOMPRES FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR | x | x | x |
| 25028 | INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP  | x | x | x |
| 25031 | INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA | x | x | x |
| 25035 | INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST  | x | x | x |
| 25040 | ARTHROTOMY, RADIOCARPAL/MIDCARPAL JOINT, W/EXPLORE | x | x | x |
| 25065 | BX, SOFT TISSUE, FOREARM AND/OR WRIST; SUPERFICIAL | x | x | x |
| 25066 | BX, SOFT TISSUE, FOREARM AND/OR WRIST; DEEP (SUBFA | x | x | x |
| 25071 | EXC TUMOR SOFT TISS FOREARM AND/WRIST SUBQ 3+CM    | x | x | x |
| 25073 | EXC TUMOR SFT TISS FOREARM&/WRIST SUBFASC 3+CM     | x | x | x |
| 25075 | EXC, TUMOR, SOFT TISSUE FOREARM AND/OR WRIST SUBQ  | x | x | x |
| 25076 | EXC, TUMOR, SFT TISSUE FOREARM AND/OR WRIST SUBFAS | x | x | x |
| 25077 | RAD RESECT TUMOR SOFT TISS FOREARM&/WRIST <3 CM    | x | x | x |
| 25078 | RAD RESCJ TUM SOFT TISSUE FOREARM&/WRIST 3 CM/>    | x | x | x |
| 25085 | CAPSULOTOMY, WRIST                                 | x | x | x |
| 25100 | ARTHROTOMY, WRIST JOINT; W/BX                      | x | x | x |
| 25101 | ARTHROTOMY, WRIST JOINT; W/JOINT EXPLORATION, W/WO | x | x | x |
| 25105 | ARTHROTOMY, WRIST JOINT; W/SYNOVECTOMY             | x | x | x |
| 25107 | ARTHROTOMY, DISTAL RADIOULNAR JOINT W/REPAIR, TRIA | x | x | x |
| 25109 | Excise tendon forearm/wrist                        | x | x | x |
| 25110 | EXCISION, LESION, TENDON SHEATH, FOREARM AND/OR WR | x | x | x |
| 25111 | EXCISION, GANGLION, WRIST (DORSAL/VOLAR); PRIMARY  | x | x | x |
| 25112 | EXCISION, GANGLION, WRIST (DORSAL/VOLAR); RECURREN | x | x | x |
| 25115 | RADICAL EXCISION, BURSA, SYNOVIA, WRIST/FOREARM TE | x | x | x |
| 25116 | RADICAL EXCISION, BURSA, SYNOVIA, WRIST/FOREARM TE | x | x | x |
| 25118 | SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE | x | x | x |
| 25119 | SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE | x | x | x |
| 25120 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, RADIUS | x | x | x |
| 25125 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, RADIUS | x | x | x |
| 25126 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, RADIUS | x | x | x |
| 25130 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, CARPAL | x | x | x |
| 25135 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, CARPAL | x | x | x |
| 25136 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, CARPAL | x | x | x |
| 25145 | SEQUESTRECTOMY, FOREARM AND/OR WRIST               | x | x | x |
| 25150 | PARTIAL EXCISION, BONE; ULNA                       | x | x | x |
| 25151 | PARTIAL EXCISION, BONE; RADIUS                     | x | x | x |
| 25170 | RADICAL RESECTION, TUMOR, RADIUS/ULNA              | x | x | x |
| 25210 | CARPECTOMY; ONE BONE                               | x | x | x |
| 25215 | CARPECTOMY; ALL BONES, PROXIMAL ROW                | x | x | x |
| 25230 | RADIAL STYLOIDECTOMY (SEP PROC)                    | x | x | x |
| 25240 | EXCISION DISTAL ULNA PARTIAL/COMPLETE              | x | x | x |
| 25246 | INJECTION PROC, WRIST ARTHROGRAPHY                 | x | x | x |
| 25248 | EXPLORATION W/REMOVAL, DEEP FB, FOREARM/WRIST      | x | x | x |
| 25250 | REMOVAL, WRIST PROSTHESIS; (SEP PROC)              | x | x | x |
| 25251 | REMOVAL, WRIST PROSTHESIS; COMPLICATED, W/TOTAL WR | x | x | x |
| 25259 | MANIPULATION, WRIST, UNDER ANESTHESIA              | x | x | x |
| 25260 | REPAIR, TENDON/MUSCLE, FLEXOR, FOREARM AND/OR WRIS | x | x | x |
| 25263 | REPAIR, TENDON/MUSCLE, FLEXOR, FOREARM AND/OR WRIS | x | x | x |
| 25265 | REPAIR, TENDON/MUSCLE, FLEXOR, FOREARM AND/OR WRIS | x | x | x |
| 25270 | REPAIR, TENDON/MUSCLE, EXTENSOR, FOREARM AND/OR WR | x | x | x |
| 25272 | REPAIR, TENDON/MUSCLE, EXTENSOR, FOREARM AND/OR WR | x | x | x |
| 25274 | REPAIR, TENDON/MUSCLE, EXTENSOR, FOREARM AND/OR WR | x | x | x |
| 25275 | REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WR | x | x | x |
| 25280 | LENGTHENING/SHORTENING, FLEXOR/EXTENSOR TENDON, FO | x | x | x |
| 25290 | TENOTOMY, OPEN, FLEXOR/EXTENSOR TENDON, FOREARM AN | x | x | x |
| 25295 | TENOLYSIS, FLEXOR/EXTENSOR TENDON, FOREARM AND/OR  | x | x | x |

|       |  |   |   |   |
|-------|--|---|---|---|
| 25300 | TENODESIS AT WRIST; FLEXORS, FINGERS               | X | X | X |
| 25301 | TENODESIS AT WRIST; EXTENSORS, FINGERS             | X | X | X |
| 25310 | TENDON TRANSPLANTATION/TRANSFER, FLEXOR/EXTENSOR,  | X | X | X |
| 25312 | TENDON TRANSPLANTATION/TRANSF, FLEXOR/EXTENS, FORE | X | X | X |
| 25315 | FLEXOR ORIGIN SLIDE, FOREARM AND/OR WRIST          | X | X | X |
| 25316 | FLEXOR ORIGIN SLIDE, FOREARM AND/OR WRIST; W/TENDO | X | X | X |
| 25320 | CAPSULORRHAPHY/RECONSTRUCTION, WRIST, OPEN, W/SYNO | X | X | X |
| 25332 | ARTHROPLASTY, WRIST, W/WO INTERPOSITION/INT/EXT FI | X | X | X |
| 25335 | CENTRALIZATION, WRIST ON ULNA                      | X | X | X |
| 25337 | RECONSTRUCTION, STABILIZATION, DISTAL ULNA/RADIOUL | X | X | X |
| 25350 | OSTEOTOMY, RADIUS; DISTAL THIRD                    | X | X | X |
| 25355 | OSTEOTOMY, RADIUS; MIDDLE/PROXIMAL THIRD           | X | X | X |
| 25360 | OSTEOTOMY; ULNA                                    | X | X | X |
| 25365 | OSTEOTOMY; RADIUS AND ULNA                         | X | X | X |
| 25370 | MULTIPLE OSTEOTOMIES, W/REALIGNMENT ON INTRAMEDULL | X | X | X |
| 25375 | MULTIPLE OSTEOTOMIES, W/REALIGNMENT ON INTRAMEDULL | X | X | X |
| 25390 | OSTEOPLASTY, RADIUS/ULNA; SHORTENING               | X | X | X |
| 25391 | OSTEOPLASTY, RADIUS/ULNA; LENGTHENING W/AUTOGRAFT  | X | X | X |
| 25392 | OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDIN | X | X | X |
| 25393 | OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING W/AUTOGR | X | X | X |
| 25394 | OSTEOPLASTY, CARPAL BONE, SHORTENING               | X | X | X |
| 25400 | REPAIR, NONUNION/MALUNION, RADIUS/ULNA; W/O GRAFT  | X | X | X |
| 25405 | REPAIR, NONUNION/MALUNION, RADIUS/ULNA; W/AUTOGRAF | X | X | X |
| 25415 | REPAIR, NONUNION/MALUNION, RADIUS AND ULNA; W/O GR | X | X | X |
| 25420 | REPAIR, NONUNION/MALUNION, RADIUS AND ULNA; W/AUTO | X | X | X |
| 25425 | REPAIR, DEFECT W/AUTOGRAFT; RADIUS/ULNA            | X | X | X |
| 25426 | REPAIR, DEFECT W/AUTOGRAFT; RADIUS AND ULNA        | X | X | X |
| 25430 | INSERTION, VASCULAR PEDICLE, CARPAL BONE (HARII PR | X | X | X |
| 25431 | REPAIR, NONUNION, CARPAL BONE (EXCL CARPAL SCAPHOI | X | X | X |
| 25440 | REPAIR, NONUNION, SCAPHOID CARPAL BONE, W/WO RADIA | X | X | X |
| 25441 | ARTHROPLASTY W/PROSTHETIC REPLACEMENT; DISTAL RADI | X | X | X |
| 25442 | ARTHROPLASTY W/PROSTHETIC REPLACEMENT; DISTAL ULNA | X | X | X |
| 25443 | ARTHROPLASTY W/PROSTHETIC REPLACEMENT; SCAPHOID CA | X | X | X |
| 25444 | ARTHROPLASTY W/PROSTHETIC REPLACEMENT; LUNATE      | X | X | X |
| 25445 | ARTHROPLASTY W/PROSTHETIC REPLACEMENT; TRAPEZIUM   | X | X | X |
| 25446 | ARTHROPLASTY W/PROSTHETIC REPLACEMENT; DISTAL RADI | X | X | X |
| 25447 | ARTHROPLASTY, INTERPOSITION, INTERCARPAL/CARPOMETA | X | X | X |
| 25449 | REVISION, ARTHROPLASTY, W/REMOVAL, IMPLANT, WRIST  | X | X | X |
| 25450 | EPIPHYSEAL ARREST, EPIPHYSIODESIS/STAPLING; DISTAL | X | X | X |
| 25455 | EPIPHYSEAL ARREST, EPIPHYSIODESIS/STAPLING; DISTAL | X | X | X |
| 25490 | PROPHYLACTIC TREATMENT (NAIL/PIN/PLATE/WIRE) W/WO  | X | X | X |
| 25491 | PROPHYLACTIC TREATMENT (NAIL/PIN/PLATE/WIRE) W/WO  | X | X | X |
| 25492 | PROPHYLACTIC TREATMENT (NAIL/PIN/PLATE/WIRE) W/WO  | X | X | X |
| 25500 | CLOSED TREATMENT, RADIAL SHAFT FX; W/O MANIPULATIO | X | X | X |
| 25505 | CLOSED TREATMENT, RADIAL SHAFT FX; W/MANIPULATION  | X | X | X |
| 25515 | OPEN TREATMENT, RADIAL SHAFT FX, W/WO INT/EXT FIXA | X | X | X |
| 25520 | CLOSED TREATMENT, RADIAL SHAFT FX, AND DISLOCATION | X | X | X |
| 25525 | OPEN TREATMENT, RADIAL SHAFT FX, W/FIXATION AND CL | X | X | X |
| 25526 | OPEN TX, RADIAL SHAFT FX AND DISTAL RADIOULNAR JT, | X | X | X |
| 25530 | CLOSED TREATMENT, ULNAR SHAFT FX; W/O MANIPULATION | X | X | X |
| 25535 | CLOSED TREATMENT, ULNAR SHAFT FX; W/MANIPULATION   | X | X | X |
| 25545 | OPEN TREATMENT, ULNAR SHAFT FX, W/WO INT/EXT FIXAT | X | X | X |
| 25560 | CLOSED TREATMENT, RADIAL AND ULNAR SHAFT FXS; W/O  | X | X | X |
| 25565 | CLOSED TREATMENT, RADIAL AND ULNAR SHAFT FXS; W/MA | X | X | X |
| 25574 | OPEN TREATMENT, RADIAL AND ULNAR SHAFT FXS, W/INT/ | X | X | X |
| 25575 | OPEN TREATMENT, RADIAL AND ULNAR SHAFT FXS, W/INT/ | X | X | X |
| 25600 | CLOSED TREATMENT, DISTAL RADIAL FX/EPIPHYSEAL SEPA | X | X | X |
| 25605 | CLOSED TREATMENT, DISTAL RADIAL FX/EPIPHYSEAL SEPA | X | X | X |
| 25606 | Treat fx distal radial                             | X | X | X |
| 25607 | Treat fx rad extra-articul                         | X | X | X |
| 25608 | Treat fx rad intra-articul                         | X | X | X |
| 25609 | Treat fx radial 3+ frag                            | X | X | X |
| 25622 | CLOSED TREATMENT, CARPAL SCAPHOID (NAVICULAR) FX;  | X | X | X |
| 25624 | CLOSED TREATMENT, CARPAL SCAPHOID (NAVICULAR) FX;  | X | X | X |
| 25628 | OPEN TREATMENT, CARPAL SCAPHOID (NAVICULAR) FX, W/ | X | X | X |
| 25630 | CLOSED TREATMENT, CARPAL BONE FX (EXCLUDING CARPAL | X | X | X |
| 25635 | CLOSED TREATMENT, CARPAL BONE FX (EXCLUDING CARPAL | X | X | X |
| 25645 | OPEN TREATMENT, CARPAL BONE FX (EXCLUDING CARPAL S | X | X | X |
| 25650 | CLOSED TREATMENT, ULNAR STYLOID FX                 | X | X | X |
| 25651 | PERCUTANEOUS SKELETAL FIXATION, ULNAR STYLOID FRAC | X | X | X |
| 25652 | OPEN TREATMENT, ULNAR STYLOID FRACTURE             | X | X | X |
| 25660 | CLOSED TREATMENT, RADIOCARPAL/INTERCARPAL DISLOCAT | X | X | X |
| 25670 | OPEN TREATMENT, RADIOCARPAL/INTERCARPAL DISLOCATIO | X | X | X |
| 25671 | PERCUTANEOUS SKELETAL FIXATION, DISTAL RADIOULNAR  | X | X | X |
| 25675 | CLOSED TREATMENT, DISTAL RADIOULNAR DISLOCATION W/ | X | X | X |

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|-------|--|---|---|---|
| 25676 | OPEN TREATMENT, DISTAL RADIOULNAR DISLOCATION, ACU | X | X | X |
| 25680 | CLOSED TREATMENT, TRANS-SCAPHOPERILUNAR TYPE FX DI | X | X | X |
| 25685 | OPEN TREATMENT, TRANS-SCAPHOPERILUNAR TYPE FX DISL | X | X | X |
| 25690 | CLOSED TREATMENT, LUNATE DISLOCATION, W/MANIPULATI | X | X | X |
| 25695 | OPEN TREATMENT, LUNATE DISLOCATION                 | X | X | X |
| 25800 | ARTHRODESIS, WRIST; COMPLETE W/O BONE GRAFT        | X | X | X |
| 25805 | ARTHRODESIS, WRIST; W/SLIDING GRAFT                | X | X | X |
| 25810 | ARTHRODESIS, WRIST; W/ILIAC/OTHER AUTOGRAFT (INCLU | X | X | X |
| 25820 | ARTHRODESIS, WRIST; LIMITED, W/O BONE GRAFT        | X | X | X |
| 25825 | ARTHRODESIS, WRIST; W/AUTOGRAFT (INCLUDES OBTAININ | X | X | X |
| 25830 | ARTHRODESIS, DISTAL RADIOULNAR JOINT AND SEGMENTAL | X | X | X |
| 25900 | AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA       | X | X | X |
| 25905 | AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN | X | X | X |
| 25907 | AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECO | X | X | X |
| 25909 | AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-A | X | X | X |
| 25915 | KRUKENBERG PROC                                    | X | X | X |
| 25920 | DISARTICULATION THROUGH WRIST                      | X | X | X |
| 25922 | DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE/S | X | X | X |
| 25924 | DISARTICULATION THROUGH WRIST; RE-AMPUTATION       | X | X | X |
| 25927 | TRANSMETACARPAL AMPUTATION                         | X | X | X |
| 25929 | TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE/SCAR | X | X | X |
| 25931 | TRANSMETACARPAL AMPUTATION; RE-AMPUTATION          | X | X | X |
| 25999 | UNLISTED PROC, FOREARM/WRIST                       | X | X | X |
| 26010 | DRAINAGE, FINGER ABSCESS; SIMPLE                   | X | X | X |
| 26011 | DRAINAGE, FINGER ABSCESS; COMPLICATED              | X | X | X |
| 26020 | DRAINAGE, TENDON SHEATH, DIGIT AND/OR PALM, EACH   | X | X | X |
| 26025 | DRAINAGE, PALMAR BURSA; SINGLE, BURSA              | X | X | X |
| 26030 | DRAINAGE, PALMAR BURSA; MULTIPLE BURSA             | X | X | X |
| 26034 | INCISION, BONE CORTEX, HAND/FINGER                 | X | X | X |
| 26035 | DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJUR | X | X | X |
| 26037 | DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)    | X | X | X |
| 26040 | FASCIOTOMY, PALMAR; PERCUTANEOUS                   | X | X | X |
| 26045 | FASCIOTOMY, PALMAR; OPEN, PARTIAL                  | X | X | X |
| 26060 | TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT         | X | X | X |
| 26070 | ARTHROTOMY, EXPLORATION/DRAINAGE/REMOVAL, LOOSE/FB | X | X | X |
| 26075 | ARTHROTOMY, EXPLORATION/DRAINAGE/REMOVAL, LOOSE/FB | X | X | X |
| 26080 | ARTHROTOMY, EXPLORATION/DRAINAGE/REMOVAL, LOOSE/FB | X | X | X |
| 26100 | ARTHROTOMY W/BX; CARPOMETACARPAL JOINT, EACH       | X | X | X |
| 26105 | ARTHROTOMY W/BX; METACARPOPHALANGEAL JOINT, EACH   | X | X | X |
| 26110 | ARTHROTOMY W/BX; INTERPHALANGEAL JOINT, EACH       | X | X | X |
| 26111 | EX TUM/VASC MALF SFT TISS HAND/FNGR SUBQ 1.5+CM    | X | X | X |
| 26113 | EX TUM/VASC MAL SFT TIS HAND/FNGR SUBFSC 1.5+CM    | X | X | X |
| 26115 | EXC, TUMOR/VASCLAR MALFORMATION, SOFT TISS SUBQ    | X | X | X |
| 26116 | EXC, TUMOR/VASCLAR MALFORMATION, SOFT TISS SUBFASC | X | X | X |
| 26117 | RAD RESECT TUMOR SOFT TISSUE HAND/FINGER <3CM      | X | X | X |
| 26118 | RAD RESCJ TUM SOFT TISSUE HAND/FINGER 3 CM/>       | X | X | X |
| 26121 | FASCIECTOMY, PALM ONLY W/WO Z-PLASTY/LOCAL TISSUE  | X | X | X |
| 26123 | FASCIECTOMY, PARTIAL PALMAR W/RELEASE, SINGLE DIGI | X | X | X |
| 26125 | FASCIECTOM, PARTL PALMAR W/RELEASE, SNGL DIGIT, W/ | X | X | X |
| 26130 | SYNOVECTOMY, CARPOMETACARPAL JOINT                 | X | X | X |
| 26135 | SYNOVECTOMY, METACARPOPHALANGEAL JOINT, W/INTRINSI | X | X | X |
| 26140 | SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, W/EXT | X | X | X |
| 26145 | SYNOVECTOMY, TENDON SHEATH, RADICAL, FLEXOR TENDON | X | X | X |
| 26160 | EXCISION, LESION, TENDON SHEATH/JOINT CAPSULE, HAN | X | X | X |
| 26170 | EXCISION, TENDON, PALM, FLEXOR, SINGLE (SEP PROC), | X | X | X |
| 26180 | EXCISION, TENDON, FINGER, FLEXOR (SEP PROC), EACH  | X | X | X |
| 26185 | SESAMOIDECTOMY, THUMB/FINGER (SEP PROC)            | X | X | X |
| 26200 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, METACA | X | X | X |
| 26205 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, METACA | X | X | X |
| 26210 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, PHALAN | X | X | X |
| 26215 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, PHALAN | X | X | X |
| 26230 | PARTIAL EXCISION, BONE; METACARPAL                 | X | X | X |
| 26235 | PARTIAL EXCISION, BONE; PROXIMAL/MIDDLE PHALANX, F | X | X | X |
| 26236 | PARTIAL EXCISION, BONE; DISTAL PHALANX, FINGER     | X | X | X |
| 26250 | RADICAL RESECTION TUMOR METACARPAL                 | X | X | X |
| 26260 | RAD RESECTION TUMOR PROX/MIDDLE PHALANX FINGER     | X | X | X |
| 26262 | RADICAL RESECTION TUMOR DISTAL PHALANX FINGER      | X | X | X |
| 26320 | REMOVAL, IMPLANT, FINGER/HAND                      | X | X | X |
| 26340 | MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH | X | X | X |
| 26341 | MANIPULAT PALM CORD POST INJ                       | X | X | X |
| 26350 | FLEXOR TENDON REPAIR/ADVANCE, NOT IN ZONE 2 (NO MA | X | X | X |
| 26352 | FLEXOR TENDON, REPAIR/ADVANCE, NOT IN (NO MANS LAN | X | X | X |
| 26356 | FLEXOR TENDON, REPAIR/ADVANCE, IN ZONE 2 (NO MANS  | X | X | X |
| 26357 | FLEXOR TENDON, REPAIR/ADVANCE, IN ZONE 2 (NO MANS  | X | X | X |
| 26358 | FLEXOR TENDON, REPAIR/ADVANCE, IN ZONE 2 (NO MANS  | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 26370 | PROFUNDUS TENDON REPAIR/ADVANCE, W/INTACT SUPERFIC | X | X | X |
| 26372 | PROFUNDUS TENDON REPAIR/ADVANCE, W/INTACT SUPERFIC | X | X | X |
| 26373 | PROFUNDUS TENDON REPAIR/ADVANCE, W/INTACT SUPERFIC | X | X | X |
| 26390 | FLEXOR TENDON EXCISION, IMPLANTATION SYNTHETIC ROD | X | X | X |
| 26392 | REMOVAL, SYNTHETIC ROD AND INSERTION, FLEXOR TENDO | X | X | X |
| 26410 | REPAIR, EXTENSOR TENDON, HAND, PRIMARY/SECONDARY;  | X | X | X |
| 26412 | REPAIR, EXTENSOR TENDON, HAND, PRIMARY/SECONDARY;  | X | X | X |
| 26415 | EXTENSOR TENDON EXCISION, IMPLANTATION SYNTHETIC R | X | X | X |
| 26416 | REMOVAL, SYNTHETIC ROD AND INSERTION, EXTENSOR TEN | X | X | X |
| 26418 | REPAIR, EXTENSOR TENDON, FINGER, PRIMARY/SECONDARY | X | X | X |
| 26420 | REPAIR, EXTENSOR TENDON, FINGER, PRIMARY/SECONDARY | X | X | X |
| 26426 | REPAIR, EXTENSOR TENDON, CENTRAL SLIP, SECONDARY;  | X | X | X |
| 26428 | REPAIR, EXTENSOR TENDON, CENTRAL SLIP, SECONDARY;  | X | X | X |
| 26432 | CLOSED TREATMENT, EXTENSOR TENDON, DISTAL INSERTIO | X | X | X |
| 26433 | REPAIR, EXTENSOR TENDON, DISTAL INSERTION, PRIMARY | X | X | X |
| 26434 | REPAIR, EXTENSOR TENDON, DISTAL INSERTION, PRIMARY | X | X | X |
| 26437 | REALIGNMENT, EXTENSOR TENDON, HAND, EACH TENDON    | X | X | X |
| 26440 | TENOLYSIS, FLEXOR TENDON; PALM/FINGER, EACH TENDON | X | X | X |
| 26442 | TENOLYSIS, FLEXOR TENDON; PALM AND FINGER, EACH TE | X | X | X |
| 26445 | TENOLYSIS, EXTENSOR TENDON, HAND/FINGER; EACH TEND | X | X | X |
| 26449 | TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, W/FOR | X | X | X |
| 26450 | TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON          | X | X | X |
| 26455 | TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON        | X | X | X |
| 26460 | TENOTOMY, EXTENSOR, HAND/FINGER, OPEN, EACH TENDON | X | X | X |
| 26471 | TENODESIS; PROXIMAL INTERPHALANGEAL JOINT, EACH JO | X | X | X |
| 26474 | TENODESIS; DISTAL JOINT, EACH JOINT                | X | X | X |
| 26476 | LENGTHENING, TENDON, EXTENSOR, HAND/FINGER, EACH T | X | X | X |
| 26477 | SHORTENING, TENDON, EXTENSOR, HAND/FINGER, EACH TE | X | X | X |
| 26478 | LENGTHENING, TENDON, FLEXOR, HAND/FINGER, EACH TEN | X | X | X |
| 26479 | SHORTENING, TENDON, FLEXOR, HAND/FINGER, EACH TEND | X | X | X |
| 26480 | TENDON TRANSFER/TRANSPLANT, CARPOMETACARPAL/DORSUM | X | X | X |
| 26483 | TENDON TRANSFER/TRANSPLANT, CARPOMETACARPAL/DORSUM | X | X | X |
| 26485 | TENDON TRANSFER/TRANSPLANT, PALMAR; W/O FREE TENDO | X | X | X |
| 26489 | TENDON TRANSFER/TRANSPLANT, PALMAR; W/FREE TENDON  | X | X | X |
| 26490 | OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSFER TYPE | X | X | X |
| 26492 | OPPONENSPLASTY; TENDON TRANSFER W/GRAFT (INCLUDES  | X | X | X |
| 26494 | OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER         | X | X | X |
| 26496 | OPPONENSPLASTY; OTHER METHODS                      | X | X | X |
| 26497 | TRANSFER, TENDON TO RESTORE INTRINSIC FUNCTION; RI | X | X | X |
| 26498 | TRANSFER, TENDON TO RESTORE INTRINSIC FUNCTION; AL | X | X | X |
| 26499 | CORRECTION CLAW FINGER, OTHER METHODS              | X | X | X |
| 26500 | RECONSTRUCTION, TENDON PULLEY, EACH TENDON; W/LOCA | X | X | X |
| 26502 | RECONSTRUCTION, TENDON PULLEY, EACH TENDON; W/TEND | X | X | X |
| 26508 | RELEASE, THENAR MUSCLE(S)                          | X | X | X |
| 26510 | CROSS INTRINSIC TRANSFER, EACH TENDON              | X | X | X |
| 26516 | CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DI | X | X | X |
| 26517 | CAPSULODESIS, METACARPOPHALANGEAL JOINT; TWO DIGIT | X | X | X |
| 26518 | CAPSULODESIS, METACARPOPHALANGEAL JOINT; THREE/FOU | X | X | X |
| 26520 | CAPSULECTOMY/CAPSULOTOMY; METACARPOPHALANGEAL JOIN | X | X | X |
| 26525 | CAPSULECTOMY/CAPSULOTOMY; INTERPHALANGEAL JOINT, E | X | X | X |
| 26530 | ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOIN | X | X | X |
| 26531 | ARTHROPLASTY, METACARPOPHALANGEAL JOINT; W/PROSTHE | X | X | X |
| 26535 | ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT    | X | X | X |
| 26536 | ARTHROPLASTY, INTERPHALANGEAL JOINT; W/PROSTHETIC  | X | X | X |
| 26540 | REPAIR, COLLATERAL LIGAMENT, METACARPOPHALANGEAL/I | X | X | X |
| 26541 | RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHAL | X | X | X |
| 26542 | PRIMARY REPAIR, COLLATERAL LIGAMENT, METACARPOPHAL | X | X | X |
| 26545 | RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGE | X | X | X |
| 26546 | REPAIR, NONUNION, METACARPAL/PHALANX, (INCLUDES OB | X | X | X |
| 26548 | REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, IN | X | X | X |
| 26550 | POLLICIZATION, DIGIT                               | X | X | X |
| 26551 | TRANSFER, TOE-TO-HAND W/MICROVASCULAR ANASTOMOSIS; | X | X | X |
| 26553 | TRANSFER, TOE-TO-HAND W/MICROVASCULAR ANASTOMOSIS; | X | X | X |
| 26554 | TRANSFER, TOE-TO-HAND W/MICROVASCULAR ANASTOMOSIS; | X | X | X |
| 26555 | TRANSFER, FINGER TO ANOTHER POSITION W/O MICROVASC | X | X | X |
| 26556 | TRANSFER, FREE TOE JOINT, W/MICROVASCULAR ANASTOMO | X | X | X |
| 26560 | REPAIR, SYNDACTYLY (WEB FINGER) EACH WEB SPACE; W/ | X | X | X |
| 26561 | REPAIR, SYNDACTYLY (WEB FINGER) EACH WEB SPACE; W/ | X | X | X |
| 26562 | REPAIR, SYNDACTYLY (WEB FINGER) EACH WEB SPACE; CO | X | X | X |
| 26565 | OSTEOTOMY; METACARPAL, EACH                        | X | X | X |
| 26567 | OSTEOTOMY; PHALANX, FINGER, EACH                   | X | X | X |
| 26568 | OSTEOPLASTY, LENGTHENING, METACARPAL/PHALANX       | X | X | X |
| 26580 | REPAIR CLEFT HAND                                  | X | X | X |
| 26587 | RECONSTRUCTION, POLYDACTYLOUS DIGIT, SOFT TISSUE A | X | X | X |
| 26590 | REPAIR MACRODACTYLIA, EACH DIGIT                   | X | X | X |



|       |  |   |   |   |
|-------|--|---|---|---|
| 26591 | REPAIR, INTRINSIC MUSCLES, HAND, EACH MUSCLE       | X | X | X |
| 26593 | RELEASE, INTRINSIC MUSCLES, HAND, EACH MUSCLE      | X | X | X |
| 26596 | EXCISION, CONSTRICTING RING, FINGER, W/MULTIPLE Z- | X | X | X |
| 26600 | CLOSED TREATMENT, METACARPAL FX, SINGLE; W/O MANIP | X | X | X |
| 26605 | CLOSED TREATMENT, METACARPAL FX, SINGLE; W/MANIPUL | X | X | X |
| 26607 | CLOSED TREATMENT, METACARPAL FX, W/MANIPULATION, W | X | X | X |
| 26608 | PERCUTANEOUS SKELETAL FIXATION, METACARPAL FX, EAC | X | X | X |
| 26615 | OPEN TREATMENT, METACARPAL FX, SINGLE, W/WO INT/EX | X | X | X |
| 26641 | CLOSED TREATMENT, CARPOMETACARPAL DISLOCATION, THU | X | X | X |
| 26645 | CLOSED TREATMENT, CARPOMETACARPAL FX/DISLOCATION,  | X | X | X |
| 26650 | PERCUTANEOUS SKELETAL FIXATION, CARPOMETACARPAL FX | X | X | X |
| 26665 | OPEN TREATMENT, CARPOMETACARPAL FX DISLOCATION, TH | X | X | X |
| 26670 | CLOSED TX, CARPOMETACARPAL DISLOCATION, NON-THUMB  | X | X | X |
| 26675 | CLOSED TREATMENT, CARPOMETACARPAL DISLOCATION, NON | X | X | X |
| 26676 | PERCUTANEOUS SKELETAL FIXATION, CARPOMETACARPAL DI | X | X | X |
| 26685 | OPEN TREATMENT, CARPOMETACARPAL DISLOCATION, NON-T | X | X | X |
| 26686 | OPEN TREATMENT, CARPOMETACARPAL DISLOCATION, NON-T | X | X | X |
| 26700 | CLOSED TREATMENT, METACARPOPHALANGEAL DISLOCATION, | X | X | X |
| 26705 | CLOSED TREATMENT, METACARPOPHALANGEAL DISLOCATION, | X | X | X |
| 26706 | PERCUTANEOUS SKELETAL FIXATION, METACARPOPHALANGEA | X | X | X |
| 26715 | OPEN TREATMENT, METACARPOPHALANGEAL DISLOCATION, S | X | X | X |
| 26720 | CLOSED TREATMENT, PHALANGEAL SHAFT FX, PROXIMAL/MI | X | X | X |
| 26725 | CLOSED TREATMENT, PHALANGEAL SHAFT FX, PROXIMAL/MI | X | X | X |
| 26727 | PERCUTAN SKELETAL FIXATN, UNSTABLE PHALANGL SHAFT  | X | X | X |
| 26735 | OPEN TREATMENT, PHALANGEAL SHAFT FX, PROXIMAL/MIDD | X | X | X |
| 26740 | CLOSED TREATMENT, ARTICULAR FX, MCP/IP JOINT; W/O  | X | X | X |
| 26742 | CLOSED TREATMENT, ARTICULAR FX, MCP/IP JOINT; W/MA | X | X | X |
| 26746 | OPEN TREATMENT, ARTICULAR FX, INVOLVING MCP/IP JOI | X | X | X |
| 26750 | CLOSED TREATMENT, DISTAL PHALANGEAL FX, FINGER/THU | X | X | X |
| 26755 | CLOSED TREATMENT, DISTAL PHALANGEAL FX, FINGER/THU | X | X | X |
| 26756 | PERCUTANEOUS SKELETAL FIXATION, DISTAL PHALANGEAL  | X | X | X |
| 26765 | OPEN TREATMENT, DISTAL PHALANGEAL FX, FINGER/THUMB | X | X | X |
| 26770 | CLOSED TREATMENT, IP JOINT DISLOCATION, SINGLE, W/ | X | X | X |
| 26775 | CLSD TRTMT INTERPHALANGEL JT DISLOCATION, REQ ANES | X | X | X |
| 26776 | PERCUTANEOUS SKELETAL FIXATION, IP JOINT DISLOCATI | X | X | X |
| 26785 | OPEN TREATMENT, IP JOINT DISLOCATION, W/WO INT/EXT | X | X | X |
| 26820 | FUSION IN OPPOSITION, THUMB, W/AUTOGENOUS GRAFT (I | X | X | X |
| 26841 | ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, W/WO IN | X | X | X |
| 26842 | ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, W/WO IN | X | X | X |
| 26843 | ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER T | X | X | X |
| 26844 | ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER T | X | X | X |
| 26850 | ARTHRODESIS, METACARPOPHALANGEAL JOINT, W/WO INT F | X | X | X |
| 26852 | ARTHRODESIS, METACARPOPHALANGEAL JOINT W/WO INT FI | X | X | X |
| 26860 | ARTHRODESIS, INTERPHALANGEAL JOINT, W/WO INT FIXAT | X | X | X |
| 26861 | ARTHRODESIS, INTERPHALANGEAL JOINT, W/WO INT FIXAT | X | X | X |
| 26862 | ARTHRODESIS, INTERPHALANGEAL JOINT, W/WO INT FIXAT | X | X | X |
| 26863 | ARTHRODESIS, INTERPHALANGEAL JOINT, W/WO INT FIXAT | X | X | X |
| 26910 | AMPUTATION, METACARPAL, W/FINGER/THUMB, SINGLE, W/ | X | X | X |
| 26951 | AMPUTATION, FINGER/THUMB, PRIMARY/SECOND, ANY JNT/ | X | X | X |
| 26952 | AMPUTATION, FINGER/THUMB, PRIMARY/SECOND, ANY JNT/ | X | X | X |
| 26989 | UNLISTED PROC, HANDS/FINGERS                       | X | X | X |
| 26990 | INCISION AND DRAINAGE, PELVIS/HIP JOINT AREA; DEEP | X | X | X |
| 26991 | INCISION AND DRAINAGE, PELVIS/HIP JOINT AREA; INFE | X | X | X |
| 26992 | INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT     | X | X | X |
| 27000 | TENOTOMY, ADDUCTOR, HIP, PERCUTANEOUS (SEP PROC)   | X | X | X |
| 27001 | TENOTOMY, ADDUCTOR, HIP, OPEN                      | X | X | X |
| 27003 | TENOTOMY, ADDUCTOR, SUBQ, OPEN, W/OBTURATOR NEUREC | X | X | X |
| 27005 | TENOTOMY, HIP FLEXOR(S), OPEN (SEP PROC)           | X | X | X |
| 27006 | TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S), HIP, OPEN  | X | X | X |
| 27025 | FASCIOTOMY, HIP/THIGH, ANY TYPE                    | X | X | X |
| 27027 | DECOMPRESSION FASCIOTOMY PELVIC COMPARTMENT UNI    | X | X | X |
| 27030 | ARTHROTOMY, HIP, W/DRAINAGE                        | X | X | X |
| 27033 | ARTHROTOMY, HIP, W/EXPLORATION/REMOVAL, LOOSE/FB   | X | X | X |
| 27035 | HIP JOINT DENERVATION, INTRAARTICULAR BRANCHES, SC | X | X | X |
| 27036 | CAPSULECTOMY/CAPSULOTOMY, HIP, W/HIP FLEXOR MUSCLE | X | X | X |
| 27040 | BX, SOFT TISSUE, PELVIS AND HIP AREA; SUPERFICIAL  | X | X | X |
| 27041 | BX, SOFT TISSUE, PELVIS AND HIP AREA; DEEP, SUBFAS | X | X | X |
| 27043 | EXCISION TUMOR SOFT TISSUE PELVIS&HIP SUBQ 3+CM    | X | X | X |
| 27045 | EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC 5+CM    | X | X | X |
| 27047 | EXCISION, TUMOR, PELVIS AND HIP AREA; SUBQ TISSUE  | X | X | X |
| 27048 | EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFAS | X | X | X |
| 27049 | RAD RESECT TUMOR SOFT TISSUE PELVIS & HIP <5 CM    | X | X | X |
| 27050 | ARTHROTOMY, W/BX; SACROILIAC JOINT                 | X | X | X |
| 27052 | ARTHROTOMY, W/BX; HIP JOINT                        | X | X | X |
| 27054 | ARTHROTOMY, W/SYNOVECTOMY, HIP JOINT               | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 27057 | DCMPRN FASCIOTOMY PELVIC CMPRT DBRDMT MUSCLE UNI   | x | x | x |
| 27059 | RAD RESECTION TUMOR SOFT TISS PELVIS&HIP 5 CM/>  | x | x | x |
| 27060 | EXCISION; ISCHIAL BURSA  | x | x | x |
| 27062 | EXCISION; TROCHANTERIC BURSA/CALCIFICATION   | x | x | x |
| 27065 | EXCISION BONE CYST/B9 TUMOR SUPERFICIAL  | x | x | x |
| 27066 | EXCISION BONE CYST/B9 TUMOR DEEP   | x | x | x |
| 27067 | EXC B1 CST/B9 TUM W/AGRFT REQ SEP INC  | x | x | x |
| 27070 | PARTIAL EXCISION SUPERFICIAL PELVIS  | x | x | x |
| 27071 | PARTIAL EXCISION DEEP PELVIS   | x | x | x |
| 27075 | RAD RESCT TUMOR WING OF ILIUM 1 PUBIC/ISCHIAL  | x | x | x |
| 27076 | RAD RESCT TUMOR ILIUM ACETABULUM BOTH PUBIC  | x | x | x |
| 27077 | RADICAL RESCTION TUMOR INNOMINATE BONE TOTAL   | x | x | x |
| 27078 | RAD RESCT TUMOR ISCHIAL TUBEROSITY&GRT TRCHNTR   | x | x | x |
| 27080 | COCCYGECTOMY, PRIMARY  | x | x | x |
| 27086 | REMOVAL, FB, PELVIS/HIP; SUBQ TISSUE   | x | x | x |
| 27087 | REMOVAL, FB, PELVIS/HIP; DEEP (SUBFASCIAL/IM)  | x | x | x |
| 27090 | REMOVAL, HIP PROSTHESIS; (SEP PROC)  | x | x | x |
| 27091 | REMOVAL, HIP PROSTHESIS; COMPLICATED, W/TOTAL HIP  | x | x | x |
| 27093 | INJECTION PROC, HIP ARTHROGRAPHY; W/O ANESTHESIA   | x | x | x |
| 27095 | INJECTION PROC, HIP ARTHROGRAPHY; W/ANESTHESIA   | x | x | x |
| 27096 | INJECT SI JOINT ARTHRGPHY&/ANES/STEROID W/IMAGE  | x | x | x |
| 27097 | RELEASE/RECESSION, HAMSTRING, PROXIMAL   | x | x | x |
| 27098 | TRANSFER, ADDUCTOR TO ISCHIUM  | x | x | x |
| 27100 | TRANSFER EXT OBLIQUE MUSCLE TO GREATER TROCHANTER  | x | x | x |
| 27105 | TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIA   | x | x | x |
| 27110 | TRANSFER ILIOPSOAS; TO GREATER TROCHANTER, FEMUR   | x | x | x |
| 27111 | TRANSFER ILIOPSOAS; TO FEMORAL NECK  | x | x | x |
| 27120 | ACETABULOPLASTY;   | x | x | x |
| 27122 | ACETABULOPLASTY; RESECTION, FEMORAL HEAD   | x | x | x |
| 27125 | HEMIARTHROPLASTY, HIP, PARTIAL   | x | x | x |
| 27130 | ARTHROPLASTY, ACETABULAR/PROXIMAL FEMORAL PROSTHET   | x | x | x |
| 27132 | CONVERSION, PREVIOUS HIP SURGERY TO TOTAL HIP ARTH   | x | x | x |
| 27134 | REVISION, TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS,   | x | x | x |
| 27137 | REVISION, TOTAL HIP ARTHROPLASTY; ACETABULAR COMPO   | x | x | x |
| 27138 | REVISION, TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT  | x | x | x |
| 27140 | OSTEOTOMY AND TRANSFER, GREATER TROCHANTER, FEMUR  | x | x | x |
| 27146 | OSTEOTOMY, ILIAC, ACETABULAR/INNOMINATE BONE   | x | x | x |
| 27147 | OSTEOTOMY, ILIAC, ACETABULAR/INNOMINATE BONE; W/OP   | x | x | x |
| 27151 | OSTEOTOMY, ILIAC, ACETABULAR/INNOMINATE BONE; W/FE   | x | x | x |
| 27156 | OSTEOTOMY, ILIAC, ACETABULAR/INNOMINATE BONE; W/FE   | x | x | x |
| 27158 | OSTEOTOMY, PELVIS, BILAT   | x | x | x |
| 27161 | OSTEOTOMY, FEMORAL NECK (SEP PROC)   | x | x | x |
| 27165 | OSTEOTOMY, INTERTROCHANTERIC/SUBTROCHANTERIC W/INT   | x | x | x |
| 27170 | BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC/   | x | x | x |
| 27175 | TREATMENT, SLIPPED FEMORAL EPIPHYSIS; TRACTION, W/   | x | x | x |
| 27176 | TREATMENT, SLIPPED FEMORAL EPIPHYSIS; SINGLE/MULTI   | x | x | x |
| 27177 | OPEN TREATMENT, SLIPPED FEMORAL EPIPHYSIS; SINGLE/   | x | x | x |
| 27178 | OPEN TREATMENT, SLIPPED FEMORAL EPIPHYSIS; CLOSED  | x | x | x |
| 27179 | OPEN TREATMENT, SLIPPED FEMORAL EPIPHYSIS; OSTEOPL   | x | x | x |
| 27181 | OPEN TREATMENT, SLIPPED FEMORAL EPIPHYSIS; OSTEOTO   | x | x | x |
| 27185 | EPIPHYSEAL ARREST, EPIPHYSIODESIS/STAPLING, GREATE   | x | x | x |
| 27187 | PROPHYLACTIC TREATMENT (NAIL/PIN/PLATE/WIRE) W/WO  | x | x | x |
| 27197 | CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS OR SUBLUXATION OF THE ILIUM, SACROILIAC JOINT, AND/OR SACRUM, WITH OR WITHOUT ANTERIOR PELVIC RING FRACTURE(S) AND/OR DISLOCATION(S) OF THE PUBIC SYMPHYSIS AND/OR SUPERIOR/INFERIOR RAMI, UNILATERAL OR BILATERAL; WITHOUT | x | x | x |
| 27198 | CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS OR SUBLUXATION OF THE ILIUM, SACROILIAC JOINT, AND/OR SACRUM, WITH OR WITHOUT ANTERIOR PELVIC RING FRACTURE(S) AND/OR DISLOCATION(S) OF THE PUBIC SYMPHYSIS AND/OR SUPERIOR/INFERIOR RAMI, UNILATERAL OR BILATERAL; WITH MA | x | x | x |
| 27200 | CLOSED TREATMENT, COCCYGEAL FX   | x | x | x |
| 27202 | OPEN TREATMENT, COCCYGEAL FX   | x | x | x |
| 27215 | OPEN TREATMENT, ILIAC SPINE, TUBEROSITY AVULSION/I   | x | x | x |
| 27216 | PERCUTANEOUS SKELETAL FIXATION, POSTERIOR PELVIC R   | x | x | x |
| 27217 | OPEN TREATMENT, ANTERIOR RING FX AND/OR DISLOCATIO   | x | x | x |
| 27218 | OPEN TREATMENT, POSTERIOR RING FX AND/OR DISLOCATI   | x | x | x |
| 27220 | CLOSED TREATMENT, ACETABULUM (HIP SOCKET) FX(S); W   | x | x | x |
| 27222 | CLOSED TREATMENT, ACETABULUM (HIP SOCKET) FX(S); W   | x | x | x |
| 27226 | OPEN TREATMENT, POSTERIOR/ANTERIOR ACETABULAR WALL   | x | x | x |
| 27227 | OPEN TREATMENT, ACETABULAR FX INVOLVING ANTERIOR/P   | x | x | x |
| 27228 | OPEN TREATMENT, ACETABULAR FX INVOLVING ANTERIOR/P   | x | x | x |
| 27230 | CLOSED TREATMENT, FEMORAL FX, PROXIMAL END, NECK;  | x | x | x |
| 27232 | CLOSED TREATMENT, FEMORAL FX, PROXIMAL END, NECK;  | x | x | x |
| 27235 | PERCUTANEOUS SKELETAL FIXATION, FEMORAL FX, PROXIM   | x | x | x |
| 27236 | OPEN TREATMENT, FEMORAL FX, PROXIMAL END, NECK, IN   | x | x | x |



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|-------|--|---|---|---|
| 27238 | CLOSED TREATMENT, INTER/PER/SUBTROCHANTERIC FEMORA   | X | X | X |
| 27240 | CLOSED TREATMENT, INTER/PER/SUBTROCHANTERIC FEMORA   | X | X | X |
| 27244 | TREATMENT, INTER/PER/SUBTROCHANTERIC FEMORAL FX; W   | X | X | X |
| 27245 | OPEN TREATMENT, INTER/PER/SUBTROCHANTERIC FEMORAL    | X | X | X |
| 27246 | CLOSED TREATMENT, GREATER TROCHANTERIC FX, W/O MAN   | X | X | X |
| 27248 | OPEN TREATMENT, GREATER TROCHANTERIC FX, W/WO INT/   | X | X | X |
| 27250 | CLOSED TREATMENT, HIP DISLOCATION, TRAUMATIC; W/O    | X | X | X |
| 27252 | CLOSED TREATMENT, HIP DISLOCATION, TRAUMATIC; REQU   | X | X | X |
| 27253 | OPEN TREATMENT, HIP DISLOCATION, TRAUMATIC, W/O IN   | X | X | X |
| 27254 | OPEN TREATMENT, HIP DISLOCATION, TRAUMATIC, W/ACET   | X | X | X |
| 27256 | TREATMENT, SPONTANEOUS HIP DISLOCATION, ABDUCTION,   | X | X | X |
| 27257 | TREATMENT, SPONTANEOUS HIP DISLOCATION, ABDUCTION,   | X | X | X |
| 27258 | OPEN TREATMENT, SPONTANEOUS HIP DISLOCATION, REPLA   | X | X | X |
| 27259 | OPEN TREATMENT, SPONTANEOUS HIP DISLOCATION, REPLA   | X | X | X |
| 27265 | CLOSED TREATMENT, POST HIP ARTHROPLASTY DISLOCATIO   | X | X | X |
| 27266 | CLOSED TREATMENT, POST HIP ARTHROPLASTY DISLOCATIO   | X | X | X |
| 27267 | CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END   | X | X | X |
| 27268 | CLOSED TRMT OF FEMORAL FRACTURE W/MANIPULATION       | X | X | X |
| 27269 | OPEN TRMT OF FEMORAL FX, PROXIMAL END, HEAD, INCLUDE | X | X | X |
| 27275 | MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHE   | X | X | X |
| 27279 | ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS            | X | X | X |
| 27280 | ARTHRODESIS SACROILIAC JOINT W/OBTAINING GRAFT       | X | X | X |
| 27282 | ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING    | X | X | X |
| 27284 | ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT)   | X | X | X |
| 27286 | ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT)   | X | X | X |
| 27290 | INTERPELVIA ABDOMINAL AMPUTATION (HINDQUARTER AMPUTA | X | X | X |
| 27295 | DISARTICULATION, HIP                                 | X | X | X |
| 27299 | UNLISTED PROC, PELVIS/HIP JOINT                      | X | X | X |
| 27301 | INCISION AND DRAINAGE, DEEP ABSCESS, BURSA/HEMATOM   | X | X | X |
| 27303 | INCISION, DEEP, W/OPENING, BONE CORTEX, FEMUR/KNEE   | X | X | X |
| 27305 | FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN              | X | X | X |
| 27306 | TENOTOMY, PERCUTANEOUS, ADDUCTOR/HAMSTRING; SINGLE   | X | X | X |
| 27307 | TENOTOMY, PERCUTANEOUS, ADDUCTOR/HAMSTRING; MULTIP   | X | X | X |
| 27310 | ARTHROTOMY, KNEE, W/EXPLORATION, DRAINAGE/REMOVAL,   | X | X | X |
| 27323 | BX, SOFT TISSUE, THIGH/KNEE AREA; SUPERFICIAL        | X | X | X |
| 27324 | BX, SOFT TISSUE, THIGH/KNEE AREA; DEEP (SUBFASCIAL   | X | X | X |
| 27325 | Neurectomy, hamstring                                | X | X | X |
| 27326 | Neurectomy, popliteal                                | X | X | X |
| 27327 | EXCISION, TUMOR, THIGH/KNEE AREA; SUBQ               | X | X | X |
| 27328 | EXCISION, TUMOR, THIGH/KNEE AREA; DEEP/SUBFASCIAL/   | X | X | X |
| 27329 | RAD RESECT TUMOR SOFT TISSUE THIGH/KNEE <5CM         | X | X | X |
| 27330 | ARTHROTOMY, KNEE; W/SYNOVIAL BX ONLY                 | X | X | X |
| 27331 | ARTHROTOMY, KNEE; W/JOINT EXPLORATION, BX/REMOVAL,   | X | X | X |
| 27332 | ARTHROTOMY, W/EXCISION, SEMILUNAR CARTILAGE (MENIS   | X | X | X |
| 27333 | ARTHROTOMY, W/EXCISION, SEMILUNAR CARTILAGE (MENIS   | X | X | X |
| 27334 | ARTHROTOMY, W/SYNOVECTOMY KNEE; ANTERIOR/POSTERIOR   | X | X | X |
| 27335 | ARTHROTOMY, W/SYNOVECTOMY KNEE; ANTERIOR AND POSTE   | X | X | X |
| 27337 | EXCISON TUMOR SOFT TISSUE THIGH/KNEE SUBQ 3+CM       | X | X | X |
| 27339 | EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC 5+CM        | X | X | X |
| 27340 | EXCISION, PREPATELLAR BURSA                          | X | X | X |
| 27345 | EXCISION, SYNOVIAL CYST, POPLITEAL SPACE             | X | X | X |
| 27347 | EXCISION, LESION, MENISCUS/CAPSULE, KNEE             | X | X | X |
| 27350 | PATELLECTOMY/HEMIPATELLECTOMY                        | X | X | X |
| 27355 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, FEMUR    | X | X | X |
| 27356 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, FEMUR;   | X | X | X |
| 27357 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, FEMUR;   | X | X | X |
| 27358 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, FEMUR;   | X | X | X |
| 27360 | PARTIAL EXCISION, BONE, FEMUR, PROXIMAL TIBIA AND/   | X | X | X |
| 27364 | RAD RESECTION TUMOR SOFT TIS THIGH/KNEE 5 CM/>       | X | X | X |
| 27365 | RADICAL RESECTION, TUMOR, BONE, FEMUR/KNEE           | X | X | X |
| 27372 | REMOVAL, FB, DEEP, THIGH REGION/KNEE AREA            | X | X | X |
| 27380 | SUTURE, INFRAPATELLAR TENDON; PRIMARY                | X | X | X |
| 27381 | SUTURE, INFRAPATELLAR TENDON; SECONDARY RECONSTRUC   | X | X | X |
| 27385 | SUTURE, QUADRICEPS/HAMSTRING MUSCLE RUPTURE; PRIMA   | X | X | X |
| 27386 | SUTURE, QUADRICEPS/HAMSTRING MUSCLE RUPTURE; SECON   | X | X | X |
| 27390 | TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TEN   | X | X | X |
| 27391 | TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE T   | X | X | X |
| 27392 | TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE T   | X | X | X |
| 27393 | LENGTHENING, HAMSTRING TENDON; SINGLE TENDON         | X | X | X |
| 27394 | LENGTHENING, HAMSTRING TENDON; MULTIPLE TENDONS, O   | X | X | X |
| 27395 | LENGTHENING, HAMSTRING TENDON; MULTIPLE TENDONS, B   | X | X | X |
| 27396 | TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TE   | X | X | X |
| 27397 | TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE    | X | X | X |
| 27400 | TRANSFER, TENDON/MUSCLE, HAMSTRINGS TO FEMUR         | X | X | X |
| 27403 | ARTHROTOMY W/MENISCUS REPAIR, KNEE                   | X | X | X |

|       |   |   |   |   |
|-------|---|---|---|---|
| 27405 | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE | x | x | x |
| 27407 | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE | x | x | x |
| 27409 | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE | x | x | x |
| 27412 | AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE           | x | x | x |
| 27415 | OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN                 | x | x | x |
| 27416 | OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (EG, MOSAIC  | x | x | x |
| 27418 | ANTERIOR TIBIAL TUBERCLEPLASTY                      | x | x | x |
| 27420 | RECONSTRUCTION, DISLOCATING PATELLA                 | x | x | x |
| 27422 | RECONSTRUCTION, DISLOCATING PATELLA; W/EXTENSOR RE  | x | x | x |
| 27424 | RECONSTRUCTION, DISLOCATING PATELLA; W/PATELLECTOM  | x | x | x |
| 27425 | LATERAL RETINACULAR RELEASE, OPEN                   | x | x | x |
| 27427 | LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; E  | x | x | x |
| 27428 | LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; I  | x | x | x |
| 27429 | LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; I  | x | x | x |
| 27430 | QUADRICEPSPLASTY                                    | x | x | x |
| 27435 | CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE       | x | x | x |
| 27437 | ARTHROPLASTY, PATELLA; W/O PROSTHESIS               | x | x | x |
| 27438 | ARTHROPLASTY, PATELLA; W/PROSTHESIS                 | x | x | x |
| 27440 | ARTHROPLASTY, KNEE, TIBIAL PLATEAU                  | x | x | x |
| 27441 | ARTHROPLASTY, KNEE, TIBIAL PLATEAU; W/DEBRIDEMENT   | x | x | x |
| 27442 | ARTHROPLASTY, FEMORAL CONDYLES/TIBIAL PLATEAU(S),   | x | x | x |
| 27443 | ARTHROPLASTY, FEMORAL CONDYLES/TIBIAL PLATEAU(S),   | x | x | x |
| 27445 | ARTHROPLASTY, KNEE, HINGE PROSTHESIS                | x | x | x |
| 27446 | ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL/LA  | x | x | x |
| 27447 | ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AN  | x | x | x |
| 27448 | OSTEOTOMY, FEMUR, SHAFT/SUPRACONDYLAR; W/O FIXATIO  | x | x | x |
| 27450 | OSTEOTOMY, FEMUR, SHAFT/SUPRACONDYLAR; W/FIXATION   | x | x | x |
| 27454 | OSTEOTOMY, MULTIPLE, FEMORAL SHAFT, W/REALIGNMENT   | x | x | x |
| 27455 | OSTEOTOMY, PROXIMAL TIBIA W/FIBULAR EXCISION/OSTEO  | x | x | x |
| 27457 | OSTEOTOMY, PROXIMAL TIBIA W/FIBULAR EXCISION/OSTEO  | x | x | x |
| 27465 | OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)    | x | x | x |
| 27466 | OSTEOPLASTY, FEMUR; LENGTHENING                     | x | x | x |
| 27468 | OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHOR  | x | x | x |
| 27470 | REPAIR, NONUNION/MALUNION, FEMUR, DISTAL TO HEAD/N  | x | x | x |
| 27472 | REPAIR, NONUNION/MALUNION, FEMUR, DISTAL TO HEAD/N  | x | x | x |
| 27475 | ARREST, EPIPHYSEAL, ANY METHOD; DISTAL FEMUR        | x | x | x |
| 27477 | ARREST, EPIPHYSEAL, ANY METHOD; TIBIA AND FIBULA,   | x | x | x |
| 27479 | ARREST, EPIPHYSEAL; COMBINED DISTAL FEMUR/PROXIMAL  | x | x | x |
| 27485 | ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR/PROXIMAL TIBI  | x | x | x |
| 27486 | REVISION, TOTAL KNEE ARTHROPLASTY, W/WO ALLOGRAFT;  | x | x | x |
| 27487 | REVISION, TOTAL KNEE ARTHROPLASTY; FEMORAL AND ENT  | x | x | x |
| 27488 | REMOVAL, KNEE PROSTHESIS, METHYLMETHACRYLATE W/WO   | x | x | x |
| 27495 | PROPHYLACTIC TREATMENT (NAIL/PIN/PLATE/WIRE), FEMU  | x | x | x |
| 27496 | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, 1 COM  | x | x | x |
| 27497 | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, 1 COM  | x | x | x |
| 27498 | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTI  | x | x | x |
| 27499 | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTI  | x | x | x |
| 27500 | CLOSED TREATMENT, FEMORAL SHAFT FX, W/O MANIPULATI  | x | x | x |
| 27501 | CLOSED TREATMENT, SUPRACONDYLAR/TRANSCONDYLAR FEMO  | x | x | x |
| 27502 | CLOSED TREATMENT, FEMORAL SHAFT FX, W/MANIPULATION  | x | x | x |
| 27503 | CLOSED TREATMENT, SUPRACONDYLAR/TRANSCONDYLAR FEMO  | x | x | x |
| 27506 | OPEN TREATMENT, FEMORAL SHAFT FX, W/INSERTION, INT  | x | x | x |
| 27507 | OPEN TREATMENT, FEMORAL SHAFT FX W/PLATE/SCREWS, W  | x | x | x |
| 27508 | CLOSED TREATMENT, FEMORAL FX, DISTAL END, MEDIAL/L  | x | x | x |
| 27509 | PERCUTANEOUS SKELETAL FIXATION, FEMORAL FX, DISTAL  | x | x | x |
| 27510 | CLOSED TREATMENT, FEMORAL FX, DISTAL END, MEDIAL/L  | x | x | x |
| 27511 | OPEN TREATMENT, FEMORAL SUPRACONDYLAR/TRANSCONDYLA  | x | x | x |
| 27513 | OPEN TREATMENT, FEMORAL SUPRACONDYLAR/TRANSCONDYLA  | x | x | x |
| 27514 | OPEN TREATMENT, FEMORAL FX, DISTAL END, MEDIAL/LAT  | x | x | x |
| 27516 | CLOSED TREATMENT, DISTAL FEMORAL EPIPHYSEAL SEPARA  | x | x | x |
| 27517 | CLOSED TREATMENT, DISTAL FEMORAL EPIPHYSEAL SEPARA  | x | x | x |
| 27519 | OPEN TREATMENT, DISTAL FEMORAL EPIPHYSEAL SEPARATI  | x | x | x |
| 27520 | CLOSED TREATMENT, PATELLAR FX, W/O MANIPULATION     | x | x | x |
| 27524 | OPEN TREATMENT, PATELLAR FX, W/INT FIXATION/PATELL  | x | x | x |
| 27530 | CLOSED TREATMENT, TIBIAL FX, PROXIMAL; W/O MANIPUL  | x | x | x |
| 27532 | CLOSED TREATMENT, TIBIAL FX, PROXIMAL; W/WO MANIPU  | x | x | x |
| 27535 | OPEN TREATMENT, TIBIAL FX, PROXIMAL; UNICONDYLAR,   | x | x | x |
| 27536 | OPEN TREATMENT, TIBIAL FX, PROXIMAL; BICONDYLAR, W  | x | x | x |
| 27538 | CLOSED TREATMENT, INTERCONDYLAR SPINE/TUBEROSITY F  | x | x | x |
| 27540 | OPEN TREATMENT, INTERCONDYLAR SPINE/TUBEROSITY FX,  | x | x | x |
| 27550 | CLOSED TREATMENT, KNEE DISLOCATION; W/O ANESTHESIA  | x | x | x |
| 27552 | CLOSED TREATMENT, KNEE DISLOCATION; REQUIRING ANES  | x | x | x |
| 27556 | OPEN TREATMENT, KNEE DISLOCATION W/WO INT/EXT FIX;  | x | x | x |
| 27557 | OPEN TREATMENT, KNEE DISLOCATION, W/WO INT/EXT FIX  | x | x | x |
| 27558 | OPEN TREATMENT, KNEE DISLOCATION, W/WO INT/EXT FIX  | x | x | x |

|       |  |   |   |   |
|-------|--|---|---|---|
| 27560 | CLOSED TREATMENT, PATELLAR DISLOCATION; W/O ANESTH | X | X | X |
| 27562 | CLOSED TREATMENT, PATELLAR DISLOCATION; REQUIRING  | X | X | X |
| 27566 | OPEN TREATMENT, PATELLAR DISLOCATION, W/WO PARTIAL | X | X | X |
| 27570 | MANIPULATION, KNEE JOINT UNDER GENERAL ANESTHESIA  | X | X | X |
| 27580 | ARTHRODESIS, KNEE, ANY TECHNIQUE                   | X | X | X |
| 27590 | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;       | X | X | X |
| 27591 | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMED | X | X | X |
| 27592 | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, | X | X | X |
| 27594 | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECON | X | X | X |
| 27596 | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AM | X | X | X |
| 27598 | DISARTICULATION AT KNEE                            | X | X | X |
| 27599 | UNLISTED PROC, FEMUR/KNEE                          | X | X | X |
| 27600 | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LAT | X | X | X |
| 27601 | DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTME | X | X | X |
| 27602 | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LAT | X | X | X |
| 27603 | INCISION AND DRAINAGE, LEG/ANKLE; DEEP ABSCESS/HEM | X | X | X |
| 27604 | INCISION AND DRAINAGE, LEG/ANKLE; INFECTED BURSA   | X | X | X |
| 27605 | TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEP PROC) | X | X | X |
| 27606 | TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEP PROC) | X | X | X |
| 27607 | INCISION, LEG/ANKLE                                | X | X | X |
| 27610 | ARTHROTOMY, ANKLE, W/EXPLORATION, DRAINAGE/REMOVAL | X | X | X |
| 27612 | ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, W/W | X | X | X |
| 27613 | BX, SOFT TISSUE, LEG/ANKLE AREA; SUPERFICIAL       | X | X | X |
| 27614 | BX, SOFT TISSUE, LEG/ANKLE AREA; DEEP (SUBFASCIAL/ | X | X | X |
| 27615 | RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE <5CM     | X | X | X |
| 27616 | RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE 5 CM/>   | X | X | X |
| 27618 | EXCISION, TUMOR, LEG/ANKLE AREA; SUBQ TISSUE       | X | X | X |
| 27619 | EXCISION, TUMOR, LEG/ANKLE AREA; DEEP (SUBFASCIAL/ | X | X | X |
| 27620 | ARTHROTOMY, ANKLE, W/JOINT EXPLORATION W/WO BX/REM | X | X | X |
| 27625 | ARTHROTOMY, W/SYNOVECTOMY, ANKLE;                  | X | X | X |
| 27626 | ARTHROTOMY, W/SYNOVECTOMY, ANKLE; W/TENOSYNOVECTOM | X | X | X |
| 27630 | EXCISION, LESION, TENDON SHEATH/CAPSULE, LEG AND/O | X | X | X |
| 27632 | EXCISION TUMOR SOFT TISSUE LEG/ANKLE SUBQ 3+CM     | X | X | X |
| 27634 | EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASC 5+CM       | X | X | X |
| 27635 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, TIBIA/ | X | X | X |
| 27637 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, TIBIA/ | X | X | X |
| 27638 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, TIBIA/ | X | X | X |
| 27640 | PARTIAL EXCISION, BONE; TIBIA                      | X | X | X |
| 27641 | PARTIAL EXCISION, BONE; FIBULA                     | X | X | X |
| 27645 | RADICAL RESECTION OF TUMOR TIBIA                   | X | X | X |
| 27646 | RADICAL RESECTION, TUMOR, BONE; FIBULA             | X | X | X |
| 27647 | RADICAL RESECTION OF TUMOR TALUS OR CALCANEUS      | X | X | X |
| 27648 | INJECTION PROC, ANKLE ARTHROGRAPHY                 | X | X | X |
| 27650 | REPAIR, PRIMARY, OPEN/PERCUTANEOUS, RUPTURED ACHIL | X | X | X |
| 27652 | REPAIR, PRIMARY, OPEN/PERCUTANEOUS, RUPTURED ACHIL | X | X | X |
| 27654 | REPAIR, SECONDARY, ACHILLES TENDON, W/WO GRAFT     | X | X | X |
| 27656 | REPAIR, FASCIAL DEFECT, LEG                        | X | X | X |
| 27658 | REPAIR, FLEXOR TENDON, LEG; PRIMARY, W/O GRAFT, EA | X | X | X |
| 27659 | REPAIR, FLEXOR TENDON, LEG; SECONDARY, W/WO GRAFT, | X | X | X |
| 27664 | REPAIR, EXTENSOR TENDON, LEG; PRIMARY, W/O GRAFT,  | X | X | X |
| 27665 | REPAIR, EXTENSOR TENDON, LEG; SECONDARY, W/WO GRAF | X | X | X |
| 27675 | REPAIR, DISLOCATING PERONEAL TENDONS; W/O FIBULAR  | X | X | X |
| 27676 | REPAIR, DISLOCATING PERONEAL TENDONS; W/FIBULAR OS | X | X | X |
| 27680 | TENOLYSIS, FLEXOR/EXTENSOR TENDON, LEG AND/OR ANKL | X | X | X |
| 27681 | TENOLYSIS, FLEXOR/EXTENSOR TENDON, LEG AND/OR ANKL | X | X | X |
| 27685 | LENGTHENING/SHORTENING, TENDON, LEG/ANKLE; SINGLE  | X | X | X |
| 27686 | LENGTHENING/SHORTENING, TENDON, LEG/ANKLE; MULTIPL | X | X | X |
| 27687 | GASTROCNEMIUS RECESSION                            | X | X | X |
| 27690 | TRANSFER/TRANSPLANT, SINGLE TENDON; SUPERFICIAL    | X | X | X |
| 27691 | TRANSFER/TRANSPLANT, SINGLE TENDON; DEEP           | X | X | X |
| 27692 | TRANSFER/TRANSPLANT, SINGLE TENDON; ADDL TENDON    | X | X | X |
| 27695 | REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLAT | X | X | X |
| 27696 | REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH C | X | X | X |
| 27698 | REPAIR, SECONDARY DISRUPTED LIGAMENT, ANKLE, COLLA | X | X | X |
| 27700 | ARTHROPLASTY, ANKLE;                               | X | X | X |
| 27702 | ARTHROPLASTY, ANKLE; W/IMPLANT (TOTAL ANKLE)       | X | X | X |
| 27703 | ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE         | X | X | X |
| 27704 | REMOVAL, ANKLE IMPLANT                             | X | X | X |
| 27705 | OSTEOTOMY; TIBIA                                   | X | X | X |
| 27707 | OSTEOTOMY; FIBULA                                  | X | X | X |
| 27709 | OSTEOTOMY; TIBIA AND FIBULA                        | X | X | X |
| 27712 | OSTEOTOMY; MULTIPLE, W/REALIGNMENT ON INTRAMEDULLA | X | X | X |
| 27715 | OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING/SHORTEN | X | X | X |
| 27720 | REPAIR, NONUNION/MALUNION, TIBIA; W/O GRAFT        | X | X | X |
| 27722 | REPAIR, NONUNION/MALUNION, TIBIA; W/SLIDING GRAFT  | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 27724 | REPAIR, NONUNION/MALUNION, TIBIA; W/ILIAC/OTHER AU | X | X | X |
| 27725 | REPAIR, NONUNION/MALUNION, TIBIA; SYNSTOSIS, W/FI  | X | X | X |
| 27726 | REPAIR OF FIBULA NONUNION AND/OR MALUNION W/INT FI | X | X | X |
| 27727 | REPAIR, CONGENITAL PSEUDARTHROSIS, TIBIA           | X | X | X |
| 27730 | ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL  | X | X | X |
| 27732 | ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL  | X | X | X |
| 27734 | ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL  | X | X | X |
| 27740 | ARREST, EPIPHYSEAL, COMBINED, PROXIMAL/DISTAL TIBI | X | X | X |
| 27742 | ARREST, EPIPHYSEAL, COMBINED, PROXIMAL/DISTAL TIBI | X | X | X |
| 27745 | PROPHYLACTIC TREATMENT, TIBIA, W/WO METHYLMETHACRY | X | X | X |
| 27750 | CLOSED TREATMENT, TIBIAL SHAFT FX; W/O MANIPULATIO | X | X | X |
| 27752 | CLOSED TREATMENT, TIBIAL SHAFT FX; W/MANIPULATION, | X | X | X |
| 27756 | PERCUTANEOUS SKELETAL FIXATION, TIBIAL SHAFT FX    | X | X | X |
| 27758 | OPEN TREATMENT, TIBIAL SHAFT FX, W/PLATE/SCREWS, W | X | X | X |
| 27759 | TREATMENT, TIBIAL SHAFT FX, INTRAMEDULLARY IMPLANT | X | X | X |
| 27760 | CLOSED TREATMENT, MEDIAL MALLEOLUS FX; W/O MANIPUL | X | X | X |
| 27762 | CLOSED TREATMENT, MEDIAL MALLEOLUS FX; W/MANIPULAT | X | X | X |
| 27766 | OPEN TREATMENT, MEDIAL MALLEOLUS FX, W/WO INT/EXT  | X | X | X |
| 27767 | CLOSED TREATMENT OF POSTERIOR MALLEOLUS FX, W/O MA | X | X | X |
| 27768 | CLOSED TREATMENT OF POSTERIOR MALLEOLUS FX W/MANIP | X | X | X |
| 27769 | OPEN TRMNT OF POSTERIOR MALLEOLUS FX, INC INTERN   | X | X | X |
| 27780 | CLOSED TREATMENT, PROXIMAL FIBULA/SHAFT FX; W/O MA | X | X | X |
| 27781 | CLOSED TREATMENT, PROXIMAL FIBULA/SHAFT FX; W/MANI | X | X | X |
| 27784 | OPEN TREATMENT, PROXIMAL FIBULA/SHAFT FX, W/WO INT | X | X | X |
| 27786 | CLOSED TREATMENT, DISTAL FIBULAR FX (LATERAL MALLE | X | X | X |
| 27788 | CLOSED TREATMENT, DISTAL FIBULAR FX (LATERAL MALLE | X | X | X |
| 27792 | OPEN TREATMENT, DISTAL FIBULAR FX, W/WO INT/EXT FI | X | X | X |
| 27808 | CLOSED TREATMENT, BIMALLEOLAR ANKLE FX, (W/POTTS); | X | X | X |
| 27810 | CLOSED TREATMENT, BIMALLEOLAR ANKLE FX, (W/POTTS); | X | X | X |
| 27814 | OPEN TREATMENT, BIMALLEOLAR ANKLE FX, W/WO INT/EXT | X | X | X |
| 27816 | CLOSED TREATMENT, TRIMALLEOLAR ANKLE FX; W/O MANIP | X | X | X |
| 27818 | CLOSED TREATMENT, TRIMALLEOLAR ANKLE FX; W/MANIPUL | X | X | X |
| 27822 | OPEN TREATMENT, TRIMALLEOLAR ANKLE FX, MEDIAL/LATE | X | X | X |
| 27823 | OPEN TREATMENT, TRIMALLEOLAR ANKLE FX, MEDIAL/LATE | X | X | X |
| 27824 | CLOSED TREATMENT, FX, WT BEARING ARTICULAR PORTION | X | X | X |
| 27825 | CLOSED TREATMENT, FX, WT BEARING ARTICULAR PORTION | X | X | X |
| 27826 | OPEN TREATMENT, FX, WT BEARING ARTICULAR SURFACE/P | X | X | X |
| 27827 | OPEN TREATMENT, FX, WT BEARING ARTICULAR SURFACE/P | X | X | X |
| 27828 | OPEN TREATMENT, FX, WT BEARING ARTICULAR SURFACE/P | X | X | X |
| 27829 | OPEN TREATMENT, DISTAL TIBIOFIBULAR JOINT DISRUPTI | X | X | X |
| 27830 | CLOSED TREATMENT, PROXIMAL TIBIOFIBULAR JOINT DISL | X | X | X |
| 27831 | CLOSED TREATMENT, PROXIMAL TIBIOFIBULAR JOINT DISL | X | X | X |
| 27832 | OPEN TREATMENT, PROXIMAL TIBIOFIBULAR JOINT DISLOC | X | X | X |
| 27840 | CLOSED TREATMENT, ANKLE DISLOCATION; W/O ANESTHESI | X | X | X |
| 27842 | CLOSED TREATMENT, ANKLE DISLOCATION; W/ANESTHESIA, | X | X | X |
| 27846 | OPEN TREATMENT, ANKLE DISLOCATION W/WO PERC SKELET | X | X | X |
| 27848 | OPEN TREATMENT, ANKLE DISLOCATION W/WO PERC SKELET | X | X | X |
| 27860 | MANIPULATION, ANKLE UNDER GENERAL ANESTHESIA       | X | X | X |
| 27870 | ARTHRODESIS, ANKLE, OPEN                           | X | X | X |
| 27871 | ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL/DISTAL   | X | X | X |
| 27880 | AMPUTATION, LEG, THROUGH TIBIA AND FIBULA;         | X | X | X |
| 27881 | AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; W/IMMED | X | X | X |
| 27882 | AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; OPEN, C | X | X | X |
| 27884 | AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDA | X | X | X |
| 27886 | AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; RE-AMPU | X | X | X |
| 27888 | AMPUTATION, ANKLE-MALLEOLI, TIBIA/FIBULA, W/PLASTI | X | X | X |
| 27889 | ANKLE DISARTICULATION                              | X | X | X |
| 27892 | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR/LATERAL CO | X | X | X |
| 27893 | DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTME | X | X | X |
| 27894 | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR/LATERAL/PO | X | X | X |
| 27899 | UNLISTED PROC, LEG/ANKLE                           | X | X | X |
| 28001 | INCISION AND DRAINAGE, BURSA, FOOT                 | X | X | X |
| 28002 | INCISION AND DRAINAGE BELOW FASCIA, W/WO TENDON SH | X | X | X |
| 28003 | INCISION AND DRAINAGE BELOW FASCIA, W/WO TENDON SH | X | X | X |
| 28005 | INCISION, BONE CORTEX, FOOT                        | X | X | X |
| 28008 | FASCIOTOMY, FOOT AND/OR TOE                        | X | X | X |
| 28010 | TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON         | X | X | X |
| 28011 | TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS      | X | X | X |
| 28020 | ARTHROTOMY, W/EXPLORATION/DRAINAGE/REMOVAL LOOSE/F | X | X | X |
| 28022 | ARTHROTOMY, W/EXPLORATION/DRAINAGE/REMOVAL LOOSE/F | X | X | X |
| 28024 | ARTHROTOMY, W/EXPLORATION/DRAINAGE/REMOVAL LOOSE/F | X | X | X |
| 28035 | RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DEC | X | X | X |
| 28039 | EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ 1.5+CM    | X | X | X |
| 28041 | EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC 1.5+CM      | X | X | X |
| 28043 | EXCISION, TUMOR, FOOT; SUBQ TISSUE                 | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 28045 | EXCISION, TUMOR, FOOT; DEEP, SUBFASCIAL, IM  | X | X | X |
| 28046 | RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE <3CM  | X | X | X |
| 28047 | RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE 3 CM/>  | X | X | X |
| 28050 | ARTHROTOMY W/BX; INTERTARSAL/TARSOMETATARSAL JOINT   | X | X | X |
| 28052 | ARTHROTOMY W/BX; METATARSOPHALANGEAL JOINT   | X | X | X |
| 28054 | ARTHROTOMY W/BX; INTERPHALANGEAL JOINT   | X | X | X |
| 28055 | Neurectomy, foot   | X | X | X |
| 28060 | FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEP PROC)  | X | X | X |
| 28062 | FASCIECTOMY, PLANTAR FASCIA; RADICAL (SEP PROC)  | X | X | X |
| 28070 | SYNOVECTOMY; INTERTARSAL/TARSOMETATARSAL JOINT, EA   | X | X | X |
| 28072 | SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH   | X | X | X |
| 28080 | EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, E   | X | X | X |
| 28086 | SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR   | X | X | X |
| 28088 | SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR   | X | X | X |
| 28090 | EXCISION, LESION, TENDON SHEATH/CAPSULE; FOOT  | X | X | X |
| 28092 | EXCISION, LESION, TENDON SHEATH/CAPSULE; TOES, EAC   | X | X | X |
| 28100 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, TALUS/   | X | X | X |
| 28102 | EXCISION/ CURETTAGE, BONE CYST/BENIGN TUMOR, TALUS   | X | X | X |
| 28103 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, TALUS/   | X | X | X |
| 28104 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, TARSAL   | X | X | X |
| 28106 | EXCISN/CURET, BONE CYST/BENIGN TUMOR, TARSAL/METAT   | X | X | X |
| 28107 | EXCISN/CURETTAGE, BONE CYST/BENIGN TUMOR, TARSAL/M   | X | X | X |
| 28108 | EXCISION/CURETTAGE, BONE CYST/BENIGN TUMOR, PHALAN   | X | X | X |
| 28110 | OSTECTOMY, PARTIAL EXCISION, 5TH METATARSAL HEAD (   | X | X | X |
| 28111 | OSTECTOMY, COMPLETE EXCISION; 1ST METATARSAL HEAD  | X | X | X |
| 28112 | OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEA   | X | X | X |
| 28113 | OSTECTOMY, COMPLETE EXCISION; 5TH METATARSAL HEAD  | X | X | X |
| 28114 | OSTECTOMY, COMPLETE EXCISN; ALL METATARSAL HEADS,  | X | X | X |
| 28116 | OSTECTOMY, EXCISION, TARSAL COALITION  | X | X | X |
| 28118 | OSTECTOMY, CALCANEUS;  | X | X | X |
| 28119 | OSTECTOMY, CALCANEUS; SPUR, W/WO PLANTAR FASCIAL R   | X | X | X |
| 28120 | PARTIAL EXCISION, BONE; TALUS/CALCANEUS  | X | X | X |
| 28122 | PARTIAL EXCISION, BONE; TARSAL/METATARSAL BONE, NO   | X | X | X |
| 28124 | PARTIAL EXCISION, BONE; PHALANX, TOE   | X | X | X |
| 28126 | RESECTION, PARTIAL/COMPLETE, PHALANGEAL BASE, EACH   | X | X | X |
| 28130 | TALECTOMY (ASTRAGALECTOMY)   | X | X | X |
| 28140 | METATARSECTOMY   | X | X | X |
| 28150 | PHALANGECTOMY, TOE, EACH TOE   | X | X | X |
| 28153 | RESECTION, CONDYLE(S), DISTAL END, PHALANX, EACH T   | X | X | X |
| 28160 | HEMIPHALANGECTOMY/INTERPHALANGEAL JOINT EXCISION,  | X | X | X |
| 28171 | RAD RESCJ TUMOR TARSAL EXCEPT TALUS/CALCANEUS  | X | X | X |
| 28173 | RADICAL RESECTION TUMOR METATARSAL   | X | X | X |
| 28175 | RADICAL RESECTION TUMOR PHALANX OR TOE   | X | X | X |
| 28190 | REMOVAL, FB, FOOT; SUBQ  | X | X | X |
| 28192 | REMOVAL, FB, FOOT; DEEP  | X | X | X |
| 28193 | REMOVAL, FB, FOOT; COMPLICATED   | X | X | X |
| 28200 | REPAIR, TENDON, FLEXOR, FOOT; PRIMARY/SECONDARY, W   | X | X | X |
| 28202 | REPAIR, TENDON, FLEXOR, FOOT; SECONDARY W/FREE GRA   | X | X | X |
| 28208 | REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY/SECONDARY,   | X | X | X |
| 28210 | REPAIR, TENDON, EXTENSOR, FOOT; SECONDARY W/FREE G   | X | X | X |
| 28220 | TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON   | X | X | X |
| 28222 | TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS  | X | X | X |
| 28225 | TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON   | X | X | X |
| 28226 | TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS  | X | X | X |
| 28230 | TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE/MULTIP   | X | X | X |
| 28232 | TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON  | X | X | X |
| 28234 | TENOTOMY, OPEN, EXTENSOR, FOOT/TOE, EACH TENDON  | X | X | X |
| 28238 | RECONSTRUCTION, POSTERIOR TIBIAL TENDON, EXCISION,   | X | X | X |
| 28240 | TENOTOMY, LENGTHENING/RELEASE, ABDUCTOR HALLUCIS M   | X | X | X |
| 28250 | DIVISION, PLANTAR FASCIA AND MUSCLE (SEP PROC)   | X | X | X |
| 28260 | CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEP PRO   | X | X | X |
| 28261 | CAPSULOTOMY, MIDFOOT; W/TENDON LENGTHENING   | X | X | X |
| 28262 | CAPSULOTOMY, MIDFOOT; EXTENSIVE, INC POST TALOTIBI   | X | X | X |
| 28264 | CAPSULOTOMY, MIDTARSAL   | X | X | X |
| 28270 | CAPSULOTOMY; METATARSOPHALANGEAL JOINT, W/WO TENOR   | X | X | X |
| 28272 | CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SE   | X | X | X |
| 28280 | SYNDACTYLIZATION, TOES   | X | X | X |
| 28285 | CORRECTION, HAMMERTOES   | X | X | X |
| 28286 | CORRECTION, COCK-UP FIFTH TOE, W/PLASTIC SKIN CLOS   | X | X | X |
| 28288 | OSTECTOMY, PARTIAL, EXOSTECTOMY/CONDYLECTOMY, META   | X | X | X |
| 28289 | HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT; WITHOUT IMPLANT | X | X | X |
| 28291 | HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT; WITH IMPLANT    | X | X | X |

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|-------|---|---|---|---|
| 28292 | CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH RESECTION OF PROXIMAL PHALANX BASE, WHEN PERFORMED, ANY METHOD      | x | x | x |
| 28295 | CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH PROXIMAL METATARSAL OSTEOTOMY, ANY METHOD                           | x | x | x |
| 28296 | CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH DISTAL METATARSAL OSTEOTOMY, ANY METHOD                             | x | x | x |
| 28297 | CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH FIRST METATARSAL AND MEDIAL CUNEIFORM JOINT ARTHRODESIS, ANY METHOD | x | x | x |
| 28298 | CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH PROXIMAL PHALANX OSTEOTOMY, ANY METHOD                              | x | x | x |
| 28299 | CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH DOUBLE OSTEOTOMY, ANY METHOD  | x | x | x |
| 28300 | OSTEOTOMY; CALCANEUS, W/WO INT FIXATION   | x | x | x |
| 28302 | OSTEOTOMY; TALUS  | x | x | x |
| 28304 | OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS/TALU  | x | x | x |
| 28305 | OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS/TALU  | x | x | x |
| 28306 | OSTEOTOMY, METATARSAL, W/WO LENGTHENING/SHORTENING  | x | x | x |
| 28307 | OSTEOTOMY, METATARSAL, W/WO LENGTHENING/SHORTENING  | x | x | x |
| 28308 | OSTEOTOMY, METATARSAL, W/WO LENGTHENING/SHORTENING  | x | x | x |
| 28309 | OSTEOTOMY, METATARSAL, W/WO LENGTHENING/SHORTENING  | x | x | x |
| 28310 | OSTEOTOMY, SHORTENING, ANGULAR/ROTATIONAL CORRECTI  | x | x | x |
| 28312 | OSTEOTOMY, SHORTENING, ANGULAR/ROTATIONAL CORRECTI  | x | x | x |
| 28313 | RECONSTRUCTION, ANGULAR DEFORMITY, TOE, SOFT TISSU  | x | x | x |
| 28315 | SESAMOIDECTOMY, 1ST TOE (SEP PROC)  | x | x | x |
| 28320 | REPAIR, NONUNION/MALUNION; TARSAL BONES   | x | x | x |
| 28322 | REPAIR, NONUNION/MALUNION; METATARSAL, W/WO BONE G  | x | x | x |
| 28340 | RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RES  | x | x | x |
| 28341 | RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE   | x | x | x |
| 28344 | RECONSTRUCTION, TOE(S); POLYDACTYLY   | x | x | x |
| 28345 | RECONSTRUCTION, TOE(S); SYNDACTYLY, W/WO SKIN GRAF  | x | x | x |
| 28360 | RECONSTRUCTION, CLEFT FOOT  | x | x | x |
| 28400 | CLOSED TREATMENT, CALCANEAL FX; W/O MANIPULATION  | x | x | x |
| 28405 | CLOSED TREATMENT, CALCANEAL FX; W/MANIPULATION  | x | x | x |
| 28406 | PERCUTANEOUS SKELETAL FIXATION, CALCANEAL FX, W/MA  | x | x | x |
| 28415 | OPEN TREATMENT, CALCANEAL FX, W/WO INT/EXT FIXATIO  | x | x | x |
| 28420 | OPEN TREATMENT, CALCANEAL FX, W/WO INT/EXT FIXATIO  | x | x | x |
| 28430 | CLOSED TREATMENT, TALUS FX; W/O MANIPULATION  | x | x | x |
| 28435 | CLOSED TREATMENT, TALUS FX; W/MANIPULATION  | x | x | x |
| 28436 | PERCUTANEOUS SKELETAL FIXATION, TALUS FX, W/MANIPU  | x | x | x |
| 28445 | OPEN TREATMENT, TALUS FX, W/WO INT/EXT FIXATION   | x | x | x |
| 28446 | OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS(INCL OBTAINING  | x | x | x |
| 28450 | TREATMENT, TARSAL BONE FX (EXCEPT TALUS AND CALCAN  | x | x | x |
| 28455 | TREATMENT, TARSAL BONE FX (EXCEPT TALUS AND CALCAN  | x | x | x |
| 28456 | PERCUTANEOUS SKELETAL FIXATION, TARSAL FX, W/MANIP  | x | x | x |
| 28465 | OPEN TREATMENT, TARSAL FX, W/WO INT/EXT FIXATION,   | x | x | x |
| 28470 | CLOSED TREATMENT, METATARSAL FX; W/O MANIPULATION,  | x | x | x |
| 28475 | CLOSED TREATMENT, METATARSAL FX; W/MANIPULATION, E  | x | x | x |
| 28476 | PERCUTANEOUS SKELETAL FIXATION, METATARSAL FX, W/M  | x | x | x |
| 28485 | OPEN TREATMENT, METATARSAL FX, W/WO INT/EXT FIXATI  | x | x | x |
| 28490 | CLOSED TREATMENT, FX GREAT TOE, PHALANX/PHALANGES;  | x | x | x |
| 28495 | CLOSED TREATMENT, FX GREAT TOE, PHALANX/PHALANGES;  | x | x | x |
| 28496 | PERCUTANEOUS SKELETAL FIXATION, FX GREAT TOE, PHAL  | x | x | x |
| 28505 | OPEN TREATMENT, FX GREAT TOE, PHALANX/PHALANGES W/  | x | x | x |
| 28510 | CLOSED TREATMENT, FX, PHALANX/PHALANGES, NOT GREAT  | x | x | x |
| 28515 | CLOSED TREATMENT, FX, PHALANX/PHALANGES, NOT GREAT  | x | x | x |
| 28525 | OPEN TREATMENT, FX, PHALANX/PHALANGES, NOT GREAT T  | x | x | x |
| 28530 | CLOSED TREATMENT, SESAMOID FX   | x | x | x |
| 28531 | OPEN TREATMENT, SESAMOID FX, W/WO INT FIXATION  | x | x | x |
| 28540 | CLOSED TREATMENT, TARSAL BONE DISLOCATION, OTHER T  | x | x | x |
| 28545 | CLOSED TREATMENT, TARSAL BONE DISLOCATION, OTHER T  | x | x | x |
| 28546 | PERCUTANEOUS SKELETAL FIXATION, TARSAL DISLOCATION  | x | x | x |
| 28555 | OPEN TREATMENT, TARSAL BONE DISLOCATION, W/WO INT/  | x | x | x |
| 28570 | CLOSED TREATMENT, TALOTARSAL JOINT DISLOCATION; W/  | x | x | x |
| 28575 | CLOSED TREATMENT, TALOTARSAL JOINT DISLOCATION; RE  | x | x | x |
| 28576 | PERCUTANEOUS SKELETAL FIXATION, TALOTARSAL JOINT D  | x | x | x |
| 28585 | OPEN TREATMENT, TALOTARSAL JOINT DISLOCATION, W/WO  | x | x | x |
| 28600 | CLOSED TREATMENT, TARSOMETATARSAL JOINT DISLOCATIO  | x | x | x |
| 28605 | CLOSED TREATMENT, TARSOMETATARSAL JOINT DISLOCATIO  | x | x | x |
| 28606 | PERCUTANEOUS SKELETAL FIXATION, TARSOMETATARSAL JO  | x | x | x |
| 28615 | OPEN TREATMENT, TARSOMETATARSAL JOINT DISLOCATION   | x | x | x |
| 28630 | CLOSED TREATMENT, METATARSOPHALANGEAL JOINT DISLOC  | x | x | x |
| 28635 | CLOSED TREATMENT, METATARSOPHALANGEAL JOINT DISLOC  | x | x | x |
| 28636 | PERCUTANEOUS SKELETAL FIXATION, METATARSOPHALANGEA  | x | x | x |
| 28645 | OPEN TREATMENT, METATARSOPHALANGEAL JOINT DISLOCAT  | x | x | x |
| 28660 | CLOSED TREATMENT, INTERPHALANGEAL JOINT DISLOCATIO  | x | x | x |



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|-------|--|---|---|---|
| 28665 | CLOSED TREATMENT, INTERPHALANGEAL JOINT DISLOCATIO | X | X | X |
| 28666 | PERCUTANEOUS SKELETAL FIXATION, INTERPHALANGEAL JO | X | X | X |
| 28675 | OPEN TREATMENT, INTERPHALANGEAL JOINT DISLOCATION  | X | X | X |
| 28705 | ARTHRODESIS; PANTALAR                              | X | X | X |
| 28715 | ARTHRODESIS; TRIPLE                                | X | X | X |
| 28725 | ARTHRODESIS; SUBTALAR                              | X | X | X |
| 28730 | ARTHRODESIS, MIDTARSAL/TARSOMETATARSAL, MULTIPLE/T | X | X | X |
| 28735 | ARTHRODESIS, MIDTARSAL/TARSOMETATARSAL, MULTIPLE/T | X | X | X |
| 28737 | ARTHRODESIS, W/TENDON LENGTHENING/ADVANCEMENT, MID | X | X | X |
| 28740 | ARTHRODESIS, MIDTARSAL/TARSOMETATARSAL, SINGLE JOI | X | X | X |
| 28750 | ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT  | X | X | X |
| 28755 | ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT      | X | X | X |
| 28760 | ARTHRODESIS, GREAT TOE, INTERPHALANGEAL, W/EXTENSO | X | X | X |
| 28800 | AMPUTATION, FOOT; MIDTARSAL                        | X | X | X |
| 28805 | AMPUTATION, FOOT; TRANSMETATARSAL                  | X | X | X |
| 28810 | AMPUTATION, METATARSAL, W/TOE, SINGLE              | X | X | X |
| 28820 | AMPUTATION, TOE; METATARSOPHALANGEAL JOINT         | X | X | X |
| 28825 | AMPUTATION, TOE; INTERPHALANGEAL JOINT             | X | X | X |
| 28890 | ESWT HI NRG PHYS/QHP W/US GDN INVG PLNTAR FASCIA   | X | X | X |
| 28899 | UNLISTED PROC, FOOT/TOES                           | X | X | X |
| 29000 | APPLICATION, HALO TYPE BODY CAST (SEE 20661-20663, | X | X | X |
| 29010 | APPLICATION, RISSER JACKET, LOCALIZER, BODY; ONLY  | X | X | X |
| 29015 | APPLICATION, RISSER JACKET, LOCALIZER, BODY; W/HEA | X | X | X |
| 29035 | APPLICATION, BODY CAST, SHOULDER TO HIPS;          | X | X | X |
| 29040 | APPLICATION, BODY CAST, SHOULDER TO HIPS; W/HEAD,  | X | X | X |
| 29044 | APPLICATION, BODY CAST, SHOULDER TO HIPS; W/ONE TH | X | X | X |
| 29046 | APPLICATION, BODY CAST, SHOULDER TO HIPS; W/BOTH T | X | X | X |
| 29049 | APPLICATION, CAST; FIGURE-OF-EIGHT                 | X | X | X |
| 29055 | APPLICATION, CAST; SHOULDER SPICA                  | X | X | X |
| 29058 | APPLICATION, CAST; PLASTER VELPEAU                 | X | X | X |
| 29799 | UNLISTED PROC, CASTING/STRAPPING                   | X | X | X |
| 29800 | ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DX W/WO SYNO | X | X | X |
| 29804 | ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL     | X | X | X |
| 29805 | ARTHROSCOPY, SHOULDER, DX, W/WO SYNOVIAL BX (SEP P | X | X | X |
| 29806 | ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY    | X | X | X |
| 29807 | ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR, SLAP LESI | X | X | X |
| 29819 | ARTHROSCOPY, SHOULDER, SURGICAL; W/REMOVAL, LOOSE/ | X | X | X |
| 29820 | ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PART | X | X | X |
| 29821 | ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMP | X | X | X |
| 29822 | ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIM  | X | X | X |
| 29823 | ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTE | X | X | X |
| 29824 | ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULEC | X | X | X |
| 29825 | ARTHROSCOPY, SHOULDER, SURGICAL; W/LYSIS AND RESEC | X | X | X |
| 29826 | SHOULDER SCOPE BONE SHAVING                        | X | X | X |
| 29827 | ARTHROSCOPY, SHOULDER, SURGICAL; W/ROTATOR CUFF RE | X | X | X |
| 29828 | ARTHROSCOPY SHOULDER SURGICAL BICEPS TENODESIS     | X | X | X |
| 29830 | ARTHROSCOPY, ELBOW, DX, W/WO SYNOVIAL BX (SEP PROC | X | X | X |
| 29834 | ARTHROSCOPY, ELBOW, SURGICAL; W/REMOVAL, LOOSE/FOR | X | X | X |
| 29835 | ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL | X | X | X |
| 29836 | ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLET | X | X | X |
| 29837 | ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED | X | X | X |
| 29838 | ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSI | X | X | X |
| 29840 | ARTHROSCOPY, WRIST, DX, W/WO SYNOVIAL BX (SEP PROC | X | X | X |
| 29843 | ARTHROSCOPY, WRIST, SURGICAL; INFECTION, LAVAGE AN | X | X | X |
| 29844 | ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL | X | X | X |
| 29845 | ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLET | X | X | X |
| 29846 | ARTHROSCOPY, WRIST, SURGICAL; EXCISION/REPAIR, TRI | X | X | X |
| 29847 | ARTHROSCOPY, WRIST, SURGICAL; INT FIXATION, FX/INS | X | X | X |
| 29848 | ENDOSCOPY, WRIST, SURGICAL, W/RELEASE, TRANSVERSE  | X | X | X |
| 29850 | ARTHROSCOPICALLY AIDED TREATMENT, FX, KNEE W/WO MA | X | X | X |
| 29851 | ARTHROSCOPICALLY AIDED TREATMENT, FX, KNEE W/WO MA | X | X | X |
| 29855 | ARTHROSCOPICALLY AIDED TREATMENT, TIBIAL FX, PROXI | X | X | X |
| 29856 | ARTHROSCOPICALLY AIDED TREATMENT, TIBIAL FX, PROXI | X | X | X |
| 29860 | ARTHROSCOPY, HIP, DX W/WO SYNOVIAL BX (SEP PROC)   | X | X | X |
| 29861 | ARTHROSCOPY, HIP, SURGICAL; W/REMOVAL, LOOSE/FOREI | X | X | X |
| 29862 | ARTHROSCOPY, HIP, SURGICAL; W/CHONDROPLASTY/ARTHRO | X | X | X |
| 29863 | ARTHROSCOPY, HIP, SURGICAL; W/SYNOVECTOMY          | X | X | X |
| 29866 | ARTHOSCOPY, KNEE, SURGICAL, OSTEOCHONDRAL AUTOGRAP | X | X | X |
| 29867 | ARTHOSCOPY, KNEE, SURGICAL, OSTEPJRPMDRA; ALLOGRA  | X | X | X |
| 29868 | ARTHOSCOPY, KNEE, SURGICAL, MENISCAL TRANSPLANTATI | X | X | X |
| 29870 | ARTHROSCOPY, KNEE, DX, W/WO SYNOVIAL BX (SEP PROC) | X | X | X |
| 29871 | ARTHROSCOPY, KNEE, SURGICAL; INFECTION, LAVAGE AND | X | X | X |
| 29873 | ARTHROSCOPY, KNEE, SURGICAL; W/LATERAL RELEASE     | X | X | X |
| 29874 | ARTHROSCOPY, KNEE, SURGICAL; REMOVAL, LOOSE/FB     | X | X | X |
| 29875 | ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED  | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 29876 | ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, O   | X | X | X |
| 29877 | ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING,  | X | X | X |
| 29879 | ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY   | X | X | X |
| 29880 | ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING   | X | X | X |
| 29881 | ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG  | X | X | X |
| 29882 | ARTHROSCOPY, KNEE, SURGICAL; W/MENISCUS REPAIR, ME   | X | X | X |
| 29883 | ARTHROSCOPY, KNEE, SURGICAL; W/MENISCUS REPAIR, ME   | X | X | X |
| 29884 | ARTHROSCOPY, KNEE, SURGICAL; W/LYSIS, ADHESIONS, W   | X | X | X |
| 29885 | ARTHROSCOPY, KNEE, SURGICAL; DRILL, OSTEOCHONDRITI   | X | X | X |
| 29886 | ARTHROSCOPY, KNEE, SURGICAL; DRILLING, INTACT OSTE   | X | X | X |
| 29887 | ARTHROSCOPY, KNEE, SURGICAL; DRILLING, INTACT OSTE   | X | X | X |
| 29888 | ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT  | X | X | X |
| 29889 | ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT   | X | X | X |
| 29891 | ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OSTEOCHONDR   | X | X | X |
| 29892 | ARTHROSCOPICALLY AIDED REPAIR, OSTEOCHONDRITIS/TAL   | X | X | X |
| 29893 | ENDOSCOPIC PLANTAR FASCIOTOMY  | X | X | X |
| 29894 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOI   | X | X | X |
| 29895 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOI   | X | X | X |
| 29897 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOI   | X | X | X |
| 29898 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOI   | X | X | X |
| 29899 | ARTHROSCOPY, ANKLE, SURGICAL; W/ANKLE ARTHRODESIS  | X | X | X |
| 29900 | ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC   | X | X | X |
| 29901 | ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL;  | X | X | X |
| 29902 | ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL;  | X | X | X |
| 29904 | ARTHROSCOPY SUBTALAR JOINT, SURG, W/REMOVAL LOOSE  | X | X | X |
| 29905 | ARTHROSCOPY SUBTALAR JOINT WITH SYNOVECTOMY  | X | X | X |
| 29906 | ARTHROSCOPY SUBTALAR JOINT WITH DEBRIDEMENT  | X | X | X |
| 29907 | ARTHROSCOPY SUBTALAR JOINT SUBTALAR ARTHRODESIS  | X | X | X |
| 29914 | ARTHROSCOPY HIP W/FEMOROPLASTY   | X | X | X |
| 29915 | ARTHROSCOPY HIP W/ACETABULOPLASTY  | X | X | X |
| 29916 | ARTHROSCOPY HIP W/LABRAL REPAIR  | X | X | X |
| 29999 | UNLISTED PROC, ARTHROSCOPY   | X | X | X |
| 30000 | DRAINAGE ABSCESS/HEMATOMA, NASAL, INT APPROACH   | X | X | X |
| 30020 | DRAINAGE ABSCESS/HEMATOMA, NASAL SEPTUM  | X | X | X |
| 30100 | BX, INTRANASAL   | X | X | X |
| 30110 | EXCISION, NASAL POLYP(S), SIMPLE   | X | X | X |
| 30115 | EXCISION, NASAL POLYP(S), EXTENSIVE  | X | X | X |
| 30117 | EXCISION/DESTRUCTION, INTRANASAL LESION; INT APPRO   | X | X | X |
| 30118 | EXCISION/DESTRUCTION, INTRANASAL LESION; EXT APPRO   | X | X | X |
| 30120 | EXCISION/SURGICAL PLANING, SKIN, NOSE, RHINOPHYMA  | X | X | X |
| 30124 | EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBQ  | X | X | X |
| 30125 | EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE/C   | X | X | X |
| 30130 | EXCISION TURBINATE, PARTIAL/COMPLETE, ANY METHOD   | X | X | X |
| 30140 | SUBMUCOUS RESECTION TURBINATE, PARTIAL/COMPLETE, A   | X | X | X |
| 30150 | RHINECTOMY; PARTIAL  | X | X | X |
| 30160 | RHINECTOMY; TOTAL  | X | X | X |
| 30200 | INJECTION INTO TURBINATE(S), THERAPEUTIC   | X | X | X |
| 30210 | DISPLACEMENT THERAPY (PROETZ TYPE)   | X | X | X |
| 30300 | REMOVAL FB, INTRANASAL; OFFICE TYPE PROC   | X | X | X |
| 30310 | REMOVAL FB, INTRANASAL; REQUIRING GENERAL ANESTHES   | X | X | X |
| 30320 | REMOVAL FB, INTRANASAL; LATERAL RHINOTOMY  | X | X | X |
| 30400 | RHINOPLASTY, PRIMARY; LATERAL / ALAR CARTILAGES AN   | X | X | X |
| 30410 | RHINOPLASTY, PRIMARY; COMPLETE, EXT PARTS W/BONY P   | X | X | X |
| 30420 | RHINOPLASTY, PRIMARY; W/MAJOR SEPTAL REPAIR  | X | X | X |
| 30430 | RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOU   | X | X | X |
| 30435 | RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BON   | X | X | X |
| 30450 | RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP  | X | X | X |
| 30460 | RHINOPLASTY, NASAL DEFORMITY SECONDARY TO CONG CLE   | X | X | X |
| 30462 | RHINOPLASTY, NASAL DEFORM SEC TO CONG CLEFT LIP/PA   | X | X | X |
| 30465 | REPAIR, NASAL VESTIBULAR STENOSIS (SPREADER GRAFT)   | X | X | X |
| 30468 | Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)  | X | X | X |
| 30469 | Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling |   |   | X |
| 30520 | SEPTOPLASTY/SUBMUCOUS RESECTION W/WO CARTILAGE SCO   | X | X | X |
| 30540 | REPAIR CHOANAL ATRESIA; INTRANASAL   | X | X | X |
| 30545 | REPAIR CHOANAL ATRESIA; TRANSPALATINE  | X | X | X |
| 30560 | LYSIS INTRANASAL SYNECHIA  | X | X | X |
| 30580 | REPAIR FISTULA; OROMAXILLARY (COMBINE W/31030 IF A   | X | X | X |
| 30600 | REPAIR FISTULA; ORONASAL   | X | X | X |
| 30620 | SEPTAL/OTHER INTRANASAL DERMATOPLASTY (DOES NOT IN   | X | X | X |
| 30630 | REPAIR NASAL SEPTAL PERFORATIONS   | X | X | X |
| 30801 | CAUTERIZATION/ABLATION, MUCOSA, TURBINATES, UNILAT   | X | X | X |
| 30802 | ABL TJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL  | X | X | X |
| 30901 | CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITE   | X | X | X |
| 30903 | CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTEN   | X | X | X |



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|-------|--|---|---|---|
| 30905 | CONTROL NASAL HEMORRHAGE, POSTERIOR, W/POST NASAL  | X | X | X |
| 30906 | CONTROL NASAL HEMORRHAGE, POSTERIOR, W/POST NASAL  | X | X | X |
| 30915 | LIGATION ARTERIES; ETHMOIDAL   | X | X | X |
| 30920 | LIGATION ARTERIES; INT MAXILLARY ARTERY, TRANSANTR   | X | X | X |
| 30930 | FX NASAL TURBINATE(S), THERAPEUTIC   | X | X | X |
| 30999 | UNLISTED PROC, NOSE  | X | X | X |
| 31000 | LAVAGE, CANNULATION; MAXILLARY SINUS (ANTRUM PUNCT   | X | X | X |
| 31002 | LAVAGE, CANNULATION; SPHENOID SINUS  | X | X | X |
| 31020 | SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL  | X | X | X |
| 31030 | SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWE   | X | X | X |
| 31032 | SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWE   | X | X | X |
| 31040 | PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH   | X | X | X |
| 31050 | SINUSOTOMY, SPHENOID, W/WO BX;   | X | X | X |
| 31051 | SINUSOTOMY, SPHENOID, W/WO BX; W/MUCOSAL STRIPPING   | X | X | X |
| 31070 | SINUSOTOMY FRONTAL; EXT, SIMPLE (TREPHINE OPERATIO   | X | X | X |
| 31075 | SINUSOTOMY FRONTAL; TRANSORBITAL, UNILAT (FOR MUCO   | X | X | X |
| 31080 | SINUSOTOMY FRONTAL; OBLITERATIVE W/O OSTEOPLASTIC  | X | X | X |
| 31081 | SINUSOTOMY FRONTAL; OBLITERATIVE, W/O OSTEOPLASTIC   | X | X | X |
| 31084 | SINUSOTOMY FRONTAL; OBLITERATIVE, W/OSTEOPLASTIC F   | X | X | X |
| 31085 | SINUSOTOMY FRONTAL; OBLITERATIVE, W/OSTEOPLASTIC F   | X | X | X |
| 31086 | SINUSOTOMY FRONTAL; NONOBLITERATIVE, W/OSTEOPLASTI   | X | X | X |
| 31087 | SINUSOTOMY FRONTAL; NONOBLITERATIVE, W/OSTEOPLASTI   | X | X | X |
| 31090 | SINUSOTOMY, UNILAT, OVER 3 PARANASAL SINUSES   | X | X | X |
| 31200 | ETHMOIDECTOMY; INTRANASAL, ANTERIOR  | X | X | X |
| 31201 | ETHMOIDECTOMY; INTRANASAL, TOTAL   | X | X | X |
| 31205 | ETHMOIDECTOMY; EXTRANASAL, TOTAL   | X | X | X |
| 31225 | MAXILLECTOMY; W/O ORBITAL EXENTERATION   | X | X | X |
| 31230 | MAXILLECTOMY; W/ORBITAL EXENTERATION (EN BLOC)   | X | X | X |
| 31233 | NASAL/SINUS ENDOSCOPY, DX W/MAXILLARY SINUSOSCOPY  | X | X | X |
| 31235 | NASAL/SINUS ENDOSCOPY, DX W/SPHENOID SINUSOSCOPY   | X | X | X |
| 31237 | NASAL/SINUS ENDOSCOPY, SURGICAL; W/BX, POLYPECTOMY   | X | X | X |
| 31238 | NASAL/SINUS ENDOSCOPY, SURGICAL; W/CONTROL, NASAL  | X | X | X |
| 31239 | NASAL/SINUS ENDOSCOPY, SURGICAL; W/DACRYOCYSTORHIN   | X | X | X |
| 31240 | NASAL/SINUS ENDOSCOPY, SURGICAL; W/CONCHA BULLOSA  | X | X | X |
| 31241 | Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery  | X | X | X |
| 31253 | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed | X | X | X |
| 31254 | NASAL/SINUS ENDOSCOPY, SURGICAL; W/ETHMOIDECTOMY,  | X | X | X |
| 31255 | NASAL/SINUS ENDOSCOPY, SURGICAL; W/ETHMOIDECTOMY,  | X | X | X |
| 31256 | NASAL/SINUS ENDOSCOPY, SURGICAL, W/MAXILLARY ANTRO   | X | X | X |
| 31257 | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy  | X | X | X |
| 31259 | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus                        | X | X | X |
| 31267 | NASAL/SINUS ENDOSCOPY, SURGICAL, W/MAXILLARY ANTRO   | X | X | X |
| 31276 | NASAL/SINUS ENDOSCOPY, SURGICAL W/FRONTAL SINUS EX   | X | X | X |
| 31287 | NASAL/SINUS ENDOSCOPY, SURGICAL; W/SPHENOIDOTOMY;  | X | X | X |
| 31288 | NASAL/SINUS ENDOSCOPY, SURGICAL, W/SPHENOIDOTOMY;  | X | X | X |
| 31290 | NASAL/SINUS ENDOSCOPY, SURGICAL, W/REPAIR, CEREBRO   | X | X | X |
| 31291 | NASAL/SINUS ENDOSCOPY, SURGICAL, W/REPAIR, CEREBRO   | X | X | X |
| 31292 | NASAL/SINUS ENDOSCOPY, SURGICAL; W/MEDIAL/INFERIOR   | X | X | X |
| 31293 | NASAL/SINUS ENDOSCOPY, SURGICAL; W/MEDIAL AND INFE   | X | X | X |
| 31294 | NASAL/SINUS ENDOSCOPY, SURGICAL; W/OPTIC NERVE DEC   | X | X | X |
| 31295 | NSL/SINUS NDSC SURG W/DILAT MAXILLARY SINUS  | X | X | X |
| 31296 | NSL/SINUS NDSC SURG W/DILAT FRONTAL SINUS  | X | X | X |
| 31297 | NSL/SINUS NDSC SURG W/DILAT SPHENOID SINUS   | X | X | X |
| 31298 | Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)  | X | X | X |
| 31299 | UNLISTED PROC, ACCESSORY SINUSES   | X | X | X |
| 31300 | FX NASAL TURBINATE(S), THERAPEUTIC   | X | X | X |
| 31360 | LARYNGECTOMY; TOTAL, W/O RADICAL NECK DISSECTION   | X | X | X |
| 31365 | LARYNGECTOMY; TOTAL, W/RADICAL NECK DISSECTION   | X | X | X |
| 31367 | LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, W/O RADICAL N   | X | X | X |
| 31368 | LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, W/RADICAL NEC   | X | X | X |
| 31370 | PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTA   | X | X | X |
| 31375 | PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVER   | X | X | X |
| 31380 | PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVER   | X | X | X |
| 31382 | PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LA   | X | X | X |
| 31390 | PHARYNGOLARYNGECTOMY, W/RADICAL NECK DISSECTION; W   | X | X | X |
| 31395 | PHARYNGOLARYNGECTOMY, W/RADICAL NECK DISSECTION; W   | X | X | X |
| 31400 | ARYTENOIDECTOMY/ARYTENOIDOPEXY, EXT APPROACH   | X | X | X |
| 31420 | EPIGLOTTIDECTOMY   | X | X | X |
| 31500 | INTUBATION, ENDOTRACHEAL, EMERGENCY PROC   | X | X | X |
| 31502 | TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT, FI   | X | X | X |
| 31505 | LARYNGOSCOPY, INDIRECT; DIAGNOSTIC (SEP PROC)  | X | X | X |
| 31511 | LARYNGOSCOPY, INDIRECT; W/REMOVAL, FB  | X | X | X |
| 31512 | LARYNGOSCOPY, INDIRECT; W/REMOVAL, LESION  | X | X | X |

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|-------|---|---|---|---|
| 31513 | LARYNGOSCOPY, INDIRECT; W/VOCAL CORD INJECTION  | x | x | x |
| 31515 | LARYNGOSCOPY DIRECT, W/WO TRACHEOSCOPY; ASPIRATION  | x | x | x |
| 31520 | LARYNGOSCOPY DIRECT, W/WO TRACHEOSCOPY; DX, NEWBOR  | x | x | x |
| 31525 | LARYNGOSCOPY DIRECT, W/WO TRACHEOSCOPY; DX, EXCEPT  | x | x | x |
| 31526 | LARYNGOSCOPY DIRECT, W/WO TRACHEOSCOPY; DX, W/OPER  | x | x | x |
| 31527 | LARYNGOSCOPY DIRECT, W/WO TRACHEOSCOPY; W/INSERTIO  | x | x | x |
| 31528 | LARYNGOSCOPY DIRECT, W/WO TRACHEOSCOPY; W/DILATATI  | x | x | x |
| 31529 | LARYNGOSCOPY DIRECT, W/WO TRACHEOSCOPY; W/DILATATI  | x | x | x |
| 31530 | LARYNGOSCOPY, DIRECT, OPERATIVE, W/FB REMOVAL;  | x | x | x |
| 31531 | LARYNGOSCOPY, DIRECT, OPERATIVE, W/FB REMOVAL; W/O  | x | x | x |
| 31540 | LARYNGOSCOPY, DIRECT, OPERATIVE, W/EXCISION, TUMOR  | x | x | x |
| 31541 | LARYNGOSCOPY, DIRECT, OPERATIVE, W/EXCISION, TUMOR  | x | x | x |
| 31545 | OPERATIVE LARYNGOSCOPY  | x | x | x |
| 31546 | OPERATIVE LARYNGOSCOPY  | x | x | x |
| 31551 | LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT PLACEMENT, YOUNGER THAN 12 YEARS OF AGE   | x | x | x |
| 31552 | LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT PLACEMENT, AGE 12 YEARS OR OLDER  | x | x | x |
| 31553 | LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITH INDWELLING STENT PLACEMENT, YOUNGER THAN 12 YEARS OF AGE  | x | x | x |
| 31554 | LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITH INDWELLING STENT PLACEMENT, AGE 12 YEARS OR OLDER   | x | x | x |
| 31560 | LARYNGOSCOPY, DIRECT, OPERATIVE, W/ARYTENOIDECTOMY  | x | x | x |
| 31561 | LARYNGOSCOPY, DIRECT, OPERATIVE, W/ARYTENOIDECTOMY  | x | x | x |
| 31580 | LARYNGOPLASTY; FOR LARYNGEAL WEB, WITH INDWELLING KEEL OR STENT INSERTION   | x | x | x |
| 31584 | LARYNGOPLASTY; WITH OPEN REDUCTION AND FIXATION OF (EG, PLATING) OF FRACTURE, INCLUDES TRACHEOSTOMY, IF PERFORMED   | x | x | x |
| 31587 | LARYNGOPLASTY, CRICOID SPLIT, WITHOUT GRAFT PLACEMENT   | x | x | x |
| 31590 | LARYNGEAL REINNERVATION, NEUROMUSCULAR PEDICLE  | x | x | x |
| 31591 | LARYNGOPLASTY, MEDIALIZATION, UNILATERAL  | x | x | x |
| 31592 | CRICOTRACHEAL RESECTION   | x | x | x |
| 31599 | UNLISTED PROC, LARYNX   | x | x | x |
| 31600 | TRACHEOSTOMY, PLANNED (SEP PROC);   | x | x | x |
| 31601 | TRACHEOSTOMY, PLANNED (SEP PROC); UNDER AGE 2   | x | x | x |
| 31603 | TRACHEOSTOMY, EMERGENCY PROC; TRANSTRACHEAL   | x | x | x |
| 31605 | TRACHEOSTOMY, EMERGENCY PROC; CRICOTHYROID MEMBRAN  | x | x | x |
| 31610 | TRACHEOSTOMY, FENESTRATION PROC W/SKIN FLAPS  | x | x | x |
| 31611 | CONSTRUCTION, TRACHEOESOPHAGEAL FISTULA, W/SUBSEQU  | x | x | x |
| 31612 | TRACHEAL PUNCTURE, PERCUTANEOUS W/TRANSTRACHEAL AS  | x | x | x |
| 31613 | TRACHEOSTOMA REVISION; SIMPLE, W/O FLAP ROTATION  | x | x | x |
| 31614 | TRACHEOSTOMA REVISION; COMPLEX, W/FLAP ROTATION   | x | x | x |
| 31615 | TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTO  | x | x | x |
| 31622 | BRNCHSC INCL FLUOR GID DX W/CELL WASHG SPX  | x | x | x |
| 31623 | BRONCHOSCOPY, RIGID/FLEX, W/WO FLUORO GUID; W/BRUS  | x | x | x |
| 31624 | BRONCHOSCOPY, RIGID/FLEX, W/WO FLUORO GUID; W/BRON  | x | x | x |
| 31625 | BRONCHOSCOPY, RIGID/FLEX, W/WO FLUORO GUID; W/BRON  | x | x | x |
| 31626 | BRNCHSC W/PLMT FIDUCIAL MARKERS 1/MLT   | x | x | x |
| 31627 | BRNCHSC W/CPTR-ASST IMAGE-GUIDED NAVIGATION   | x | x | x |
| 31628 | BRONCHOSCOPY, RIGID/FLEX, W/WO FLUORO GUID; W/TRAN  | x | x | x |
| 31629 | BRONCHOSCOPY, RIGID/FLEX, W/WO FLUORO GUID; W/TRAN  | x | x | x |
| 31630 | BRONCHOSCOPY, RIGID/FLEX, W/WO FLUORO GUID; W/TRAC  | x | x | x |
| 31631 | BRONCHOSCOPY, RIGID/FLEX, W/WO FLUORO GUID; W/TRAC  | x | x | x |
| 31632 | BRNCHSC W/TRANSBRNCL LUNG BX EA LOBE  | x | x | x |
| 31633 | BRNCHSC W/TRANSBRNCL NDL ASPIR BX EA LOBE   | x | x | x |
| 31634 | BRONCHOSCOPY BALLOON OCCLUSION  | x | x | x |
| 31635 | BRONCHOSCOPY, RIGID/FLEX, W/WO FLUORO GUID; W/REMO  | x | x | x |
| 31636 | BRONCHOSCOPY, WITH PLACEMENT OF BRONCHIAL STENTS  | x | x | x |
| 31637 | BRONCHOSCOPY, EACH ADDITIONAL MAJOR BRONCHUS STENT  | x | x | x |
| 31638 | BRONCHOSCOPY, WITH REVISION OF TRACHEAL OR BRONCHI  | x | x | x |
| 31640 | BRONCHOSCOPY, RIGID/FLEX, W/WO FLUORO GUID; W/EXCI  | x | x | x |
| 31641 | BRNCHSC W/DSTRJ TUM RELIEF STENOSIS OTH/THN EXC   | x | x | x |
| 31643 | BRNCHSC W/PLMT CATH INTRCV RADIOELMNT APPL  | x | x | x |
| 31645 | BRNCHSC W/THER ASPIR TRACHEOBRNCL TREE 1ST  | x | x | x |
| 31646 | BRNCHSC W/THER ASPIR TRACHEOBRNCL TREE SBSQ   | x | x | x |
| 31647 | BRNCHSC OCCLUSION&INSERT BRONCH VALVE INIT LOBE   | x | x | x |
| 31648 | BRNCHSC REMOVAL BRONCHIAL VALVE INITIAL   | x | x | x |
| 31649 | BRNCHSC OCCLUSION&INSERT BRONCH VALVE ADDL LOBE   | x | x | x |
| 31651 | BRNCHSC REMOVAL BRONCHIAL VALVE EA ADDL   | x | x | x |
| 31652 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures | x | x | x |
| 31653 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures  | x | x | x |

|       |   |   |   |   |
|-------|---|---|---|---|
| 31654 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s]) | x | x | x |
| 31660 | BRONCH THERMOPLSTY 1 LOBE   |   |   | x |
| 31661 | BRONCH THERMOPLSTY 2/> LOBES  |   |   | x |
| 31717 | CATHETERIZATION W/BRONCHIAL BRUSH BX  | x | x | x |
| 31720 | CATHETER ASPIRATION (SEP PROC); NASOTRACHEAL  | x | x | x |
| 31725 | CATHETER ASPIRATION (SEP PROC); TRACHEOBRONCHIAL W  | x | x | x |
| 31730 | TRANSTRACHEAL INTRODUCTION, NEEDLE WIRE DILATOR/ST  | x | x | x |
| 31750 | TRACHEOPLASTY; CERVICAL   | x | x | x |
| 31755 | TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EA  | x | x | x |
| 31760 | TRACHEOPLASTY; INTRATHORACIC  | x | x | x |
| 31766 | CARINAL RECONSTRUCTION  | x | x | x |
| 31770 | BRONCHOPLASTY; GRAFT REPAIR   | x | x | x |
| 31775 | BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS  | x | x | x |
| 31780 | EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVIC  | x | x | x |
| 31781 | EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVIC  | x | x | x |
| 31785 | EXCISION, TRACHEAL TUMOR/CARCINOMA; CERVICAL  | x | x | x |
| 31786 | EXCISION, TRACHEAL TUMOR/CARCINOMA; THORACIC  | x | x | x |
| 31800 | SUTURE, TRACHEAL WOUND/INJURY; CERVICAL   | x | x | x |
| 31805 | SUTURE, TRACHEAL WOUND/INJURY; INTRATHORACIC  | x | x | x |
| 31820 | SURGICAL CLOSURE TRACHEOSTOMY/FISTULA; W/O PLASTIC  | x | x | x |
| 31825 | SURGICAL CLOSURE TRACHEOSTOMY/FISTULA; W/PLASTIC R  | x | x | x |
| 31830 | REVISION, TRACHEOSTOMY SCAR   | x | x | x |
| 31899 | UNLISTED PROC, TRACHEA, BRONCHI   | x | x | x |
| 32035 | THORACOSTOMY; W/RIB RESECTION, EMPYEMA  | x | x | x |
| 32036 | THORACOSTOMY; W/OPEN FLAP DRAINAGE, EMPYEMA   | x | x | x |
| 32096 | OPEN WEDGE/BX LUNG INFILTR  | x | x | x |
| 32097 | OPEN WEDGE/BX LUNG NODULE   | x | x | x |
| 32098 | OPEN BIOPSY OF LUNG PLEURA  | x | x | x |
| 32100 | THORACOTOMY, MAJOR; W/EXPLORATION AND BX  | x | x | x |
| 32110 | THORCOM CTRL TRAUMTC HEMRRG&/RPR LNG TEAR   | x | x | x |
| 32120 | THORACOTOMY, MAJOR; POSTOPERATIVE COMPLICATIONS   | x | x | x |
| 32124 | THORACOTOMY, MAJOR; W/OPEN INTRAPLEURAL PNEUMONOLY  | x | x | x |
| 32140 | THORACOTOMY, MAJOR; W/CYST(S) REMOVAL, W/WO A PLEU  | x | x | x |
| 32141 | THORACOTOMY W/RESECTION BULLAE  | x | x | x |
| 32150 | THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP   | x | x | x |
| 32151 | THORCOM W/RMVL IPUL FB  | x | x | x |
| 32160 | THORACOTOMY, MAJOR; W/CARDIAC MASSAGE   | x | x | x |
| 32200 | PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST  | x | x | x |
| 32215 | PLEURAL SCARIFICATION, REPEAT PNEUMOTHORAX  | x | x | x |
| 32220 | DECORTICATION, PULMONARY (SEP PROC); TOTAL  | x | x | x |
| 32225 | DECORTICATION, PULMONARY (SEP PROC); PARTIAL  | x | x | x |
| 32310 | PLEURECTOMY, PARIETAL (SEP PROC)  | x | x | x |
| 32320 | DECORTICATION AND PARIETAL PLEURECTOMY  | x | x | x |
| 32440 | REMOVAL OF LUNG PNEUMONECTOMY   | x | x | x |
| 32442 | REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA  | x | x | x |
| 32445 | REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL   | x | x | x |
| 32480 | RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT  | x | x | x |
| 32482 | RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC   | x | x | x |
| 32484 | RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY   | x | x | x |
| 32486 | RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY  | x | x | x |
| 32488 | RMVL LUNG OTHER THAN PNUMEC COMPLETION PNUMEC   | x | x | x |
| 32491 | RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG   | x | x | x |
| 32501 | RESECTION/REPAIR, PORTION, BRONCHUS, DURING LOBECT  | x | x | x |
| 32503 | RESECTION OF APICAL LUNG TUMOR; WHEN PERFORMED; WI  | x | x | x |
| 32504 | RESECTION OF APICAL LUNG TUMOR; WHEN PERFORMED; WI  | x | x | x |
| 32505 | WEDGE RESECT OF LUNG INITIAL  | x | x | x |
| 32506 | WEDGE RESECT OF LUNG ADD-ON   | x | x | x |
| 32507 | WEDGE RESECT OF LUNG DIAG   | x | x | x |
| 32540 | EXTRAPLEURAL ENUCLEATION, EMPYEMA (EMPYEMECTOMY)  | x | x | x |
| 32550 | INSERTION INDWELLING TUNNELED PLEURAL CATH W/CUFF   | x | x | x |
| 32551 | TUBE THORACOSTOMY INCLUDES WATER SEAL (SEP PROC)  | x | x | x |
| 32552 | RMVL NDWELLG TUN PLEURAL CATH W/CUFF  | x | x | x |
| 32553 | PLMT NTRSTL DEV RADJ THX GID PRQ INTRATHRC 1/MLT  | x | x | x |
| 32555 | THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING  | x | x | x |
| 32556 | INSERT CATH PLEURA W/O IMAGE  | x | x | x |
| 32557 | INSERT CATH PLEURA W/ IMAGE   | x | x | x |
| 32560 | CHEMICAL PLEURODESIS FOR PERSISTENT PNEUMOTHORAX  | x | x | x |
| 32561 | INSTLJ VIA CH TUBE/CATH AGENT FBRNLYSIS 1ST DAY   | x | x | x |
| 32562 | INSTLJ CH TUBE/CATH AGENT FBRNLYSIS SBSQ DAY  | x | x | x |
| 32601 | THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX  | x | x | x |
| 32604 | THORACOSCOPY, DX (SEP PROC); PERICARDIAL SAC, W/BX  | x | x | x |
| 32606 | THORACOSCOPY, DX (SEP PROC); MEDIASTINAL SPACE, W/  | x | x | x |
| 32607 | THORACOSCOPY W/BX INFILTRATE  | x | x | x |

|       |  |   |   |   |
|-------|--|---|---|---|
| 32608 | THORACOSCOPY W/BX NODULE   | X | X | X |
| 32609 | THORACOSCOPY W/BX PLEURA   | X | X | X |
| 32650 | THORACOSCOPY, SURGICAL; W/PLEURODESIS (MECHANICAL/   | X | X | X |
| 32651 | THORACOSCOPY, SURGICAL; W/PARTIAL PULMONARY DECORT   | X | X | X |
| 32652 | THORACOSCOPY, SURGICAL; W/TOTAL PULMONARY DECORTIC   | X | X | X |
| 32653 | THORACOSCOPY, SURGICAL; W/REMOVAL, INTRAPLEURAL FB   | X | X | X |
| 32654 | THORACOSCOPY, SURGICAL; W/CONTROL, TRAUMATIC HEMOR   | X | X | X |
| 32655 | THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX  | X | X | X |
| 32656 | THORACOSCOPY, SURGICAL; W/PARIETAL PLEURECTOMY   | X | X | X |
| 32658 | THORACOSCOPY, SURGICAL; W/REMOVAL, CLOT/FB, PERICA   | X | X | X |
| 32659 | THORACOSCOPY, SURGICAL; W/CREATION, PERICARDIAL WI   | X | X | X |
| 32661 | THORACOSCOPY, SURGICAL; W/EXCISION, PERICARDIAL CY   | X | X | X |
| 32662 | THORACOSCOPY, SURGICAL; W/EXCISION, MEDIASTINAL CY   | X | X | X |
| 32663 | THORACOSCOPY, SURGICAL; W/LOBECTOMY, TOTAL/SEGMENT   | X | X | X |
| 32664 | THORACOSCOPY, SURGICAL; W/THORACIC SYMPATHECTOMY   | X | X | X |
| 32665 | THORACOSCOPY, SURGICAL; W/ESOPHAGOMYOTOMY  | X | X | X |
| 32666 | THORACOSCOPY W/WEDGE RESECT  | X | X | X |
| 32667 | THORACOSCOPY W/W RESECT ADDL   | X | X | X |
| 32668 | THORACOSCOPY W/W RESECT DIAG   | X | X | X |
| 32669 | THORACOSCOPY REMOVE SEGMENT  | X | X | X |
| 32670 | THORACOSCOPY BILOBECTOMY   | X | X | X |
| 32671 | THORACOSCOPY PNEUMONECTOMY   | X | X | X |
| 32672 | THORACOSCOPY FOR LVRS  | X | X | X |
| 32673 | THORACOSCOPY W/THYMUS RESECT   | X | X | X |
| 32674 | THORACOSCOPY LYMPH NODE EXC  | X | X | X |
| 32701 | THORAX STEREO RAD TARGETW/TX   | X | X | X |
| 32800 | REPAIR LUNG HERNIA THROUGH CHEST WALL  | X | X | X |
| 32810 | CLOSURE, CHEST WALL FOLLOWING OPEN FLAP DRAINAGE,  | X | X | X |
| 32815 | OPEN CLOSURE, MAJOR BRONCHIAL FISTULA  | X | X | X |
| 32820 | MAJOR RECONSTRUCTION, CHEST WALL (POSTTRAUMATIC)   | X | X | X |
| 32850 | DONOR PNEUMONECTOMY(IES) W/PREPARATION AND MAINTEN   | X | X | X |
| 32851 | LUNG TRANSPLANT, SINGLE; W/O CARDIOPULMONARY BYPAS   | X | X | X |
| 32852 | LUNG TRANSPLANT, SINGLE; W/CARDIOPULMONARY BYPASS  | X | X | X |
| 32853 | LUNG TRANSPLANT, DOUBLE (BILAT SEQUENTIAL/EN BLOC)   | X | X | X |
| 32854 | LUNG TRANSPLANT, DOUBLE (BILAT SEQUENTIAL/EN BLOC)   | X | X | X |
| 32855 | PREP OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO TRAN   | X | X | X |
| 32856 | PREP OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO TRAN   | X | X | X |
| 32900 | RESECTION, RIBS, EXTRAPLEURAL, ALL STAGES  | X | X | X |
| 32905 | THORACOPLASTY, SCHEDE TYPE/EXTRAPLEURAL (ALL STAGE   | X | X | X |
| 32906 | THORACOPLASTY, SCHEDE TYPE/EXTRAPLEURAL (ALL STAGE   | X | X | X |
| 32940 | PNEUMONOLYSIS, EXTRAPERIOSTEAL, W/FILLING/PACKING  | X | X | X |
| 32960 | PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION,   | X | X | X |
| 32994 | Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation | X | X | X |
| 32997 | TOTAL LUNG LAVAGE (UNILAT)   | X | X | X |
| 32998 | Perq rf ablate tx, pul tumor   | X | X | X |
| 32999 | UNLISTED PROC, LUNGS AND PLEURA  | X | X | X |
| 33016 | Pericardiocentesis, including imaging guidance, when performed   | X | X | X |
| 33017 | Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly                                 | X | X | X |
| 33018 | Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly              | X | X | X |
| 33019 | Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance  | X | X | X |
| 33020 | PERICARDIOTOMY, REMOVAL, CLOT/FB (PRIMARY PROC)  | X | X | X |
| 33025 | CREATION, PERICARDIAL WINDOW/PARTIAL RESECTION, DR   | X | X | X |
| 33030 | PERICARDIECTOMY, SUBTOTAL/COMPLETE; W/O CARDIOPULM   | X | X | X |
| 33031 | PERICARDIECTOMY, SUBTOTAL/COMPLETE; W/CARDIOPULMON   | X | X | X |
| 33050 | RESECTION PERICARDIAL CYST/TUMOR   | X | X | X |
| 33120 | EXCISION, INTRACARDIAC TUMOR, RESECTION W/CARDIOPU   | X | X | X |
| 33130 | RESECTION, EXT CARDIAC TUMOR   | X | X | X |
| 33140 | TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORAC   | X | X | X |
| 33141 | TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORAC   | X | X | X |
| 33202 | Insert epicard eltrd, open   | X | X | X |
| 33203 | Insert epicard eltrd, endo   | X | X | X |
| 33206 | INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL   | X | X | X |
| 33207 | INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR  | X | X | X |
| 33208 | INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT   | X | X | X |
| 33210 | INSERTION/REPLACEMENT, TEMPORARY TRANSVENOUS SINGL   | X | X | X |
| 33211 | INSERTION/REPLACEMENT, TEMPORARY TRANSVENOUS DUAL  | X | X | X |
| 33212 | INS PM PLS GEN W/EXIST SINGLE LEAD   | X | X | X |
| 33213 | INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS  | X | X | X |
| 33214 | UPGRADE, IMPLANTED PACEMAKER, CONVERSION, SINGLE T   | X | X | X |
| 33215 | REPOSITIONING, PREVIOUSLY IMPLANTED TRANSVENOUS EL   | X | X | X |

|       |   |   |   |   |
|-------|---|---|---|---|
| 33216 | INSERTION, TRANSVENOUS ELECTRODE; SINGLE CHAMBER P  | x | x | x |
| 33217 | INSERTION/REPOSITIONING, TRANSVENOUS ELECTRODE; DU  | x | x | x |
| 33218 | RPR 1 ELTRD PRM PM/PACING CVDFB   | x | x | x |
| 33220 | RPR 2 ELTRDS PRM PM/PACING CVDFB  | x | x | x |
| 33222 | RELOCATION OF SKIN POCKET FOR PACEMAKER   | x | x | x |
| 33223 | RELOCATE SKIN POCKET CARDIOVERTER-DEFIBRILLATOR   | x | x | x |
| 33224 | INSJ ELTRD CAR VEN SYS ATTCH PM/CVDFB PLS GEN   | x | x | x |
| 33225 | INSJ ELTRD CAR VEN SYS TM INSJ CVDFB/PM PLS GEN   | x | x | x |
| 33226 | RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD   | x | x | x |
| 33228 | REMLV PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS  | x | x | x |
| 33233 | REMOVAL, PERMANENT PACEMAKER PULSE GENERATOR  | x | x | x |
| 33234 | REMOVAL, TRANSVENOUS PACEMAKER ELECTRODE(S); SINGL  | x | x | x |
| 33235 | REMOVAL, TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL   | x | x | x |
| 33236 | REMOVAL, PERMANENT EPICARDIAL PACEMAKER/ELECTRODES  | x | x | x |
| 33237 | REMOVAL, PERMANENT EPICARDIAL PACEMAKER AND ELECTR  | x | x | x |
| 33238 | REMOVAL, PERMANENT TRANSVENOUS ELECTRODE(S), THORA  | x | x | x |
| 33240 | INSJ 1/2 CHMBR PACING CARDIOVERTERDEFIB PLS GEN   | x | x | x |
| 33241 | REMLV PAC CVDFB PLS GEN ONLY  | x | x | x |
| 33243 | REMOVAL, SINGLE/DUAL CHAMBER PACING CARDIOVERTER-D  | x | x | x |
| 33244 | REMOVAL, SINGLE/DUAL CHAMBER PACING CARDIOVERTER-D  | x | x | x |
| 33249 | INS/REP PAC PERM CVDFB TRNSVEN LEADS 1/2 CHAMBER  | x | x | x |
| 33250 | OPERATIVE ABLATION, SUPRAVENTRICULAR ARRHYTHMOGENI  | x | x | x |
| 33251 | OPERATIVE ABLATION, SUPRAVENTRICULAR ARRHYTHMOGENI  | x | x | x |
| 33254 | Ablate atria, lmtd  | x | x | x |
| 33255 | Ablate atria w/o bypass, ext  | x | x | x |
| 33256 | Ablate atria w/bypass, exten  | x | x | x |
| 33257 | ATRIA ABLATE & RCNSTJ W OTHER PROCEDURE LIMITED   | x | x | x |
| 33258 | ATRIA ABLTJ & RCNSTJ W OTHER PX EXTENSIVE W/O BYP   | x | x | x |
| 33259 | ATRIA ABLATE & RCNSTJ W OTHER PX EXTENSIVE W BYP  | x | x | x |
| 33261 | OPERATIVE ABLATION, VENTRICULAR ARRHYTHMOGENIC FOC  | x | x | x |
| 33263 | RMVL & RPLCMT DFB GEN 2 LEAD  | x | x | x |
| 33264 | RMVL & RPLCMT DFB GEN MLT LD  | x | x | x |
| 33265 | Ablate atria w/bypass, endo   | x | x | x |
| 33266 | Ablate atria w/o bypass endo  | x | x | x |
| 33267 | Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)  |   | x | x |
| 33268 | Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)   |   | x | x |
| 33269 | Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)   |   | x | x |
| 33270 | INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD  | x | x | x |
| 33271 | INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE  | x | x | x |
| 33272 | RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE  | x | x | x |
| 33273 | REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB   | x | x | x |
| 33274 | Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed   | x | x | x |
| 33275 | Transcatheter removal of permanent leadless pacemaker, right ventricular  | x | x | x |
| 33285 | Insertion, subcutaneous cardiac rhythm monitor, including programming   | x | x | x |
| 33286 | Removal, subcutaneous cardiac rhythm monitor  | x | x | x |
| 33289 | Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed | x |   |   |
| 33300 | REPAIR, CARDIAC WOUND; W/O BYPASS   | x | x | x |
| 33305 | REPAIR, CARDIAC WOUND; W/CARDIOPULMONARY BYPASS   | x | x | x |
| 33310 | CARDIOTOMY, EXPLORATORY W/REMOVAL FB/THROMBUS; W/O  | x | x | x |
| 33315 | CARDIOTOMY, EXPLORATORY W/REMOVAL, FB; W/CARDIOPUL  | x | x | x |
| 33320 | SUTURE REPAIR, AORTA/GREAT VESSELS; W/O SHUNT/CARD  | x | x | x |
| 33321 | SUTURE REPAIR, AORTA/GREAT VESSELS; W/SHUNT BYPASS  | x | x | x |
| 33322 | SUTURE REPAIR, AORTA/GREAT VESSELS; W/CARDIOPULMON  | x | x | x |
| 33330 | INSERTION, GRAFT, AORTA/GREAT VESSELS; W/O SHUNT/C  | x | x | x |
| 33335 | INSERTION, GRAFT, AORTA/GREAT VESSELS; W/CARDIOPUL  | x | x | x |
| 33340 | PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL APPENDAGE WITH ENDOCARDIAL IMPLANT, INCLUDING FLUOROSCOPY, TRANSSEPTAL PUNCTURE, CATHETER PLACEMENT(S), LEFT ATRIAL ANGIOGRAPHY, LEFT ATRIAL APPENDAGE ANGIOGRAPHY, WHEN PERFORMED, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION   | x | x | x |
| 33361 | REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH  | x | x | x |
| 33362 | REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH  | x | x | x |
| 33363 | REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH  | x | x | x |
| 33364 | REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH   | x | x | x |
| 33365 | REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH  | x | x | x |
| 33366 | TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE  | x | x | x |
| 33367 | REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APPRCH  | x | x | x |

|       |   |   |   |   |
|-------|---|---|---|---|
| 33368 | REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH  | X | X | X |
| 33369 | REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH  | X | X | X |
| 33370 | Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure) |   | X | X |
| 33390 | VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; SIMPLE (IE, VALVOTOMY, DEBRIDEMENT, DEBULKING, AND/OR SIMPLE COMMISSURAL RESUSPENSION)  | X | X | X |
| 33391 | VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; COMPLEX (EG, LEAFLET EXTENSION, LEAFLET RESECTION, LEAFLET RECONSTRUCTION, OR ANNULOPLASTY)   | X | X | X |
| 33404 | CONSTRUCTION, APICAL-AORTIC CONDUIT   | X | X | X |
| 33405 | REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE OTHER THAN HOMOGRAFT OR STENTLESS VALVE   | X | X | X |
| 33406 | REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VALVE (FREEHAND)   | X | X | X |
| 33410 | REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE VALVE   | X | X | X |
| 33411 | RPLCMT AORTIC VALVE ANNULUS ENLGMENT NONC SINUS   | X | X | X |
| 33412 | REPLACEMENT, AORTIC VALVE; W/TRANSVENTRICULAR AORT  | X | X | X |
| 33413 | REPLACEMENT, AORTIC VALVE; TRANSLOCATION, AUTOLOGO  | X | X | X |
| 33414 | REPAIR, LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION  | X | X | X |
| 33415 | RESECTION/INCISION, SUBVALVULAR TISSUE, DISCRETE S  | X | X | X |
| 33416 | VENTRICULOMYOTOMY/MYECTOMY, IDIOPATHIC HYPERTROPHI  | X | X | X |
| 33417 | AORTOPLASTY (GUSSET), SUPRAVALVULAR STENOSIS  | X | X | X |
| 33418 | TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS   | X | X | X |
| 33419 | TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS  | X | X | X |
| 33420 | VALVOTOMY, MITRAL VALVE; CLOSED HEART   | X | X | X |
| 33422 | VALVOTOMY, MITRAL VALVE; OPEN HEART, W/CARDIOPULMO  | X | X | X |
| 33425 | VALVULOPLASTY, MITRAL VALVE, W/CARDIOPULMONARY BYP  | X | X | X |
| 33426 | VALVULOPLASTY, MITRAL VALVE, W/CARDIOPULMONARY BYP  | X | X | X |
| 33427 | VALVULOPLASTY, MITRAL VALVE, W/CARDIOPULMONARY BYP  | X | X | X |
| 33430 | REPLACEMENT, MITRAL VALVE, W/CARDIOPULMONARY BYPAS  | X | X | X |
| 33440 | Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)                               | X | X | X |
| 33460 | VALVECTOMY, TRICUSPID VALVE, W/CARDIOPULMONARY BYP  | X | X | X |
| 33463 | VALVULOPLASTY, TRICUSPID VALVE; W/O RING INSERTION  | X | X | X |
| 33464 | VALVULOPLASTY, TRICUSPID VALVE; W/RING INSERTION  | X | X | X |
| 33465 | REPLACEMENT, TRICUSPID VALVE, W/CARDIOPULMONARY BY  | X | X | X |
| 33468 | TRICUSPID VALVE REPOSITIONING AND PPLICATION, EBSTE   | X | X | X |
| 33470 | VALVOTOMY, PULMONARY VALVE, CLOSED HEART; TRANSVEN  | X |   |   |
| 33471 | VALVOTOMY, PULMONARY VALVE, CLOSED HEART; VIA PULM  | X | X | X |
| 33474 | VALVOTOMY, PULMONARY VALVE, OPEN HEART; W/CARDIOPU  | X | X | X |
| 33475 | REPLACEMENT, PULMONARY VALVE  | X | X | X |
| 33476 | RIGHT VENTRICULAR RESECTION, INFUNDIBULAR STENOSIS  | X | X | X |
| 33477 | Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed  | X | X | X |
| 33478 | OUTFLOW TRACT AUGMENTATION (GUSSET), W/WO COMMISSU  | X | X | X |
| 33496 | REPAIR, PROSTHETIC VALVE DYSFUNCTION W/CARDIOPULMO  | X | X | X |
| 33500 | REPAIR, CORONARY AV/ARTERIOCARDIAC CHAMBER FISTULA  | X | X | X |
| 33501 | REPAIR, CORONARY AV/ARTERIOCARDIAC CHAMBER FISTULA  | X | X | X |
| 33502 | REPAIR, ANOMALOUS CORONARY ARTERY; LIGATION   | X | X | X |
| 33503 | REPAIR, ANOMALOUS CORONARY ARTERY; GRAFT, W/O CARD  | X | X | X |
| 33504 | REPAIR, ANOMALOUS CORONARY ARTERY; GRAFT, W/CARDIO  | X | X | X |
| 33505 | REPAIR, ANOMALOUS CORONARY ARTERY; W/CONSTRUCTION,  | X | X | X |
| 33506 | REPAIR, ANOMALOUS CORONARY ARTERY; TRANSLOCATION,   | X | X | X |
| 33507 | REPAIR OF ANOMALOUS CORONARY ARTERY BY UNROOFING O  | X | X | X |
| 33508 | ENDOSCOPY W/VIDEO-ASSISTED VEIN HARVEST, CABG PROC  | X | X | X |
| 33509 | Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic  |   | X | X |
| 33510 | CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY  | X | X | X |
| 33511 | CORONARY ARTERY BYPASS, VEIN ONLY; 2 CORONARY VENO  | X | X | X |
| 33512 | CORONARY ARTERY BYPASS, VEIN ONLY; 3 CORONARY VENO  | X | X | X |
| 33513 | CORONARY ARTERY BYPASS, VEIN ONLY; 4 CORONARY VENO  | X | X | X |
| 33514 | CORONARY ARTERY BYPASS, VEIN ONLY; 5 CORONARY VENO  | X | X | X |
| 33516 | CORONARY ARTERY BYPASS, VEIN ONLY; OVER 6 CORONARY  | X | X | X |
| 33517 | CORONARY ARTERY BYPASS, VENOUS/ARTERIAL GRAFTS; 1   | X | X | X |
| 33518 | CORONARY ARTERY BYPASS, VENOUS/ARTERIAL GRAFTS; 2   | X | X | X |
| 33519 | CORONARY ARTERY BYPASS, VENOUS/ARTERIAL GRAFTS; 3   | X | X | X |
| 33521 | CORONARY ARTERY BYPASS, VENOUS/ARTERIAL GRAFTS; 4   | X | X | X |
| 33522 | CORONARY ARTERY BYPASS, VENOUS/ARTERIAL GRAFTS; 5   | X | X | X |
| 33523 | CORONARY ARTERY BYPASS, VENOUS/ARTERIAL GRAFTS; OV  | X | X | X |
| 33530 | REOPERATION, CORONARY ARTERY BYPASS/VALVE PROC, MO  | X | X | X |
| 33533 | CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); S  | X | X | X |
| 33534 | CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); 2  | X | X | X |
| 33535 | CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); 3  | X | X | X |
| 33536 | CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); O  | X | X | X |
| 33542 | MYOCARDIAL RESECTION (VENTRICULAR ANEURYSMECTOMY)   | X | X | X |



|       |   |   |   |   |
|-------|---|---|---|---|
| 33545 | REPAIR, POSTINFARCTION VENTRICULAR SEPTAL DEFECT,   | X | X | X |
| 33548 | SURG VENTRICULAR RESTORATION PROCEDURE; INCLUDES P  | X | X | X |
| 33572 | CORONARY ENDARTERECTOMY, OPEN, LAD/CIRCUMFLX/RCA W  | X | X | X |
| 33600 | CLOSURE, ATRIOVENTRICULAR VALVE (MITRAL/TRICUSPID)  | X | X | X |
| 33602 | CLOSURE, SEMILUNAR VALVE (AORTIC/PULMONARY), SUTUR  | X | X | X |
| 33606 | ANASTOMOSIS, PULMONARY ARTERY TO AORTA  | X | X | X |
| 33608 | REPAIR, COMPLEX CARDIAC ANOMALY, NON-PULM ATRESIA,  | X | X | X |
| 33610 | REPAIR, COMPLEX CARDIAC ANOMALIES, SURG ENLARGEMEN  | X | X | X |
| 33611 | REPAIR, DOUBLE OUTLET RIGHT VENTRICLE W/INTRAVENTR  | X | X | X |
| 33612 | REPAIR, DOUBLE OUTLET RIGHT VENTRICLE W/INTRAVENT   | X | X | X |
| 33615 | REPAIR, COMPLEX CARDIAC ANOMALIES, CLOSURE, ATRIAS  | X | X | X |
| 33617 | REPAIR, COMPLEX CARDIAC ANOMALIES, MODIFIED FONTAN  | X | X | X |
| 33619 | REPAIR, SINGLE VENTRICLE W/AORTIC OUTFLOW OBSTRUCT  | X | X | X |
| 33620 | APPLICATION RIGHT & LEFT PULMONARY ARTERY BANDS   | X | X | X |
| 33621 | THRC CATHETER INSERT FOR STENT PLACEMENT  | X | X | X |
| 33622 | RECONSTRUCTION COMPLEX CARDIAC ANOMALY  | X | X | X |
| 33641 | REPAIR, ATRIAL SEPTAL DEFECT, SECUNDUM, W/CARDIOPU  | X | X | X |
| 33645 | DIRECT/PATCH CLOSURE, SINUS VENOSUS, W/WO ANOMALOU  | X | X | X |
| 33647 | REPAIR, ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTA  | X | X | X |
| 33660 | REPAIR, INCOMPLETE/PARTIAL ATRIOVENTRICULAR CANAL,  | X | X | X |
| 33665 | REPAIR, INTERMEDIATE/TRANSITIONAL ATRIOVENTRICULAR  | X | X | X |
| 33670 | REPAIR, COMPLETE ATRIOVENTRICULAR CANAL, W/WO PROS  | X | X | X |
| 33675 | Close mult vsd  | X | X | X |
| 33676 | Close mult vsd w/resection  | X | X | X |
| 33677 | Cl mult vsd w/rem pul band  | X | X | X |
| 33681 | CLOSURE, VENTRICULAR SEPTAL DEFECT, W/WO PATCH  | X | X | X |
| 33684 | CLOSURE, VENTRICULAR SEPTAL DEFECT, W/WO PATCH; W/  | X | X | X |
| 33688 | CLOSURE, VENTRICULAR SEPTAL DEFECT, W/WO PATCH; W/  | X | X | X |
| 33690 | BANDING, PULMONARY ARTERY   | X | X | X |
| 33692 | COMPLETE REPAIR TETRALOGY, FALLOT W/O PULMONARY AT  | X | X | X |
| 33694 | COMPLETE REPAIR TETRALOGY, FALLOT W/O PULMONARY AT  | X | X | X |
| 33697 | REPAIR TETRALOGY, FALLOT W/PULM ATRESIA W/CONSTRUC  | X | X | X |
| 33702 | REPAIR SINUS, VALSALVA FISTULA, W/CARDIOPULMONARY   | X | X | X |
| 33710 | REPAIR SINUS, VALSALVA FISTULA, W/CARDIOPULMONARY   | X | X | X |
| 33720 | REPAIR SINUS, VALSALVA ANEURYSM, W/CARDIOPULMONARY  | X | X | X |
| 33722 | CLOSURE, AORTICO-LEFT VENTRICULAR TUNNEL  | X |   |   |
| 33724 | Repair venous anomaly   | X | X | X |
| 33726 | Repair pul venous stenosis  | X | X | X |
| 33730 | COMPLETE REPAIR, ANOMALOUS VENOUS RETURN (SUPRACAR  | X | X | X |
| 33732 | REPAIR, COR TRIATRIATUM/SUPRAVALVULAR MITRAL RING,  | X | X | X |
| 33735 | ATRIAL SEPTECTOMY/SEPTOSTOMY; CLOSED HEART  | X | X | X |
| 33736 | ATRIAL SEPTECTOMY/SEPTOSTOMY; OPEN HEART, W/CARDIO  | X | X | X |
| 33737 | ATRIAL SEPTECTOMY/SEPTOSTOMY; OPEN HEART, W/INFLOW  | X | X | X |
| 33741 | Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)  | X | X | X |
| 33745 | Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt  | X | X | X |
| 33746 | Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure) | X | X | X |
| 33750 | SHUNT; SUBCLAVIAN TO PULMONARY ARTERY   | X | X | X |
| 33755 | SHUNT; ASCENDING AORTA TO PULMONARY ARTERY  | X | X | X |
| 33762 | SHUNT; DESCENDING AORTA TO PULMONARY ARTERY   | X | X | X |
| 33764 | SHUNT; CENTRAL, W/PROSTHETIC GRAFT  | X | X | X |
| 33766 | SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY, FLO  | X | X | X |
| 33767 | SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY, FLO  | X | X | X |
| 33768 | ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA C  | X | X | X |
| 33770 | REPAIR, TRANSPOSITION GREAT ARTERIES; W/O SURGICAL  | X | X | X |
| 33771 | REPAIR, TRANSPOSITION GREAT ARTERIES; W/SURGICAL E  | X | X | X |
| 33774 | REPAIR, TRANSPOSITION GREAT ARTERIES, ATRIAL BAFFL  | X | X | X |
| 33775 | REPAIR, TRANSPOSITION GREAT ARTERIES, ATRIAL BAFFL  | X | X | X |
| 33776 | REPAIR, TRANSPOSITION GREAT ARTERIES, ATRIAL BAFFL  | X | X | X |
| 33777 | REPAIR, TRANSPOSITION GREAT ARTERIES, ATRIAL BAFFL  | X | X | X |
| 33778 | REPAIR, TRANSPOSITION GREAT ARTERIES, AORTOPULMONA  | X | X | X |
| 33779 | REPAIR, TRANSPOSITION GREAT ARTERIES, AORTOPULMONA  | X | X | X |
| 33780 | REPAIR, TRANSPOSITION GREAT ARTERIES, AORTOPULMONA  | X | X | X |
| 33781 | REPAIR, TRANSPOSITION GREAT ARTERIES, AORTOPULMONA  | X | X | X |
| 33782 | A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ   | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 33783 | A-ROOT TLCJ VSD PULM STNS RPR W/ RIMPLTJ C OSTIA   | X | X | X |
| 33786 | TOTAL REPAIR, TRUNCUS ARTERIOSUS   | X | X | X |
| 33788 | REIMPLANTATION, ANOMALOUS PULMONARY ARTERY   | X | X | X |
| 33800 | AORTIC SUSPENSION, TRACHEAL DECOMPRESSION (SEP PRO   | X | X | X |
| 33802 | DIVISION, ABERRANT VESSEL (VASCULAR RING);   | X | X | X |
| 33803 | DIVISION, ABERRANT VESSEL (VASCULAR RING); W/REANA   | X | X | X |
| 33813 | OBLITERATION, AORTOPULMONARY SEPTAL DEFECT; W/O CA   | X | X | X |
| 33814 | OBLITERATION, AORTOPULMONARY SEPTAL DEFECT; W/CARD   | X | X | X |
| 33820 | REPAIR, PATENT DUCTUS ARTERIOSUS; LIGATION   | X | X | X |
| 33822 | REPAIR, PATENT DUCTUS ARTERIOSUS; DIVISION, UNDER  | X | X | X |
| 33824 | REPAIR, PATENT DUCTUS ARTERIOSUS; DIVISION, OVER A   | X | X | X |
| 33840 | EXCISION, COARCTATION, AORTA W/WO PATENT DUCTUS AR   | X | X | X |
| 33845 | EXCISION, COARCTATION, AORTA W/WO PATENT DUCTUS AR   | X | X | X |
| 33851 | EXCISION, COARCTATION, AORTA; REPAIR W/LEFT SUBCLA   | X | X | X |
| 33852 | REPAIR, HYPOPLASTIC AORTIC ARCH W/AUTOGENOUS/PROST   | X | X | X |
| 33853 | REPAIR, HYPOPLASTIC AORTIC ARCH W/AUTOGENOUS/PROST   | X | X | X |
| 33858 | Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection   | X | X | X |
| 33859 | Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm)   | X | X | X |
| 33863 | AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT  | X | X | X |
| 33864 | ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL   | X | X | X |
| 33866 | Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure) | X | X | X |
| 33871 | Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel reimplantation)   | X | X | X |
| 33875 | DESCENDING THORACIC AORTA GRAFT, W/WO BYPASS   | X | X | X |
| 33877 | REPAIR, THORACOABDOMINAL AORTIC ANEURYSM W/GRAFT,  | X | X | X |
| 33880 | ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA;  | X | X | X |
| 33881 | ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA;  | X | X | X |
| 33883 | PLACEMENT OF PROXIMAL EXT PROSTHESIS FOR ENDOVASCU   | X | X | X |
| 33884 | PLACEMENT OF PROXIMAL EXT PROSTHESIS FOR ENDOVASCU   | X | X | X |
| 33886 | PLACEMENT OF DISTAL EXT PROSTHESIS   | X | X | X |
| 33889 | OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION; U   | X | X | X |
| 33891 | BYPASS GRAFT, TRANSCERVICAL CAROTID-CAROTID; BY NE   | X | X | X |
| 33894 | Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches  |   | X | X |
| 33895 | Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; not crossing major side branches  |   | X | X |
| 33897 | Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta  |   | X | X |
| 33900 | Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral   |   |   | X |
| 33901 | Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral  |   |   | X |
| 33902 | Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral  |   |   | X |
| 33903 | Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral   |   |   | X |
| 33904 | Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (List separately in addition to code for primary procedure)  |   |   | X |
| 33910 | PULMONARY ARTERY EMBOLECTOMY; W/CARDIOPULMONARY BY   | X | X | X |
| 33915 | PULMONARY ARTERY EMBOLECTOMY; W/O CARDIOPULMONARY  | X | X | X |
| 33916 | PULMONARY ENDARTERECTOMY, W/WO EMBOLECTOMY, W/CARD   | X | X | X |
| 33917 | REPAIR, PULMONARY ARTERY STENOSIS, RECONSTRUCTION  | X | X | X |
| 33920 | REPAIR, PULMONARY ATRESIA, W/CONSTRUCT/REPLACE CON   | X | X | X |
| 33922 | TRANSECTION, PULMONARY ARTERY W/CARDIOPULMONARY BY   | X | X | X |
| 33924 | LIGATION/TAKEDOWN, SYSTEMIC-TO-PULMONARY ARTERY SH   | X | X | X |
| 33925 | REPAIR OF PULMONARY ARTERY ARBORIZATION; WITHOUT C   | X | X | X |
| 33926 | REPAIR OF PULMONARY ARTERY ARBORIZATION; WITH CARD   | X | X | X |
| 33930 | DONOR CARDIECTOMY-PNEUMONECTOMY, W/PREPARATION AND   | X | X | X |
| 33933 | PREP OF CADAVER DONOR HEART/LUNG ALLOGRAFT   | X | X | X |
| 33935 | HEART-LUNG TRANSPLANT W/RECIPIENT CARDIECTOMY-PNEU   | X | X | X |
| 33940 | DONOR CARDIECTOMY, W/PREPARATION AND MAINTENANCE,  | X | X | X |
| 33944 | PREPARE DONOR HEART  | X | X | X |
| 33945 | HEART TRANSPLANT, W/WO RECIPIENT CARDIECTOMY   | X | X | X |
| 33946 | ECMO/ECLS INITIATION VENOUS  | X | X | X |
| 33947 | ECMO/ECLS INITIATION VENO-ARTERIAL   | X | X | X |
| 33948 | ECMO/ECLS DAILY MANAGEMENT EACH DAY VENO-VENOUS  | X | X | X |
| 33949 | ECMO/ECLS DAILY MANAGEMENT EA DAY VENO-ARTERIAL  | X | X | X |
| 33951 | ECMO/ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS PERQ  | X | X | X |
| 33952 | ECMO/ECLS INSJ PRPH CANNULA  | X | X | X |
| 33953 | ECMO/ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS OPEN  | X | X | X |
| 33954 | ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER OPEN  | X | X | X |
| 33955 | ECMO/ECLS INSJ OF CENTRAL CANNULA BIRTH-5 YRS  | X | X | X |



|       |   |   |   |   |
|-------|---|---|---|---|
| 33956 | ECMO/ECLS INSJ OF CENTRAL CANNULA 6 YRS & OLDER   | X | X | X |
| 33957 | ECMO/ECLS REPOS PERIPH CANNULA PERQ BIRTH-5 YRS   | X | X | X |
| 33958 | ECMO/ECLS REPOS PERPH CANNULA PRQ 6 YRS & OLDER   | X | X | X |
| 33959 | ECMO/ECLS REPOS PERPH CANNULA OPEN BIRTH-5 YRS  | X | X | X |
| 33962 | ECMO/ECLS REPOS PERPH CANNULA OPEN 6 YRS & OLDER  | X | X | X |
| 33963 | ECMO/ECLS REPOS CENTRAL PERPH CANNULA BIRTH-5YRS  | X | X | X |
| 33964 | ECMO/ECLS ECLS REPOS CENTRAL CNULA 6YRS & OLDER   | X | X | X |
| 33965 | ECMO/ECLS RMVL OF PERPH CANNULA PERQ BIRTH-5 YRS  | X | X | X |
| 33966 | ECMO/ECLS RMVL OF PRPH CANNULA PRQ 6 YRS & OLDER  | X | X | X |
| 33967 | INSERTION, INTRA-AORTIC BALLOON ASSIST DEVICE, PER  | X | X | X |
| 33968 | REMOVAL, INTRA-AORTIC BALLOON ASSIST DEVICE, PERCU  | X | X | X |
| 33969 | ECMO/ECLS RMVL OF PERPH CANNULA OPEN BIRTH-5 YRS  | X | X | X |
| 33970 | INSERTION, INTRA-AORTIC BALLOON ASSIST DEVICE THRO  | X | X | X |
| 33971 | REMOVAL, INTRA-AORTIC BALLOON ASSIST DEVICE W/REPA  | X | X | X |
| 33973 | INSERTION, INTRA-AORTIC BALLOON ASSIST DEVICE THRO  | X | X | X |
| 33974 | REMOVAL, INTRA-AORTIC BALLOON ASSIST DEVICE, ASCEN  | X | X | X |
| 33975 | INSERTION, VENTRICULAR ASSIST DEVICE; EXTRACORPORE  | X | X | X |
| 33976 | INSERTION, VENTRICULAR ASSIST DEVICE; EXTRACORPORE  | X | X | X |
| 33977 | REMOVAL, VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL  | X | X | X |
| 33978 | REMOVAL, VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL  | X | X | X |
| 33979 | INSERTION, VENTRICULAR ASSIST DEVICE, IMPLANTABLE   | X | X | X |
| 33980 | REMOVAL, VENTRICULAR ASSIST DEVICE, IMPLANTABLE IN  | X | X | X |
| 33981 | RPLCMT XTRCORP VAD 1/BIVENTR PUMP 1/EA PUMP   | X | X | X |
| 33982 | RPLCMT VAD PMP IMPLTBL ICORP 1 VNTR W/O CARD BYP  | X | X | X |
| 33983 | RPLCMT VAD PMP IMPLTBL ICORP 1 VNTR W/CARD BYP  | X | X | X |
| 33984 | ECMO/ECLS RMVL PRPH CANNULA OPEN 6 YRS & OLDER  | X | X | X |
| 33985 | ECMO/ECLS REMOVAL OF CENTRAL CANNULA BIRTH-5 YRS  | X | X | X |
| 33986 | ECMO/ECLS RMVL OF CENTRAL CANNULA 6 YRS & OLDER   | X | X | X |
| 33987 | ARTERY EXPOS/GRAFT ARTERY PERFUSION ECMO/ECLS   | X | X | X |
| 33988 | INSERT LEFT HEART VENT BY THORACIC INC ECMO/ECLS  | X | X | X |
| 33989 | RMVL LEFT HEART VENT BY THORACIC INCIS ECMO/ECLS  | X | X | X |
| 33995 | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only  | X | X | X |
| 33997 | Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion  | X | X | X |
| 33999 | UNLISTED PROC, CARDIAC SURGERY  | X | X | X |
| 34001 | EMBOLECTOMY/THROMBECTOMY; CAROTID/SUBCLAVIAN/INNOM  | X | X | X |
| 34051 | EMBOLECTOMY/THROMBECTOMY; INNOMINATE/SUBCLAVIAN AR  | X | X | X |
| 34101 | EMBOLECTOMY/THROMBECTOMY; AXILLARY/BRACHIAL/INNOMI  | X | X | X |
| 34111 | EMBOLECTOMY/THROMBECTOMY; RADIAL/ULNAR ARTERY, ARM  | X | X | X |
| 34151 | EMBOLECTOMY/THROMBECTOMY; RENAL/CELIAC/MESENTERY/A  | X | X | X |
| 34201 | EMBOLECTOMY/THROMBECTOMY; FEMOROPLOPITEAL/AORTOILI  | X | X | X |
| 34203 | EMBOLECTOMY/THROMBECTOMY; POPLITEAL-TIBIO-PERONEAL  | X | X | X |
| 34401 | THROMBECTOMY, DIRECT/W/CATHETER; VENA CAVA, ILIAC   | X | X | X |
| 34421 | THROMBECTOMY, DIRECT/W/CATHETER; VENA CAVA, ILIAC,  | X | X | X |
| 34451 | THROMBECTOMY, DIRECT/W/CATHETER; VENA CAVA/ILIAC/F  | X | X | X |
| 34471 | THROMBECTOMY, DIRECT/W/CATHETER; SUBCLAVIAN VEIN,   | X | X | X |
| 34490 | THROMBECTOMY, DIRECT/W/CATHETER; AXILLARY AND SUBC  | X | X | X |
| 34501 | VALVULOPLASTY, FEMORAL VEIN   | X | X | X |
| 34502 | RECONSTRUCTION, VENA CAVA, ANY METHOD   | X | X | X |
| 34510 | VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR  | X | X | X |
| 34520 | CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM  | X | X | X |
| 34530 | SAPHENOPOPLITEAL VEIN ANASTOMOSIS   | X | X | X |
| 34701 | Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)  | X | X | X |
| 34702 | Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption) | X | X | 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 interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)   | X | X | 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 interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)  | x | x | 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 interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)  | x | x | 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 interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)   | x | x | x |
| 34707 | Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)   | x | x | x |
| 34708 | Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)  | x | x | x |
| 34709 | Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)  | x | x | x |
| 34710 | Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated  | x | x | x |
| 34711 | Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)  | x | x | x |
| 34712 | Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation   | x | x | x |
| 34713 | Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)   | x | x | x |
| 34714 | Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)   | x | x | x |
| 34715 | Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)   | x | x | x |
| 34716 | Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)  | x | x | x |
| 34717 | Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure) | x | x | x |
| 34718 | Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral  | x | x | x |
| 34808 | PLACEMENT, ENDOVASC, ILIAC ARTERY OCCLUSION DEVICE  | x | x | x |
| 34812 | OPEN EXPOSURE, FEM ARTERY, ENDOVASC PROSTH DELIVER  | x | x | x |
| 34813 | PLACEMENT, FEM-FEM PROSTH GRAFT DURING ENDOVASCULA  | x | x | x |
| 34820 | OPEN EXPOSURE, ILIAC ART, ENDOVASC PROSTH/ILIAC OC  | x | x | x |

|       |   |   |   |   |
|-------|---|---|---|---|
| 34830 | OPEN REPAIR, INFRARENAL AORTIC ANEURYSM/DISSECTION, AND   | X | X | X |
| 34831 | OPEN REPAIR, INFRARENAL AORTIC ANEURYSM/DISSECTION AND RE | X | X | X |
| 34832 | OPEN REPAIR, INFRARENAL AORTIC ANEURYSM/DISSECTION AND RE | X | X | X |
| 34833 | OPEN ILIAC ARTERY EXPOSE W/CONDUIT, INFRARENAL AORTIC     | X | X | X |
| 34834 | OPEN BRACHIAL ARTERY EXPOSE, DEPLOY INFRARENAL AORTIC     | X | X | X |
| 34839 | PLANNING PT SPEC FENESTRAL VISCERAL AORTIC GRAFT          | X | X | X |
| 34841 | ENDOVASC VISCERAL AORTA REPAIR FENESTRAL 1 ENDOGRAFT      | X | X | X |
| 34842 | ENDOVASC VISCERAL AORTA REPAIR FENESTRAL 2 ENDOGRAFT      | X | X | X |
| 34843 | ENDOVASC VISCERAL AORTA REPAIR FENESTRAL 3 ENDOGRAFT      | X | X | X |
| 34844 | ENDOVASC VISCERAL AORTA REPAIR FENESTRAL 4+ ENDOGRAFT     | X | X | X |
| 34845 | VISCERAL AND INFRARENAL ABDOM AORTA 1 PROSTHESIS          | X | X | X |
| 34846 | VISCERAL AND INFRARENAL ABDOM AORTA 2 PROSTHESIS          | X | X | X |
| 34847 | VISCERAL AND INFRARENAL ABDOM AORTA 3 PROSTHESIS          | X | X | X |
| 34848 | VISCERAL AND INFRARENAL ABDOM AORTA 4+ PROSTHESIS         | X | X | X |
| 35001 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT IN        | X | X | X |
| 35002 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT; R        | X | X | X |
| 35005 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT IN        | X | X | X |
| 35011 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT IN        | X | X | X |
| 35013 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT INS       | X | X | X |
| 35021 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT IN        | X | X | X |
| 35022 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT IN        | X | X | X |
| 35045 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT IN        | X | X | X |
| 35081 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT IN        | X | X | X |
| 35082 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT IN        | X | X | X |
| 35091 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT IN        | X | X | X |
| 35092 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT IN        | X | X | X |
| 35102 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT IN        | X | X | X |
| 35103 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT IN        | X | X | X |
| 35111 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT IN        | X | X | X |
| 35112 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT IN        | X | X | X |
| 35121 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT IN        | X | X | X |
| 35122 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT IN        | X | X | X |
| 35131 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT IN        | X | X | X |
| 35132 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT IN        | X | X | X |
| 35141 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT IN        | X | X | X |
| 35142 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT IN        | X | X | X |
| 35151 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT IN        | X | X | X |
| 35152 | REPAIR DIRECT/FALSE ANEURYSM/EXCISION AND GRAFT IN        | X | X | X |
| 35180 | REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND        | X | X | X |
| 35182 | REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX A        | X | X | X |
| 35184 | REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMIT        | X | X | X |
| 35188 | REPAIR, ACQUIRED/TRAUMATIC ARTERIOVENOUS FISTULA;         | X | X | X |
| 35189 | REPAIR, ACQUIRED/TRAUMATIC ARTERIOVENOUS FISTULA;         | X | X | X |
| 35190 | REPAIR, ACQUIRED/TRAUMATIC ARTERIOVENOUS FISTULA;         | X | X | X |
| 35201 | REPAIR BLOOD VESSEL, DIRECT; NECK                         | X | X | X |
| 35206 | REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY              | X | X | X |
| 35207 | REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER                 | X | X | X |
| 35211 | REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, W/BYPA        | X | X | X |
| 35216 | REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, W/O BY        | X | X | X |
| 35221 | REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL              | X | X | X |
| 35226 | REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY              | X | X | X |
| 35231 | REPAIR BLOOD VESSEL W/VEIN GRAFT; NECK                    | X | X | X |
| 35236 | REPAIR BLOOD VESSEL W/VEIN GRAFT; UPPER EXTREMITY         | X | X | X |
| 35241 | REPAIR BLOOD VESSEL W/VEIN GRAFT; INTRATHORACIC, W        | X | X | X |
| 35246 | REPAIR BLOOD VESSEL W/VEIN GRAFT; INTRATHORACIC, W        | X | X | X |
| 35251 | REPAIR BLOOD VESSEL W/VEIN GRAFT; INTRA-ABDOMINAL         | X | X | X |
| 35256 | REPAIR BLOOD VESSEL W/VEIN GRAFT; LOWER EXTREMITY         | X | X | X |
| 35261 | REPAIR BLOOD VESSEL W/GRAFT OTHER THAN VEIN; NECK         | X | X | X |
| 35266 | REPAIR BLOOD VESSEL W/GRAFT OTHER THAN VEIN; UPPER        | X | X | X |
| 35271 | REPAIR BLOOD VESSEL W/GRAFT OTHER THAN VEIN; INTRA        | X | X | X |
| 35276 | REPAIR BLOOD VESSEL W/GRAFT OTHER THAN VEIN; INTRA        | X | X | X |
| 35281 | REPAIR BLOOD VESSEL W/GRAFT OTHER THAN VEIN; INTRA        | X | X | X |
| 35286 | REPAIR BLOOD VESSEL W/GRAFT OTHER THAN VEIN; LOWER        | X | X | X |
| 35301 | THROMBOENDARTERECTOMY, W/WO PATCH GRAFT; CAROTID,         | X | X | X |
| 35302 | Rechanneling of artery                                    | X | X | X |
| 35303 | Rechanneling of artery                                    | X | X | X |
| 35304 | Rechanneling of artery                                    | X | X | X |
| 35305 | Rechanneling of artery                                    | X | X | X |
| 35306 | Rechanneling of artery                                    | X | X | X |
| 35311 | THROMBOENDARTERECTOMY, W/WO PATCH GRAFT; SUBCLAVIA        | X | X | X |
| 35321 | THROMBOENDARTERECTOMY, W/WO PATCH GRAFT; AXILLARY-        | X | X | X |
| 35331 | THROMBOENDARTERECTOMY, W/WO PATCH GRAFT; ABDOMINAL        | X | X | X |
| 35341 | THROMBOENDARTERECTOMY, W/WO PATCH GRAFT; MESENTERI        | X | X | X |
| 35351 | THROMBOENDARTERECTOMY, W/WO PATCH GRAFT; ILIAC            | X | X | X |
| 35355 | THROMBOENDARTERECTOMY, W/WO PATCH GRAFT; ILIOFEMOR        | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 35361 | THROMBOENDARTERECTOMY, W/WO PATCH GRAFT; COMBINED  | X | X | X |
| 35363 | THROMBOENDARTERECTOMY, W/WO PATCH GRAFT; COMBINED  | X | X | X |
| 35371 | THROMBOENDARTERECTOMY, W/WO PATCH GRAFT; COMMON FE | X | X | X |
| 35372 | THROMBOENDARTERECTOMY, W/WO PATCH GRAFT; DEEP (PRO | X | X | X |
| 35390 | REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE  | X | X | X |
| 35400 | ANGIOSCOPY, NON-CORONARY, DURING THERAPEUTIC INTER | X | X | X |
| 35500 | HARVEST VEIN, UPPER EXTREMITY, ONE SEGMENT, LOWER  | X | X | X |
| 35501 | BYPASS GRAFT, W/VEIN; CAROTID                      | X | X | X |
| 35506 | BYPASS GRAFT, W/VEIN; CAROTID-SUBCLAVIAN           | X | X | X |
| 35508 | BYPASS GRAFT, W/VEIN; CAROTID-VERTEBRAL            | X | X | X |
| 35509 | BYPASS GRAFT, W/VEIN; CAROTID-CAROTID              | X | X | X |
| 35510 | BYPASS GRAFT, W/VEIN; CAROTID-BRACHIAL             | X | X | X |
| 35511 | BYPASS GRAFT, W/VEIN; SUBCLAVIAN-SUBCLAVIAN        | X | X | X |
| 35512 | BYPASS GRAFT, W/VEIN; SUBCLAVIAN-BRACHIAL          | X | X | X |
| 35515 | BYPASS GRAFT, W/VEIN; SUBCLAVIAN-VERTEBRAL         | X | X | X |
| 35516 | BYPASS GRAFT, W/VEIN; SUBCLAVIAN-AXILLARY          | X | X | X |
| 35518 | BYPASS GRAFT, W/VEIN; AXILLARY-AXILLARY            | X | X | X |
| 35521 | BYPASS GRAFT, W/VEIN; AXILLARY-FEMORAL             | X | X | X |
| 35522 | BYPASS GRAFT, W/VEIN; AXILLARY-BRACHIAL            | X | X | X |
| 35523 | BYPASS GRAFT WITH VEIN BRACHIAL-ULNAR/-RADIAL      | X | X | X |
| 35525 | BYPASS GRAFT, W/VEIN; BRACHIAL-BRACHIAL            | X | X | X |
| 35526 | BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINATE      | X | X | X |
| 35531 | BYPASS GRAFT, W/VEIN; AORTOCELIAC/AORTOMESENTERIC  | X | X | X |
| 35533 | BYPASS GRAFT, W/VEIN; AXILLARY-FEMORAL-FEMORAL     | X | X | X |
| 35535 | BYPASS GRAFT WITH VEIN HEPATORENAL                 | X | X | X |
| 35536 | BYPASS GRAFT, W/VEIN; SPLENORENAL                  | X | X | X |
| 35537 | Artery bypass graft                                | X | X | X |
| 35538 | Artery bypass graft                                | X | X | X |
| 35539 | Artery bypass graft                                | X | X | X |
| 35540 | Artery bypass graft                                | X | X | X |
| 35556 | BYPASS GRAFT, W/VEIN; FEMORAL-POPLITEAL            | X | X | X |
| 35558 | BYPASS GRAFT, W/VEIN; FEMORAL-FEMORAL              | X | X | X |
| 35560 | BYPASS GRAFT, W/VEIN; AORTORENAL                   | X | X | X |
| 35563 | BYPASS GRAFT, W/VEIN; ILIOILIAC                    | X | X | X |
| 35565 | BYPASS GRAFT, W/VEIN; ILIOFEMORAL                  | X | X | X |
| 35566 | BYPASS GRAFT, W/VEIN; FEMORAL-ANT TIBIAL/POST TIBI | X | X | X |
| 35570 | BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL   | X | X | X |
| 35571 | BYPASS GRAFT, W/VEIN; POPLITEAL-TIBIAL, -PERONEAL  | X | X | X |
| 35572 | HARVEST, FEMOROPOPLITEAL VEIN, ONE SEGMENT, VASCUL | X | X | X |
| 35583 | IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL             | X | X | X |
| 35585 | IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POST | X | X | X |
| 35587 | IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PERONEAL    | X | X | X |
| 35600 | HARVEST, UPPER EXTREMITY ART, 1 SEGMENT, CORONARY  | X | X | X |
| 35601 | BYPASS GRAFT, W/OTHER THAN VEIN; CAROTID           | X | X | X |
| 35606 | BYPASS GRAFT, W/OTHER THAN VEIN; CAROTID-SUBCLAVIA | X | X | X |
| 35612 | BYPASS GRAFT, W/OTHER THAN VEIN; SUBCLAVIAN-SUBCLA | X | X | X |
| 35616 | BYPASS GRAFT, W/OTHER THAN VEIN; SUBCLAVIAN-AXILLA | X | X | X |
| 35621 | BYPASS GRAFT, W/OTHER THAN VEIN; AXILLARY-FEMORAL  | X | X | X |
| 35623 | BYPASS GRAFT, W/OTHER THAN VEIN; AXILLARY-POPLITEA | X | X | X |
| 35626 | BYPASS NOT VEIN AORTOSUBCLA/CAROTID/INNOMINATE     | X | X | X |
| 35631 | BYPASS GRAFT, W/OTHER THAN VEIN; AORTOCELIAC, AORT | X | X | X |
| 35632 | BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC         | X | X | X |
| 35633 | BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC     | X | X | X |
| 35634 | BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL           | X | X | X |
| 35636 | BYPASS GRAFT, W/OTHER THAN VEIN; SPLENORENAL (SPLE | X | X | X |
| 35637 | Artery bypass graft                                | X | X | X |
| 35638 | Artery bypass graft                                | X | X | X |
| 35642 | BYPASS GRAFT, W/OTHER THAN VEIN; CAROTID-VERTEBRAL | X | X | X |
| 35645 | BYPASS GRAFT, W/OTHER THAN VEIN; SUBCLAVIAN-VERTEB | X | X | X |
| 35646 | BYPASS GRAFT, W/OTHER THAN VEIN; AORTOBIFEMORAL    | X | X | X |
| 35647 | BYPASS GRAFT, W/OTHER THAN VEIN; AORTOFEMORAL      | X | X | X |
| 35650 | BYPASS GRAFT, W/OTHER THAN VEIN; AXILLARY-AXILLARY | X | X | X |
| 35654 | BYPASS GRAFT, W/OTHER THAN VEIN; AXILLARY-FEMORAL- | X | X | X |
| 35656 | BYPASS GRAFT, W/OTHER THAN VEIN; FEMORAL-POPLITEAL | X | X | X |
| 35661 | BYPASS GRAFT, W/OTHER THAN VEIN; FEMORAL-FEMORAL   | X | X | X |
| 35663 | BYPASS GRAFT, W/OTHER THAN VEIN; ILIOILIAC         | X | X | X |
| 35665 | BYPASS GRAFT, W/OTHER THAN VEIN; ILIOFEMORAL       | X | X | X |
| 35666 | BYPASS GRAFT, W/OTHER THAN VEIN; FEMORAL-ANT TIBIA | X | X | X |
| 35671 | BYPASS GRAFT, W/OTHER THAN VEIN; POPLITEAL-TIBIAL/ | X | X | X |
| 35681 | BYPASS GRAFT; COMPOSITE/PROSTHETIC/VEIN            | X | X | X |
| 35682 | BYPASS GRAFT; AUTOGENOUS COMPOSITE, 2 SEGMENTS, 2  | X | X | X |
| 35683 | BYPASS GRAFT; AUTOGENOUS COMPOSITE, 3 OR MORE SEGM | X | X | X |
| 35685 | PLACEMENT, VEIN PATCH/CUFF, DISTAL ANASTOMOSIS BYP | X | X | X |
| 35686 | CREATION, DISTAL ARTERIOVENOUS FISTULA, LOWER EXTR | X | X | X |
| 35691 | TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO  | X | X | X |

|       |   |   |   |   |
|-------|---|---|---|---|
| 35693 | TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO   | x | x | x |
| 35694 | TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO  | x | x | x |
| 35695 | TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SU  | x | x | x |
| 35697 | REIMPLANTATION, VISCERAL ARTERY-INFRARENAL AORTIC   | x | x | x |
| 35700 | REOPERATION, FEMORAL-POPLITEAL/FEMORAL/OTHER DISTA  | x | x | x |
| 35701 | EXPLORATION, NOT FOLLOWED, SURGICAL REPAIR, W/WO A  | x | x | x |
| 35702 | Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)  | x | x | x |
| 35703 | Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)   | x | x | x |
| 35800 | EXPLORATION, POSTOPERATIVE HEMORRHAGE, THROMBOSIS/  | x | x | x |
| 35820 | EXPLORATION, POSTOPERATIVE HEMORRHAGE, THROMBOSIS/  | x | x | x |
| 35840 | EXPLORATION, POSTOPERATIVE HEMORRHAGE, THROMBOSIS/  | x | x | x |
| 35860 | EXPLORATION, POSTOPERATIVE HEMORRHAGE, THROMBOSIS/  | x | x | x |
| 35870 | REPAIR, GRAFT-ENTERIC FISTULA   | x | x | x |
| 35875 | THROMBECTOMY, ARTERIAL/VENOUS GRAFT (OTHER THAN HE  | x | x | x |
| 35876 | THROMBECTOMY, ARTERIAL/VENOUS GRAFT (OTHER THAN HE  | x | x | x |
| 35879 | REVISION, LOWER EXTREMITY ARTERY BYPASS W/O THROMB  | x | x | x |
| 35881 | REVISION, LOWER EXTREMITY ARTERY BYPASS W/O THROMB  | x | x | x |
| 35883 | Revise graft w/nonauto graft  | x | x | x |
| 35884 | Revise graft w/vein   | x | x | x |
| 35901 | EXCISION, INFECTED GRAFT; NECK  | x | x | x |
| 35903 | EXCISION, INFECTED GRAFT; EXTREMITY   | x | x | x |
| 35905 | EXCISION, INFECTED GRAFT; THORAX  | x | x | x |
| 35907 | EXCISION, INFECTED GRAFT; ABDOMEN   | x | x | x |
| 36000 | INTRODUCTION, NEEDLE/INTRACATHETER, VEIN  | x | x | x |
| 36002 | INJECTION, (THROMBIN) PERCUTANEOUS TREATMENT EXTRE  | x | x | x |
| 36005 | INJECTION PROC, EXTREMITY, VENOGRAPHY, W/INTRO NEE  | x | x | x |
| 36010 | INTRODUCTION, CATHETER, SUPERIOR/INFERIOR VENA CAV  | x | x | x |
| 36011 | SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; 1ST O  | x | x | x |
| 36012 | SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; OR M   | x | x | x |
| 36013 | INTRODUCTION, CATHETER, RIGHT HEART/MAIN PULMONARY  | x | x | x |
| 36014 | SELECTIVE CATHETER PLACEMENT, LEFT/RIGHT PULMONARY  | x | x | x |
| 36015 | SELECTIVE CATHETER PLACEMENT, SEGMENTAL/SUBSEGMENT  | x | x | x |
| 36100 | INTRODUCTION, NEEDLE/INTRACATHETER; CAROTID/VERTEB  | x | x | x |
| 36140 | INTRODUCTION, NEEDLE/INTRACATHETER; EXTREMITY ARTE  | x | x | x |
| 36160 | INTRODUCTION, NEEDLE/INTRACATHETER; AORTIC, TRANSL  | x | x | x |
| 36200 | INTRODUCTION OF CATHETER, AORTA   | x | x | x |
| 36215 | SELECTIVE CATHETERIZATION, ARTERIAL; 1ST ORDER THO  | x | x | x |
| 36216 | SELECTIVE CATHETERIZATION, ARTERIAL; 2ND ORDER THO  | x | x | x |
| 36217 | SELECTIVE CATHETERIZATION, ARTERIAL; 3RD OR MORE O  | x | x | x |
| 36218 | SELECTIVE CATHETERIZATION, ARTERIAL; ADDL 2ND OR M  | x | x | x |
| 36221 | PLACE CATH THORACIC AORTA   | x | x | x |
| 36222 | PLACE CATH CAROTID/INOM ART   | x | x | x |
| 36223 | PLACE CATH CAROTID/INOM ART   | x | x | x |
| 36224 | SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART  | x | x | x |
| 36225 | PLACE CATH SUBCLAVIAN ART   | x | x | x |
| 36226 | SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY   | x | x | x |
| 36227 | PLACE CATH XTRNL CAROTID  | x | x | x |
| 36228 | PLACE CATH INTRACRANIAL ART   | x | x | x |
| 36245 | SELECTIVE CATHETERIZATION, ARTERIAL; 1ST ORDER ABD  | x | x | x |
| 36246 | SELECTIVE CATHETERIZATION, ARTERIAL; 2ND ORDER ABD  | x | x | x |
| 36247 | SELECTIVE CATHETERIZATION, ARTERIAL; 3RD OR MORE A  | x | x | x |
| 36248 | SELECTIVE CATHETERIZATION, ARTERIAL; ADDL 2ND OR M  | x | x | x |
| 36251 | INS CATH REN ART 1ST UNILAT   | x | x | x |
| 36252 | INS CATH REN ART 1ST BILAT  | x | x | x |
| 36253 | INS CATH REN ART 2ND+ UNILAT  | x | x | x |
| 36254 | INS CATH REN ART 2ND+ BILAT   | x | x | x |
| 36260 | INSERTION, IMPLANTABLE INTRA-ARTERIAL INFUSION PUM  | x | x | x |
| 36261 | REVISION, IMPLANTED INTRA-ARTERIAL INFUSION PUMP  | x | x | x |
| 36262 | REMOVAL, IMPLANTED INTRA-ARTERIAL INFUSION PUMP   | x | x | x |
| 36299 | UNLISTED PROC, VASCULAR INJECTION   | x | x | x |
| 36420 | VENIPUNCTURE, CUTDOWN; UNDER AGE 1  | x | x | x |
| 36425 | VENIPUNCTURE, CUTDOWN; OVER AGE 1   | x | x | x |
| 36465 | Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)    | x | x | x |
| 36466 | Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg | x | x | x |
| 36470 | INJECTION, SCLEROSING SOLUTION; SINGLE VEIN   | x | x | x |
| 36471 | INJECTION, SCLEROSING SOLUTION; MULTIPLE VEINS, SA  | x | x | x |
| 36473 | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANOCHEMICAL; FIRST VEIN TREATED   | x | x | x |

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|-------|--|---|---|---|
| 36474 | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANOCHEMICAL; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | X | X | X |
| 36475 | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, E   | X | X | X |
| 36476 | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | X | X | X |
| 36478 | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, E   | X | X | X |
| 36479 | ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | X | X | X |
| 36481 | PERCUTANEOUS PORTAL VEIN CATHETERIZATION, ANY METH   | X | X | X |
| 36482 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated   | X | X | X |
| 36483 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | X | X | X |
| 36500 | VENOUS CATHETERIZATION, SELECTIVE ORGAN BLOOD SAMP   | X | X | X |
| 36510 | CATHETERIZATION, UMBILICAL VEIN, DX/THERAPY, NEWBO   | X | X | X |
| 36511 | THERAPEUTIC APHERESIS; WHITE BLOOD CELLS   | X | X | X |
| 36512 | THERAPEUTIC APHERESIS; RED BLOOD CELLS   | X | X | X |
| 36513 | THERAPEUTIC APHERESIS; PLATELETS   | X | X | X |
| 36514 | THERAPEUTIC APHERESIS; PLASMA PHERESIS   | X | X | X |
| 36516 | THERAPEUTIC APHERESIS; W/EXTRACORPRL SELECTVE ADSO   | X | X | X |
| 36522 | PHOTOPHERESIS, EXTRACORPOREAL  | X | X | X |
| 36595 | MECHANICAL REMOVAL, PERICATHETER OBSTRUCTIVE MATER   | X | X | X |
| 36596 | MECHANICAL REMOVAL, INTRALUMINAL OBSTRUCTIVE MATER   | X | X | X |
| 36597 | REPOSITIONING, PREVIOUSLY PLACED CV CATHETER, W/FL   | X | X | X |
| 36625 | ARTERIAL CATHETERIZATION/CANNULATION, MONITORING/T   | X | X | X |
| 36640 | ARTERIAL CATHETERIZATION, PROLONGED INFUSION THERA   | X | X | X |
| 36660 | CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, DX/THE   | X | X | X |
| 36680 | PLACEMENT, NEEDLE, INTRAOSSEOUS INFUSION   | X | X | X |
| 36800 | INSERTION, CANNULA, HEMODIALYSIS (SEP PROC); VEIN  | X | X | X |
| 36810 | INSERTION, CANNULA, HEMODIALYSIS (SEP PROC); AV, E   | X | X | X |
| 36815 | INSERTION, CANNULA, HEMODIALYSIS (SEP PROC); AV, E   | X | X | X |
| 36818 | ARTERIOVENOUS ANASTOMOSIS, OPEN;BY UPPER ARM CEPHA   | X | X | X |
| 36819 | ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASI   | X | X | X |
| 36820 | ARTERIOVENOUS ANASTOMOSIS, OPEN; FOREARM VEIN TRAN   | X | X | X |
| 36821 | ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE  | X | X | X |
| 36823 | INSERT, CANNULA, ISOLATED EXTRACORPOREAL CIRCULATI   | X | X | X |
| 36825 | CREATION, AV FISTULA, NON-DIRECT (SEP PROC); AUTOG   | X | X | X |
| 36830 | CREATION, AV FISTULA, NON-DIRECT (SEP PROC); NON-A   | X | X | X |
| 36831 | THROMBECTOMY, OPEN, AV FISTULA, W/O REVISION, AUTO   | X | X | X |
| 36832 | REVISION, OPEN, AV FISTULA; W/O THROMBECTOMY, AUTO   | X | X | X |
| 36833 | REVISION, OPEN, AV FISTULA; W/THROMBECTOMY, AUTOGE   | X | X | X |
| 36835 | INSERTION, THOMAS SHUNT (SEP PROC)   | X | X | X |
| 36836 | Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation                                 |   |   | X |
| 36837 | Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation                              |   |   | X |
| 36838 | DISTAL REVASCULARIZATION AND INTERVAL LIGATION, UP   | X | X | X |
| 36860 | EXTERNAL CANNULA DECLOTTING (SEP PROC); W/O BALLOO   | X | X | X |
| 36861 | EXTERNAL CANNULA DECLOTTING (SEP PROC); W/BALLOON  | X | X | X |
| 36901 | INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT, INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S), INJECTION(S) OF CONTRAST, ALL NECESSARY IMAGING FROM THE ARTERIAL ANASTOMOSIS AND ADJACENT ARTERY THROUGH ENTIRE VENOUS OUT   | X | X | X |
| 36902 | INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT, INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S), INJECTION(S) OF CONTRAST, ALL NECESSARY IMAGING FROM THE ARTERIAL ANASTOMOSIS AND ADJACENT ARTERY THROUGH ENTIRE VENOUS OUT   | X | X | X |
| 36903 | INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS CIRCUIT, INCLUDING ALL DIRECT PUNCTURE(S) AND CATHETER PLACEMENT(S), INJECTION(S) OF CONTRAST, ALL NECESSARY IMAGING FROM THE ARTERIAL ANASTOMOSIS AND ADJACENT ARTERY THROUGH ENTIRE VENOUS OUT   | X | X | X |



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|-------|--|---|---|---|
| 36904 | PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR INFUSION FOR THROMBOLYSIS, DIALYSIS CIRCUIT, ANY METHOD, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, DIAGNOSTIC ANGIOGRAPHY, FLUOROSCOPIC GUIDANCE, CATHETER PLACEMENT(S), AND INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLY     | x | x | x |
| 36905 | PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR INFUSION FOR THROMBOLYSIS, DIALYSIS CIRCUIT, ANY METHOD, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, DIAGNOSTIC ANGIOGRAPHY, FLUOROSCOPIC GUIDANCE, CATHETER PLACEMENT(S), AND INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLY     | x | x | x |
| 36906 | PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR INFUSION FOR THROMBOLYSIS, DIALYSIS CIRCUIT, ANY METHOD, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, DIAGNOSTIC ANGIOGRAPHY, FLUOROSCOPIC GUIDANCE, CATHETER PLACEMENT(S), AND INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLY     | x | x | x |
| 36907 | TRANSLUMINAL BALLOON ANGIOPLASTY, CENTRAL DIALYSIS SEGMENT, PERFORMED THROUGH DIALYSIS CIRCUIT, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION REQUIRED TO PERFORM THE ANGIOPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | x | x | x |
| 36908 | TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CENTRAL DIALYSIS SEGMENT, PERFORMED THROUGH DIALYSIS CIRCUIT, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION REQUIRED TO PERFORM THE STENTING, AND ALL ANGIOPLASTY IN THE CENTRAL DIALYSIS SEGMENT (LIST SEPARATELY IN ADDITION TO COD | x | x | x |
| 36909 | DIALYSIS CIRCUIT PERMANENT VASCULAR EMBOLIZATION OR OCCLUSION (INCLUDING MAIN CIRCUIT OR ANY ACCESSORY VEINS), ENDOVASCULAR, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO COMPLETE THE INTERVENTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)            | x | x | x |
| 37140 | VENOUS ANASTOMOSIS, OPEN; PORTOCAVAL   | x | x | x |
| 37145 | VENOUS ANASTOMOSIS, OPEN; RENOPORTAL   | x | x | x |
| 37160 | VENOUS ANASTOMOSIS, OPEN; CAVALMESENTERIC  | x | x | x |
| 37180 | VENOUS ANASTOMOSIS, OPEN; SPLENORENAL, PROXIMAL  | x | x | x |
| 37181 | VENOUS ANASTOMOSIS, OPEN; SPLENORENAL, DISTAL  | x | x | x |
| 37182 | INSERTION, TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC  | x | x | x |
| 37183 | REVISION, TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC S   | x | x | x |
| 37184 | PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST  | x | x | x |
| 37185 | PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ   | x | x | x |
| 37186 | SEC PRQ TRLUML THRMBC N-CORONARY N-INTRACRANIAL  | x | x | x |
| 37187 | PERCUTANEOUS TRANSLUMINAL MECH THROMBECTMY; VEINS,   | x | x | x |
| 37188 | PERCUTANEOUS TRANSLUMINAL MECH THROMBECTOMY; VEINS   | x | x | x |
| 37195 | THROMBOLYSIS, CEREBRAL, IV INFUSION  | x | x | x |
| 37200 | TRANSCATHETER BX   | x | x | x |
| 37215 | TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENTS WI   | x | x | x |
| 37216 | TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENTS WI   | x | x | x |
| 37217 | TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE   | x | x | x |
| 37218 | TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE   | x | x | x |
| 37220 | REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL  | x | x | x |
| 37221 | REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOP UNI   | x | x | x |
| 37222 | REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL   | x | x | x |
| 37223 | REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSI VSL   | x | x | x |
| 37224 | REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI  | x | x | x |
| 37225 | REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL  | x | x | x |
| 37226 | REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL   | x | x | x |
| 37227 | REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL   | x | x | x |
| 37228 | REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI   | x | x | x |
| 37229 | REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL   | x | x | x |
| 37230 | REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL  | x | x | x |
| 37231 | REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL   | x | x | x |
| 37232 | REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL  | x | x | x |
| 37233 | REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL   | x | x | x |
| 37234 | REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL  | x | x | x |
| 37235 | REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL   | x | x | x |
| 37236 | OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL  | x | x | x |
| 37237 | OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL  | x | x | x |
| 37238 | OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST   | x | x | x |
| 37239 | OPEN/PERQ PLACEMT INTRAVASC STENT SAME EA ADDL   | x | x | x |
| 37241 | VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I   | x | x | x |
| 37242 | VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I   | x | x | x |
| 37243 | VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT  | x | x | x |
| 37244 | VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE  | x | x | x |
| 37246 | TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSIVE DISEASE, INTRACRANIAL, CORONARY, PULMONARY, OR DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY     | x | x | x |
| 37247 | TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSIVE DISEASE, INTRACRANIAL, CORONARY, PULMONARY, OR DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY     | x | x | x |



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| 37248 | TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME VEIN; INITIAL VEIN   | x | x | x |
| 37249 | TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME VEIN; EACH ADDITIONAL VEIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | x | x | x |
| 37252 | Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)   | x | x | x |
| 37253 | Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)                                   | x | x | x |
| 37500 | VASCULAR ENDOSCOPY, SURGICAL, W/LIGATION, PERFORAT  | x | x | x |
| 37501 | UNLISTED VASCULAR ENDOSCOPY PROC  | x | x | x |
| 37565 | LIGATION, INT JUGULAR VEIN  | x | x | x |
| 37600 | LIGATION; EXT CAROTID ARTERY  | x | x | x |
| 37605 | LIGATION; INT/COMMON CAROTID ARTERY   | x | x | x |
| 37606 | LIGATION; INT/COMMON CAROTID ARTERY, W/GRADUAL OCC  | x | x | x |
| 37607 | LIGATION/BANDING, ANGIOACCESS ARTERIOVENOUS FISTUL  | x | x | x |
| 37615 | LIGATION, MAJOR ARTERY; NECK  | x | x | x |
| 37616 | LIGATION, MAJOR ARTERY; CHEST   | x | x | x |
| 37617 | LIGATION, MAJOR ARTERY; ABDOMEN   | x | x | x |
| 37618 | LIGATION, MAJOR ARTERY; EXTREMITY   | x | x | x |
| 37650 | LIGATION, FEMORAL VEIN  | x | x | x |
| 37660 | LIGATION, COMMON ILIAC VEIN   | x | x | x |
| 37700 | LIGATION AND DIVISION, LONG SAPHENOUS VEIN, SAPHEN  | x | x | x |
| 37718 | LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS  | x | x | x |
| 37722 | LIGATION, DIVISION, AND STRIPPING, LONG SAPHENOUS   | x | x | x |
| 37735 | LIGATN/DIVISN/STRPG, LNG/SHRT SAPHENOUS VEINS W/RA  | x | x | x |
| 37760 | LIGATION, PERFORATORS, SUBFASCIAL, RADICAL, W/WO S  | x | x | x |
| 37761 | LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG  | x | x | x |
| 37765 | STAB PHLEBECTOMY, VARICOSE VEINS, 1 EXTREMITY; LES  | x | x | x |
| 37766 | STAB PHLEBECTOMY, VARICOSE VEINS, 1 EXTREMITY; OVE  | x | x | x |
| 37780 | LIGATION/ DIVISION, SHORT SAPHENOUS VEIN, SAPHENOP  | x | x | x |
| 37785 | LIGATION/DIVISION/EXCISION, VARICOSE VEIN CLUSTER(  | x | x | x |
| 37788 | REVASCLARIZATION PENIS  | x | x | x |
| 37799 | UNLISTED PROC, VASCULAR SURGERY   | x | x | x |
| 38100 | SPLENECTOMY; TOTAL (SEP PROC)   | x | x | x |
| 38101 | SPLENECTOMY; PARTIAL (SEP PROC)   | x | x | x |
| 38102 | SPLENECTOMY; TOTAL, EN BLOC, EXTENSIVE DISEASE, W/  | x | x | x |
| 38115 | REPAIR, RUPTURED SPLEEN (SPLENORRHAPHY) W/WO PARTI  | x | x | x |
| 38120 | LAPAROSCOPY, SURGICAL, SPLENECTOMY  | x | x | x |
| 38129 | UNLISTED LAPAROSCOPY PROC, SPLEEN   | x | x | x |
| 38200 | INJECTION PROC, SPLENOPTOGRAPHY   | x | x | x |
| 38204 | MANAGEMENT, RECIPIENT HEMATOPOIETIC PROGENITOR CEL  | x | x | x |
| 38205 | BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVES  | x | x | x |
| 38206 | BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVES  | x | x | x |
| 38207 | TRANSPLANT PREPARATION, HEMATOPOIETIC PROGENITOR C  | x | x | x |
| 38208 | TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR  | x | x | x |
| 38209 | TRNSP PREP HMATOP PROG THAW PREV HRV WSH PER DNR  | x | x | x |
| 38210 | TRANSPLANT PREP, HEMATOPOIETIC PROGENITOR CELLS; S  | x | x | x |
| 38211 | TRANSPLANT PREPARATION, HEMATOPOIETIC PROGENITOR C  | x | x | x |
| 38212 | TRANSPLANT PREPARATION, HEMATOPOIETIC PROGENITOR C  | x | x | x |
| 38213 | TRANSPLANT PREPARATION, HEMATOPOIETIC PROGENITOR C  | x | x | x |
| 38214 | TRANSPLANT PREPARATION, HEMATOPOIETIC PROGENITOR C  | x | x | x |
| 38215 | TRANSPLANT PREP, HEMATOIEPOTIC PROGENITOR CELLS; C  | x | x | x |
| 38230 | BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC  | x | x | x |
| 38232 | BONE MARROW HARVEST AUTOLOG   | x | x | x |
| 38240 | TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR  | x | x | x |
| 38241 | TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR  | x | x | x |
| 38242 | ALLOGENEIC LYMPHOCYTE INFUSIONS   | x | x | x |
| 38243 | TRNSPLJ HEMATOPOIETIC BOOST   | x | x | x |
| 38300 | DRAINAGE, LYMPH NODE ABSCESS/LYMPHADENITIS; SIMPLE  | x | x | x |
| 38305 | DRAINAGE, LYMPH NODE ABSCESS/LYMPHADENITIS; EXTENS  | x | x | x |
| 38308 | LYMPHANGIOTOMY/OTHER OPERATIONS ON LYMPHATIC CHANN  | x | x | x |
| 38380 | SUTURE AND/OR LIGATION, THORACIC DUCT; CERVICAL AP  | x | x | x |
| 38381 | SUTURE AND/OR LIGATION, THORACIC DUCT; THORACIC AP  | x | x | x |
| 38382 | SUTURE AND/OR LIGATION, THORACIC DUCT; ABDOMINAL A  | x | x | x |
| 38550 | EXCISION, CYSTIC HYGROMA, AXILLARY/CERVICAL; W/O D  | x | x | x |
| 38555 | EXCISION, CYSTIC HYGROMA, AXILLARY/CERVICAL; W/DEE  | x | x | x |
| 38562 | LIMITED LYMPHADENECTOMY, STAGING (SEP PROC); PELVI  | x | x | x |
| 38564 | LIMITED LYMPHADENECTOMY, STAGING (SEP PROC); RETRO  | x | x | x |
| 38570 | LAPAROSCOPY, SURGICAL; W/RETROPERITONEAL LYMPH NOD  | x | x | x |
| 38571 | LAPAROSCOPY, SURGICAL; W/BILAT TOTAL PELVIC LYMPHA  | x | x | x |

|       |   |   |   |   |
|-------|---|---|---|---|
| 38572 | LAPAROSCOPY, SURGICAL; W/BILAT TOTAL PELVIC LYMPHA  | X | X | X |
| 38573 | Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed | X | X | X |
| 38589 | LAPAROSCOPY, LYMPHATIC SYSTEM, UNLISTED PROC  | X | X | X |
| 38700 | SUPRAHYOID LYMPHADENECTOMY  | X | X | X |
| 38720 | CERVICAL LYMPHADENECTOMY (COMPLETE)   | X | X | X |
| 38724 | CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DI  | X | X | X |
| 38740 | AXILLARY LYMPHADENECTOMY; SUPERFICIAL   | X | X | X |
| 38745 | AXILLARY LYMPHADENECTOMY; COMPLETE  | X | X | X |
| 38746 | THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC  | X | X | X |
| 38747 | ABD LYMPHADENEC, REGIONAL, W/CELIAC, GASTRC, PORTL  | X | X | X |
| 38760 | INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEPARATE PROCEDURE)  | X | X | X |
| 38765 | INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICL W/PELVIC  | X | X | X |
| 38770 | PELVIC LYMPHADENECTOMY, W/EXT ILIAC/HYPOGASTRIC/OB  | X | X | X |
| 38780 | RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EX  | X | X | X |
| 38790 | INJECTION PROC; LYMPHANGIOGRAPHY  | X | X | X |
| 38792 | INJECTION PROC; IDENTIFICATION, SENTINEL NODE   | X |   |   |
| 38794 | CANNULATION, THORACIC DUCT  | X | X | X |
| 38999 | UNLISTED PROC, HEMIC/LYMPHATIC SYSTEM   | X | X | X |
| 39000 | MEDIASTINOTOMY W/EXPLORATION, DRAINAGE AND REMOVAL  | X | X | X |
| 39010 | MEDIASTINOTOMY W/EXPLORATION, DRAINAGE AND REMOVAL  | X | X | X |
| 39200 | RESECTION OF MEDIASTINAL CYST   | X | X | X |
| 39220 | RESECTION MEDIASTINAL TUMOR   | X | X | X |
| 39401 | Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed  | X | X | X |
| 39402 | Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)  | X | X | X |
| 39499 | UNLISTED PROC, MEDIASTINUM  | X | X | X |
| 39501 | REPAIR, LACERATION, DIAPHRAGM, ANY APPROACH   | X | X | X |
| 39503 | REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, W/NO CHEST   | X | X | X |
| 39540 | REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL)  | X | X | X |
| 39541 | REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL)  | X | X | X |
| 39545 | IMBRICATION, DIAPHRAGM, EVENTRATION, TRANSTHORACIC  | X | X | X |
| 39560 | RESECTION, DIAPHRAGM; W/SIMPLE REPAIR   | X | X | X |
| 39561 | RESECTION, DIAPHRAGM; W/COMPLEX REPAIR  | X | X | X |
| 39599 | UNLISTED PROC, DIAPHRAGM  | X | X | X |
| 40500 | VERMILIONECTOMY (LIP SHAVE), W/MUCOSAL ADVANCEMENT  | X | X | X |
| 40510 | EXCISION, LIP; TRANSVERSE WEDGE EXCISION W/PRIMARY  | X | X | X |
| 40520 | EXCISION, LIP; V-EXCISION W/PRIMARY DIRECT LINEAR   | X | X | X |
| 40525 | EXCISION, LIP; FULL THICKNESS, RECONSTRUCTION W/LO  | X | X | X |
| 40527 | EXCISION, LIP; FULL THICKNESS, RECONSTRUCTION W/CR  | X | X | X |
| 40530 | RESECTION, LIP, MORE THAN ONE-FOURTH, W/O RECONSTR  | X | X | X |
| 40650 | REPAIR LIP, FULL THICKNESS; VERMILION ONLY  | X | X | X |
| 40652 | REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HE  | X | X | X |
| 40654 | REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL  | X | X | X |
| 40700 | PLASTIC REPAIR, CLEFT LIP/NASAL DEFORMITY; PRIMARY  | X | X | X |
| 40701 | PLASTIC REPAIR, CLEFT LIP/NASAL DEFORMITY; PRIMARY  | X | X | X |
| 40702 | PLASTIC REPAIR, CLEFT LIP/NASAL DEFORMITY; PRIMARY  | X | X | X |
| 40720 | PLASTIC REPAIR, CLEFT LIP/NASAL DEFORMITY; SECONDA  | X | X | X |
| 40761 | PLASTIC REPAIR, CLEFT LIP/NASAL DEFORMITY; W/CROSS  | X | X | X |
| 40799 | UNLISTED PROC, LIPS   | X | X | X |
| 40800 | DRAINAGE, ABSCESS, CYST, HEMATOMA, VESTIBULE, MOUT  | X | X | X |
| 40801 | DRAINAGE, ABSCESS, CYST, HEMATOMA, VESTIBULE, MOUT  | X | X | X |
| 40804 | REMOVAL, EMBEDDED FB, VESTIBULE, MOUTH; SIMPLE  | X | X | X |
| 40805 | REMOVAL, EMBEDDED FB, VESTIBULE, MOUTH; COMPLICATE  | X | X | X |
| 40806 | INCISION, LABIAL FRENUM (FRENOTOMY)   | X | X | X |
| 40808 | BX, VESTIBULE, MOUTH  | X | X | X |
| 40810 | EXCISION, LESION, MUCOSA AND SUBMUCOSA, VESTIBULE,  | X | X | X |
| 40812 | EXCISION, LESION, MUCOSA AND SUBMUCOSA, VESTIBULE,  | X | X | X |
| 40814 | EXCISION, LESION, MUCOSA AND SUBMUCOSA, VESTIBULE,  | X | X | X |
| 40816 | EXCISION, LESION, MUCOSA AND SUBMUCOSA, VESTIBULE,  | X | X | X |
| 40818 | EXCISION, MUCOSA, VESTIBULE, MOUTH AS DONOR GRAFT   | X | X | X |
| 40819 | EXCISION, FRENUM, LABIAL/BUCCAL (FRENUMECTOMY, FRE  | X | X | X |
| 40820 | DESTRUCTION, LESION/SCAR, MOUTH, PHYSICAL METHOD  | X | X | X |
| 40830 | CLOSURE, LACERATION, VESTIBULE, MOUTH; 2.5 CM OR L  | X | X | X |
| 40831 | CLOSURE, LACERATION, VESTIBULE, MOUTH; OVER 2.5 CM  | X | X | X |
| 40840 | VESTIBULOPLASTY; ANTERIOR   | X | X | X |
| 40842 | VESTIBULOPLASTY; POSTERIOR, UNILAT  | X | X | X |
| 40843 | VESTIBULOPLASTY; POSTERIOR, BILAT   | X | X | X |
| 40844 | VESTIBULOPLASTY; ENTIRE ARCH  | X | X | X |
| 40845 | VESTIBULOPLASTY; COMPLEX (W/RIDGE EXTENSION, MUSCL  | X | X | X |
| 40899 | UNLISTED PROC, VESTIBULE, MOUTH   | X | X | X |
| 41000 | INTRAORAL INCISION AND DRAINAGE, ABSCESS/CYST/HEMA  | X | X | X |
| 41005 | INTRAORAL INCISION AND DRAINAGE, ABSCESS/CYST/HEMA  | X | X | X |
| 41006 | INTRAORAL INCISION AND DRAIN, ABSCESS/CYST/HEMATOM  | X | X | X |

|       |   |   |   |   |
|-------|---|---|---|---|
| 41007 | INTRAORAL INCISION AND DRAINAGE, ABSCESS/CYST/HEMA  | x | x | x |
| 41008 | INTRAORAL INCISION AND DRAINAGE, ABSCESS/CYST/HEMA  | x | x | x |
| 41009 | INTRAORAL INCISION AND DRAINAGE, ABSCESS/CYST/HEMA  | x | x | x |
| 41010 | INCISION, LINGUAL FRENUM (FRENOTOMY)                | x | x | x |
| 41015 | EXTRAORAL INCISION AND DRAINAGE, ABSCESS/CYST/HEMA  | x | x | x |
| 41016 | EXTRAORAL INCISION AND DRAINAGE, ABSCESS/CYST/HEMA  | x | x | x |
| 41017 | EXTRAORAL INCISION AND DRAINAGE, ABSCESS/CYST/HEMA  | x | x | x |
| 41018 | EXTRAORAL INCISION AND DRAINAGE, ABSCESS/CYST/HEMA  | x | x | x |
| 41019 | PLACEMENT NEEDLE HEAD/NECK RADIOELEMENT APPLICAT    | x | x | x |
| 41100 | BX, TONGUE; ANTERIOR TWO-THIRDS                     | x | x | x |
| 41105 | BX, TONGUE; POSTERIOR ONE-THIRD                     | x | x | x |
| 41108 | BX, MOUTH, FLOOR                                    | x | x | x |
| 41110 | EXCISION, LESION, TONGUE W/O CLOSURE                | x | x | x |
| 41112 | EXCISION, LESION, TONGUE W/CLOSURE; ANTERIOR TWO-T  | x | x | x |
| 41113 | EXCISION, LESION, TONGUE W/CLOSURE; POSTERIOR ONE-  | x | x | x |
| 41114 | EXCISION, LESION, TONGUE W/CLOSURE; W/LOCAL TONGUE  | x | x | x |
| 41115 | EXCISION, LINGUAL FRENUM (FRENECTOMY)               | x | x | x |
| 41116 | EXCISION, LESION, MOUTH FLOOR                       | x | x | x |
| 41120 | GLOSSECTOMY; LESS THAN ONE-HALF TONGUE              | x | x | x |
| 41130 | GLOSSECTOMY; HEMIGLOSSECTOMY                        | x | x | x |
| 41135 | GLOSSECTOMY; PARTIAL, W/UNILAT RADICAL NECK DISSEC  | x | x | x |
| 41140 | GLOSSECTOMY; COMPLETE/TOTAL, W/VO TRACHEOSTOMY, W/  | x | x | x |
| 41145 | GLOSSECTOMY; COMPLETE/TOTAL, W/VO TRACHEOSTOMY, W/  | x | x | x |
| 41150 | GLOSSECTOMY; COMPOSITE PROC, W/MOUTH FLOOR AND MAN  | x | x | x |
| 41153 | GLOSSECTOMY; COMPOSITE PROC, W/MOUTH FLOOR RESECTI  | x | x | x |
| 41155 | GLOSSECTOMY; COMPOSITE PROC, W/MOUTH FLOOR/MANDIBU  | x | x | x |
| 41250 | REPAIR, LACERATION 2.5 CM OR LESS; MOUTH FLOOR, AN  | x | x | x |
| 41251 | REPAIR, LACERATION 2.5 CM OR LESS; POSTERIOR ONE-TH | x | x | x |
| 41252 | REPAIR, LACERATION, TONGUE, MOUTH FLOOR, OVER 2.6   | x | x | x |
| 41510 | SUTURE, TONGUE TO LIP, MICROGNATHIA                 | x | x | x |
| 41512 | TONGUE BASE SUSPENSION PERMANENT SUTURE TQ          | x | x | x |
| 41520 | FRENOPLASTY   | x | x | x |
| 41530 | SUBMUCOSAL ABLTJ TONGUE RF 1/> SITES PR SESSION     | x | x | x |
| 41599 | UNLISTED PROC, TONGUE, MOUTH FLOOR                  | x | x | x |
| 41800 | DRAINAGE, ABSCESS, CYST, HEMATOMA, DENTOALVEOLAR S  | x | x | x |
| 41805 | REMOVAL, EMBEDDED FB, DENTOALVEOLAR STRUCTURES; SO  | x | x | x |
| 41806 | REMOVAL, EMBEDDED FB, DENTOALVEOLAR STRUCTURES; BO  | x | x | x |
| 41820 | GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT       | x | x | x |
| 41821 | OPERCULECTOMY, EXCISION PERICORONAL TISSUES         | x | x | x |
| 41822 | EXCISION, FIBROUS TUBEROSITIES, DENTOALVEOLAR STRU  | x | x | x |
| 41823 | EXCISION, OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRU  | x | x | x |
| 41825 | EXCISION, LESION/TUMOR (EXCEPT LISTED ABOVE), DENT  | x | x | x |
| 41826 | EXCISION OF LESION/TUMOR DENTOALVEOLAR STRUCTURES   | x | x | x |
| 41827 | EXCISION, LESION/TUMOR (EXCEPT LISTED ABOVE), DENT  | x | x | x |
| 41828 | EXCISION, HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADR  | x | x | x |
| 41830 | ALVEOLECTOMY, W/CURETTAGE, OSTEITIS/SEQUESTRECTOMY  | x | x | x |
| 41850 | DESTRUCTION, LESION (EXCEPT EXCISION), DENTOALVEOL  | x | x | x |
| 41870 | PERIODONTAL MUCOSAL GRAFTING                        | x | x | x |
| 41872 | GINGIVOPLASTY, EACH QUADRANT (SPECIFY)              | x | x | x |
| 41874 | ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)              | x | x | x |
| 41899 | UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES        | x | x | x |
| 42000 | DRAINAGE, ABSCESS, PALATE, UVULA                    | x | x | x |
| 42100 | BX, PALATE, UVULA                                   | x | x | x |
| 42104 | EXCISION, LESION, PALATE, UVULA; W/O CLOSURE        | x | x | x |
| 42106 | EXCISION, LESION, PALATE, UVULA; W/SIMPLE PRIMARY   | x | x | x |
| 42107 | EXCISION, LESION, PALATE, UVULA; W/LOCAL FLAP CLOS  | x | x | x |
| 42120 | RESECTION, PALATE/EXTENSIVE RESECTION, LESION       | x | x | x |
| 42140 | UVULECTOMY, EXCISION, UVULA                         | x | x | x |
| 42145 | PALATOPHARYNGOPLASTY                                | x | x | x |
| 42160 | DESTRUCTION, LESION, PALATE/UVULA (THERMAL, CRYO/C  | x | x | x |
| 42180 | REPAIR, LACERATION, PALATE; UP TO 2 CM              | x | x | x |
| 42182 | REPAIR, LACERATION, PALATE; UP TO 2 CM/COMPLEX      | x | x | x |
| 42200 | PALATOPLASTY, CLEFT PALATE, SOFT AND/OR HARD PALAT  | x | x | x |
| 42205 | PALATOPLASTY, CLEFT PALATE, W/CLOSURE, ALVEOLAR RI  | x | x | x |
| 42210 | PALATOPLASTY, CLEFT PALATE, W/CLOSURE, ALVEOLAR RI  | x | x | x |
| 42215 | PALATOPLASTY, CLEFT PALATE; MAJOR REVISION          | x | x | x |
| 42220 | PALATOPLASTY, CLEFT PALATE; SECONDARY LENGTHENING   | x | x | x |
| 42225 | PALATOPLASTY, CLEFT PALATE; ATTACHMENT PHARYNGEAL   | x | x | x |
| 42226 | LENGTHENING, PALATE, AND PHARYNGEAL FLAP            | x | x | x |
| 42227 | LENGTHENING, PALATE, W/ISLAND FLAP                  | x | x | x |
| 42235 | REPAIR, ANTERIOR PALATE, W/VOMER FLAP               | x | x | x |
| 42260 | REPAIR, NASOLABIAL FISTULA                          | x | x | x |
| 42280 | MAXILLARY IMPRESSION, PALATAL PROSTHESIS            | x | x | x |
| 42281 | INSERTION, PIN-RETAINED PALATAL PROSTHESIS          | x | x | x |
| 42299 | UNLISTED PROC, PALATE, UVULA                        | x | x | x |

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|-------|---|---|---|---|
| 42300 | DRAINAGE, ABSCESS; PAROTID, SIMPLE  | X | X | X |
| 42305 | DRAINAGE, ABSCESS; PAROTID, COMPLICATED   | X | X | X |
| 42310 | DRAINAGE, ABSCESS; SUBMAXILLARY/SUBLINGUAL, INTRAO  | X | X | X |
| 42320 | DRAINAGE, ABSCESS; SUBMAXILLARY, EXT  | X | X | X |
| 42330 | SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBL  | X | X | X |
| 42335 | SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMP  | X | X | X |
| 42340 | SIALOLITHOTOMY; PAROTID, EXTRAORAL/COMPLICATED INT  | X | X | X |
| 42405 | BX, SALIVARY GLAND; INCISIONAL  | X | X | X |
| 42408 | EXCISION, SUBLINGUAL SALIVARY CYST (RANULA)   | X | X | X |
| 42409 | MARSUPIALIZATION, SUBLINGUAL SALIVARY CYST (RANULA  | X | X | X |
| 42410 | EXCISION, PAROTID TUMOR/PAROTID GLAND; LATERAL LOB  | X | X | X |
| 42415 | EXCISION OF PAROTID TUMOR/GLAND;LATERAL LOBE, W/DI  | X | X | X |
| 42420 | EXCISION, PAROTID TUMOR/PAROTID GLAND; TOTAL, W/NE  | X | X | X |
| 42425 | EXCISION, PAROTID TUMOR/PAROTID GLAND; TOTAL, EN B  | X | X | X |
| 42426 | EXCISION, PAROTID TUMOR/PAROTID GLAND; TOTAL, W/UN  | X | X | X |
| 42440 | EXCISION, SUBMANDIBULAR (SUBMAXILLARY) GLAND  | X | X | X |
| 42450 | EXCISION, SUBLINGUAL GLAND  | X | X | X |
| 42500 | PLASTIC REPAIR, SALIVARY DUCT, SIALODOCHOPLASTY; P  | X | X | X |
| 42505 | PLASTIC REPAIR, SALIVARY DUCT, SIALODOCHOPLASTY; S  | X | X | X |
| 42507 | PAROTID DUCT DIVERSION, BILAT   | X | X | X |
| 42509 | PAROTID DUCT DIVERSION, BILAT; W/EXCISION, BOTH SU  | X | X | X |
| 42510 | PAROTID DUCT DIVERSION, BILAT; W/LIGATION, BOTH SU  | X | X | X |
| 42550 | INJECTION PROC, SIALOGRAPHY   | X | X | X |
| 42600 | CLOSURE SALIVARY FISTULA  | X | X | X |
| 42650 | DILATION SALIVARY DUCT  | X | X | X |
| 42660 | DILATION AND CATHETERIZATION, SALIVARY DUCT, W/WO   | X | X | X |
| 42665 | LIGATION SALIVARY DUCT, INTRAORAL   | X | X | X |
| 42699 | UNLISTED PROC, SALIVARY GLANDS/DUCTS  | X | X | X |
| 42700 | INCISION AND DRAINAGE ABSCESS; PERITONSILLAR  | X | X | X |
| 42720 | INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL/PAR  | X | X | X |
| 42725 | INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL/PAR  | X | X | X |
| 42800 | BX; OROPHARYNX  | X | X | X |
| 42804 | BX; NASOPHARYNX, VISIBLE LESION, SIMPLE   | X | X | X |
| 42806 | BX; NASOPHARYNX, SURVEY, UNKNOWN PRIMARY LESION   | X | X | X |
| 42808 | EXCISION/DESTRUCTION, LESION, PHARYNX, ANY METHOD   | X | X | X |
| 42809 | REMOVAL, FB, PHARYNX  | X | X | X |
| 42810 | EXCISION, BRANCHIAL CLEFT CYST/VESTIGE, CONFINED T  | X | X | X |
| 42815 | EXCISION, BRANCHIAL CLEFT CYST/VESTIGE/FISTULA, EX  | X | X | X |
| 42820 | TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12   | X | X | X |
| 42821 | TONSILLECTOMY AND ADENOIDECTOMY; OVER AGE 12  | X | X | X |
| 42825 | TONSILLECTOMY, PRIMARY/SECONDARY; UNDER AGE 12  | X | X | X |
| 42826 | TONSILLECTOMY, PRIMARY/SECONDARY; OVER AGE 12   | X | X | X |
| 42830 | ADENOIDECTOMY, PRIMARY; UNDER AGE 12  | X | X | X |
| 42831 | ADENOIDECTOMY, PRIMARY; OVER AGE 12   | X | X | X |
| 42835 | ADENOIDECTOMY, SECONDARY; UNDER AGE 12  | X | X | X |
| 42836 | ADENOIDECTOMY, SECONDARY; OVER AGE 12   | X | X | X |
| 42842 | RADICAL RESECTION, TONSIL, TONSILLAR PILLARS, AND/  | X | X | X |
| 42844 | RADICAL RESECTION, TONSIL, TONSILLAR PILLARS, AND/  | X | X | X |
| 42845 | RADICAL RESECTION, TONSIL, TONSILLAR PILLARS, AND/  | X | X | X |
| 42860 | EXCISION, TONSIL TAGS   | X | X | X |
| 42870 | EXCISION/DESTRUCTION LINGUAL TONSIL, ANY METHOD (S  | X | X | X |
| 42890 | LIMITED PHARYNGECTOMY   | X | X | X |
| 42892 | RESECTION, LATERAL PHARYNGEAL WALL/PYRIFORM SINUS,  | X | X | X |
| 42894 | RESECTION, PHARYNGEAL WALL REQUIRING CLOSURE W/MYO  | X | X | X |
| 42900 | SUTURE PHARYNX, WOUND/INJURY  | X | X | X |
| 42950 | PHARYNGOPLASTY (PLASTIC/RECONSTRUCTIVE OPERATION O  | X | X | X |
| 42953 | PHARYNGOESOPHAGEAL REPAIR   | X | X | X |
| 42955 | PHARYNGOSTOMY (FISTULIZATION, PHARYNX, EXT, FEEDIN  | X | X | X |
| 42960 | CONTROL OROPHARYNGEAL HEMORRHAGE; SIMPLE  | X | X | X |
| 42961 | CONTROL OROPHARYNGEAL HEMORRHAGE; COMPLICATED, W/H  | X | X | X |
| 42962 | CONTROL OROPHARYNGEAL HEMORRHAGE; W/SECONDARY SURG  | X | X | X |
| 42970 | CONTROL NASOPHARYNGEAL HEMORRHAGE; SIMPLE, W/POSTE  | X | X | X |
| 42971 | CONTROL NASOPHARYNGEAL HEMORRHAGE; COMPLICATED, W/  | X | X | X |
| 42972 | CONTROL NASOPHARYNGEAL HEMORRHAGE; W/SECONDARY SUR  | X | X | X |
| 42975 | Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic |   | X | X |
| 42999 | UNLISTED PROC, PHARYNX/ADENOIDS/TONSILS   | X | X | X |
| 43020 | ESOPHAGOTOMY, CERVICAL APPROACH, W/REMOVAL, FB  | X | X | X |
| 43030 | CRICOPHARYNGEAL MYOTOMY   | X | X | X |
| 43045 | ESOPHAGOTOMY, THORACIC APPROACH, W/ REMOVAL, FB   | X | X | X |
| 43100 | EXCISION, LESION, ESOPHAGUS, W/PRIMARY REPAIR; CER  | X | X | X |
| 43101 | EXCISION, LESION, ESOPHAGUS, W/PRIMARY REPAIR; THO  | X | X | X |
| 43107 | TOTAL/NEAR TOTAL ESOPHAGECTOMY, W/O THORACOTOMY; W  | X | X | X |
| 43108 | TOTAL/NEAR TOTAL ESOPHAGECTOMY, W/O THORACOTOMY; W  | X | X | X |
| 43112 | TOTAL/NEAR TOTAL ESOPHAGECTOMY, W/THORACOTOMY; W/P  | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 43113 | TOTAL/NEAR TOTAL ESOPHAGECTOMY, W/THORACOTOMY; W/C   | X | X | X |
| 43116 | PARTL ESOPHAGECTOMY, CERVICAL W/FREE INTESTINAL GR   | X | X | X |
| 43117 | PARTL ESOPHAGECTOMY, DISTAL TWO THRDS, W/THORACOTO   | X | X | X |
| 43118 | PARTL ESOPHAGECTOMY, DISTAL TWO THRDS, W/THORACTMY   | X | X | X |
| 43121 | PARTL ESOPHAGECTOMY, DISTAL TWO THRDS, W/THORACOTO   | X | X | X |
| 43122 | PARTL ESOPHAGECTOMY, THORACOABDOMINAL/ABDOMINAL AP   | X | X | X |
| 43123 | PARTL ESOPHAGECTOMY, THORACOABDOMINAL/ABDOMINAL AP   | X | X | X |
| 43124 | TOTAL/PARTL ESOPHAGECTOMY, W/O RECONSTRUCTION, W/C   | X | X | X |
| 43130 | DIVERTICULECTOMY, HYPOPHARYNX/ESOPHAGUS, W/WO MYOT   | X | X | X |
| 43135 | DIVERTICULECTOMY, HYPOPHARYNX/ESOPHAGUS, W/WO MYOT   | X | X | X |
| 43180 | ESOPHAGOSCP RIG TRANSORAL HYPOPHARYNX CRV ESOPH  | X | X | X |
| 43191 | ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH   | X | X | X |
| 43192 | ESOPHAGOSCOPY RIGID TRANSORAL INJ SUBMUCOSAL   | X | X | X |
| 43193 | ESOPHAGOSCOPY RIGID TRANSORAL WITH BIOPSY  | X | X | X |
| 43194 | ESOPHAGOSCOPY RIG TRANSORAL REMOVAL FOREIGN BODY   | X | X | X |
| 43195 | ESOPHAGOSCOPY RIGID TRANSORAL BALLOON DILATION   | X | X | X |
| 43196 | ESOPHAGOSCOPY RIG TRANSORAL GUIDE WIRE DILATION  | X | X | X |
| 43197 | ESOPHAGOSCOPY FLEXIBLE TRANSNASAL DIAGNOSTIC   | X | X | X |
| 43198 | ESOPHAGOSCOPY FLEXIBLE TRANSNASAL WITH BIOPSY  | X | X | X |
| 43200 | ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC  | X | X | X |
| 43201 | ESOPHAGOSCOPY FLEXIBLE TRANSORAL W SUBMUCOUS INJ   | X | X | X |
| 43202 | ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY   | X | X | X |
| 43204 | ESOPHAGOSCOPY FLEX TRANSORAL INJECTION VARICES   | X | X | X |
| 43205 | ESPHGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES   | X | X | X |
| 43206 | ESOPHAGOSCOPY TRANSORAL W/OPTICAL ENDOMICROSCOPY   | X | X | X |
| 43210 | Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed | X | X | X |
| 43211 | ESOPHAGOSCOPY FLEXIBLE TRANSORAL MUCOSAL RESEXN  | X | X | X |
| 43212 | ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT  | X | X | X |
| 43213 | ESOPHAGOSCOPY RETROGRADE DILATE BALLOON/OTHER  | X | X | X |
| 43214 | ESOPHAGOSCOPY DILATE ESOPHAGUS BALLOON 30 MM   | X | X | X |
| 43215 | ESOPHAGOSCOPY FLEXIBLE REMOVAL FOREIGN BODY  | X | X | X |
| 43216 | ESPHGSC FLEX LESION REMOVAL HOT BX FORCEPS/CAUT  | X | X | X |
| 43217 | ESOPHAGOSCOPY FLEXIB LESION REMOVAL TUMOR SNARE  | X | X | X |
| 43220 | ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM   | X | X | X |
| 43226 | ESOPHAGOSCOPY FLEXIBLE GUIDE WIRE DILATION   | X | X | X |
| 43227 | ESOPHAGOSCOPY FLEXIBLE W BLEEDING CONTROL  | X | X | X |
| 43229 | ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION   | X | X | X |
| 43231 | ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM   | X | X | X |
| 43232 | ESOPHAGOSCOPY INTRA/TRANSMURAL NEEDLE ASPIRAT/BX   | X | X | X |
| 43233 | EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER   | X | X | X |
| 43235 | ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC  | X | X | X |
| 43236 | ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION  | X | X | X |
| 43237 | ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS   | X | X | X |
| 43238 | EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS   | X | X | X |
| 43239 | EGD TRANSORAL BIOPSY SINGLE/MULTIPLE   | X | X | X |
| 43240 | EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST   | X | X | X |
| 43241 | EGD INTRALUMINAL TUBE/CATHETER INSERTION   | X | X | X |
| 43242 | EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY  | X | X | X |
| 43243 | EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES  | X | X | X |
| 43244 | EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES  | X | X | X |
| 43245 | EGD DILATION GASTRIC/DUODENAL STRICTURE  | X | X | X |
| 43247 | EGD FLEXIBLE FOREIGN BODY REMOVAL  | X | X | X |
| 43248 | EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS  | X | X | X |
| 43249 | EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM   | X | X | X |
| 43250 | EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS   | X | X | X |
| 43251 | EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH  | X | X | X |
| 43252 | EGD FLEX TRANSORAL W/OPTICAL ENDOMICROSCOPY  | X | X | X |
| 43253 | EGD US GUIDED TRANSMURAL INJXN/FIDUCIAL MARKER   | X | X | X |
| 43254 | EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION   | X | X | X |
| 43255 | EGD TRANSORAL CONTROL BLEEDING ANY METHOD  | X | X | X |
| 43257 | EGD DELIVER THERMAL ENERGY SPHNCTR/CARDIA GERD   | X | X | X |
| 43259 | EGD US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM   | X | X | X |
| 43260 | ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING   | X | X | X |
| 43261 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY; W/   | X | X | X |
| 43262 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY; W/   | X | X | X |
| 43263 | ERCP W/PRESSURE MEASUREMENT SPHINCTER OF ODDI  | X | X | X |
| 43264 | ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT   | X | X | X |
| 43265 | ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD  | X | X | X |
| 43266 | EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION  | X | X | X |
| 43270 | EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE   | X | X | X |
| 43273 | ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC   | X | X | X |
| 43274 | ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT   | X | X | X |
| 43275 | ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT   | X | X | X |
| 43276 | ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE   | X | X | X |

|       |   |   |   |   |
|-------|---|---|---|---|
| 43277 | ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA  | x | x | x |
| 43278 | ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE  | x | x | x |
| 43279 | LAPS ESOPHAGOMYOTOMY W/FUNDOPLASTY IF PERFORMED   | x | x | x |
| 43280 | LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY  | x | x | x |
| 43281 | LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH  | x | x | x |
| 43282 | LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/MESH  | x | x | x |
| 43283 | LAPS ESOPHAGEAL LENGTHENING ADDL  | x | x | x |
| 43284 | LAPAROSCOPY, SURGICAL, ESOPHAGEAL SPHINCTER AUGMENTATION PROCEDURE, PLACEMENT OF SPHINCTER AUGMENTATION DEVICE (IE, MAGNETIC BAND), INCLUDING CRUROPLASTY WHEN PERFORMED  | x | x | x |
| 43285 | REMOVAL OF ESOPHAGEAL SPHINCTER AUGMENTATION DEVICE   | x | x | x |
| 43286 | Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)   | x | x | x |
| 43287 | Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)                         | x | x | x |
| 43288 | Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy) | x | x | x |
| 43289 | UNLISTED PROC, LAPAROSCOPY, ESOPHAGUS   | x | x | x |
| 43290 | Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon  |   |   | x |
| 43291 | Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)  |   |   | x |
| 43300 | ESOPHAGOPLASTY, CERVICAL APPROACH; W/O REPAIR, TRA  | x | x | x |
| 43305 | ESOPHAGOPLASTY, CERVICAL APPROACH; W/REPAIR, TRACH  | x | x | x |
| 43310 | ESOPHAGOPLASTY, THORACIC APPROACH; W/O REPAIR, TRA  | x | x | x |
| 43312 | ESOPHAGOPLASTY, THORACIC APPROACH; W/REPAIR, TRACH  | x | x | x |
| 43313 | ESOPHAGOPLASTY CONGENITAL DEFECT, THORACIC APPROAC  | x | x | x |
| 43314 | ESOPHAGOPLASTY CONGENITAL DEFECT, THORACIC APPROAC  | x | x | x |
| 43320 | ESOPHAGOGASTROSTOMY, W/WO VAGOTOMY AND PYLOROPLAST  | x | x | x |
| 43325 | ESOPG/GSTR FUNDOPLASTY W/FUNDIC PATCH   | x | x | x |
| 43327 | ESOPG/GSTR FUNDOPLASTY W/LAPT   | x | x | x |
| 43328 | ESOPG/GSTR FUNDOPLASTY W/THORCOM  | x | x | x |
| 43330 | ESOPHAGOMYOTOMY; ABDOMINAL APPROACH   | x | x | x |
| 43331 | ESOPHAGOMYOTOMY; THORACIC APPROACH  | x | x | x |
| 43332 | RPR PARAESOPH HIATAL HERNIA W/LAPT W/O MESH   | x | x | x |
| 43333 | LAPT RPR PARAESOPH HIATAL HERNIA W/ MESH  | x | x | x |
| 43334 | RPR PARAESOPH HIATAL HERNIA W/THORCOM W/O MESH  | x | x | x |
| 43335 | RPR PARAESOPH HIATAL HERNIA W/THORCOM W/MESH  | x | x | x |
| 43336 | RPR PARAESOPH HIATAL HERNIA THORCOABDOM W/O MESH  | x | x | x |
| 43337 | RPR PARAESOPH HIATAL HERNIA THORCOABDOM W/MESH  | x | x | x |
| 43338 | ESOPHAGUS LENGTHENING   | x | x | x |
| 43340 | ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); A  | x | x | x |
| 43341 | ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); T  | x | x | x |
| 43351 | ESOPHAGOSTOMY, FISTULIZATION, ESOPHAGUS, EXT; THOR  | x | x | x |
| 43352 | ESOPHAGOSTOMY, FISTULIZATION, ESOPHAGUS, EXT; CERV  | x | x | x |
| 43360 | GI RECONSTRUCTION, PRIOR ESOPHAGECTOMY; W/STOMACH,  | x | x | x |
| 43361 | GI RECONSTRUCTION, PRIOR ESOPHAGECTOMY; W/COLON IN  | x | x | x |
| 43400 | LIGATION, DIRECT, ESOPHAGEAL VARICES  | x | x | x |
| 43405 | LIGATION/STAPLING AT GASTROESOPHAGEAL JUNCTION, PR  | x | x | x |
| 43410 | SUTURE, ESOPHAGEAL WOUND/INJURY; CERVICAL APPROACH  | x | x | x |
| 43415 | SUTURE, ESOPHAGEAL WOUND/INJURY; TRANSTHORACIC/TRA  | x | x | x |
| 43420 | CLOSURE, ESOPHAGOSTOMY/FISTULA; CERVICAL APPROACH   | x | x | x |
| 43425 | CLOSURE, ESOPHAGOSTOMY/FISTULA; TRANSTHORACIC/TRAN  | x | x | x |
| 43450 | DILATION, ESOPHAGUS, UNGUIDED SOUND/BOUGIE, SINGLE  | x | x | x |
| 43453 | DILATION, ESOPHAGUS, OVER GUIDE WIRE  | x | x | x |
| 43460 | ESOPHAGOGASTRIC TAMPONADE, W/BALLOON  | x | x | x |
| 43496 | FREE JEJUNUM TRANSFER W/MICROVASCULAR ANASTOMOSIS   | x | x | x |
| 43497 | Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])   |   | x | x |
| 43499 | UNLISTED PROC, ESOPHAGUS  | x | x | x |
| 43500 | GASTROTOMY; W/EXPLORATION/FB REMOVAL  | x | x | x |
| 43501 | GASTROTOMY; W/SUTURE REPAIR, BLEEDING ULCER   | x | x | x |
| 43502 | GASTROTOMY; W/SUTURE REPAIR, PRE-EXISTING ESOPHAGO  | x | x | x |
| 43510 | GASTROTOMY; W/ESOPHAGEAL DILATION/INSERTION PERMAN  | x | x | x |
| 43520 | PYLOROMYOTOMY, CUTTING, PYLORIC MUSCLE  | x | x | x |
| 43605 | BX STOMACH LAPT   | x | x | x |
| 43610 | EXCISION, LOCAL; ULCER/BENIGN TUMOR, STOMACH  | x | x | x |
| 43611 | EXCISION, LOCAL; MALIGNANT TUMOR, STOMACH   | x | x | x |
| 43620 | GASTRECTOMY, TOTAL; W/ESOPHAGOENTEROSTOMY   | x | x | x |
| 43621 | GASTRECTOMY, TOTAL; W/ROUX-EN-Y RECONSTRUCTION  | x | x | x |
| 43622 | GASTRECTOMY, TOTAL; W/FORMATION, INTESTINAL POUCH,  | x | x | x |
| 43631 | GASTRECTOMY, PARTIAL, DISTAL; W/GASTRODUODENOSTOMY  | x | x | x |



|       |   |   |   |   |
|-------|---|---|---|---|
| 43632 | GASTRECTOMY, PARTIAL, DISTAL; W/GASTROJEJUNOSTOMY   | X | X | X |
| 43633 | GASTRECTOMY, PARTIAL, DISTAL; W/ROUX-EN-Y RECONSTR  | X | X | X |
| 43634 | GASTRECTOMY, PARTIAL, DISTAL; W/FORMATION, INTESTI  | X | X | X |
| 43635 | VAGOTOMY W/PARTIAL DISTAL GASTRECTOMY               | X | X | X |
| 43640 | VAGOTOMY W/PYLOROPLASTY, W/WO GASTROSTOMY; TRUNCAL  | X | X | X |
| 43641 | VAGOTOMY W/PYLOROPLASTY, W/WO GASTROSTOMY; PARIETA  | X | X | X |
| 43644 | LAPAROSCOPY, SURGICAL GASTRIC RESTRICTIVE PROCEDUR  | X | X | X |
| 43645 | LAPAROSCOPY, SURGICAL GASTRIC RESTRICTIVE PROCEDUR  | X | X | X |
| 43647 | Lap impl electrode, antrum                          | X | X | X |
| 43648 | Lap revise/remv eltrd antrum                        | X | X | X |
| 43651 | LAPAROSCOPY, SURGICAL; TRANSECTION, VAGUS NERVES,   | X | X | X |
| 43652 | LAPAROSCOPY, SURGICAL; TRANSECTION, VAGUS NERVES,   | X | X | X |
| 43653 | LAPAROSCOPY, SURGICAL; GASTROSTOMY, W/O CONSTRUCTI  | X | X | X |
| 43659 | UNLISTED PROC, LAPAROSCOPY, STOMACH                 | X | X | X |
| 43752 | NASO-/ORO-GASTRIC TUBE PLACEMENT, REQUIRING PHYSIC  | X | X | X |
| 43753 | GASTRIC TUBE PLMT W/ASPIR & LAVAGE                  | X | X | X |
| 43754 | GASTRIC TUBE DX PLMT W/ASPIR 1 SPECIMEN             | X | X | X |
| 43755 | GASTRIC TUBE DX PLMT W/ASPIR MULT SPECIMENS         | X | X | X |
| 43756 | DUODENAL TUBE DX PLMT W/IMG GID 1 SPECIMEN          | X | X | X |
| 43757 | DUODENAL TUBE DX PLMT W/IMG GID MULT SPECIMEN       | X | X | X |
| 43770 | LAPAROSCOPY, SURG; GASTRIC RESTRICTIVE PROCEDURE;   | X | X | X |
| 43771 | Laparoscopy, surgical, gastric restrictive procedu  | X | X | X |
| 43772 | LAPAROSCOPY, SURG; GASTRIC RESTRICTIVE PROCEDURE;   | X | X | X |
| 43773 | LAPAROSCOPY, SURG; GASTRIC RESTRICTIVE PROCEDURE;   | X | X | X |
| 43774 | LAPAROSCOPY, SURG; GASTRIC RESTRICTIVE PROCEDURE;   | X | X | X |
| 43775 | LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY    | X | X | X |
| 43800 | PYLOROPLASTY  | X | X | X |
| 43810 | GASTRODUODENOSTOMY                                  | X | X | X |
| 43820 | GASTROJEJUNOSTOMY; W/O VAGOTOMY                     | X | X | X |
| 43825 | GASTROJEJUNOSTOMY; W/VAGOTOMY, ANY TYPE             | X | X | X |
| 43830 | GASTROSTOMY, OPEN; W/O CONSTRUCTION, GASTRIC TUBE   | X | X | X |
| 43831 | GASTROSTOMY, OPEN; NEONATAL, FOR FEEDING            | X | X | X |
| 43832 | GASTROSTOMY, OPEN; W/CONSTRUCTION, GASTRIC TUBE     | X | X | X |
| 43840 | GASTRORRHAPHY, SUTURE, PERFORATED DUODENAL/GASTRIC  | X | X | X |
| 43842 | GASTRIC RESTRICTIVE PROC, W/O GASTRIC BYPASS, MORB  | X | X | X |
| 43843 | GASTRIC RESTRICTVE PROC, W/O GASTRIC BYPASS, MORBI  | X | X | X |
| 43845 | GASTRIC RESTRICTIVE PROCEDURE WITH PART GASTRECTOMY | X | X | X |
| 43846 | GASTRIC RESTRICTVE PROCEDURE, W/GASTRIC BYPASS, MOR | X | X | X |
| 43847 | GASTRIC RESTRICTIVE PROC, W/GASTRIC BYPASS, MORBID  | X | X | X |
| 43848 | REVISION, GASTRIC RESTRICTIVE PROC, MORBID OBESITY  | X | X | X |
| 43850 | REVISION, GASTRODUODENAL ANASTOMOSIS (GASTRODUODEN  | X |   |   |
| 43855 | REVISION, GASTRODUODENAL ANASTOMOSIS (GASTRODUODEN  | X |   |   |
| 43860 | REVISION, GASTROJEJUNAL ANASTOMOSIS W/RECONSTRUCTI  | X | X | X |
| 43865 | REVISION, GASTROJEJUNAL ANASTOMOSIS W/RECONSTRUCTI  | X | X | X |
| 43870 | CLOSURE, GASTROSTOMY, SURGICAL                      | X | X | X |
| 43880 | CLOSURE, GASTROCOLIC FISTULA                        | X | X | X |
| 43881 | Impl/redo electrd, antrum                           | X | X | X |
| 43882 | Revise/remove electrd antrum                        | X | X | X |
| 43886 | GASTRIC RESTRICTIVE PROCEDURE; OPEN; REVISION OF S  | X | X | X |
| 43887 | GASTRIC RESTRICTIVE PROCEDURE; OPEN; REMOVAL OF SU  | X | X | X |
| 43888 | GASTRIC RESTRICT PROCEDURE; OPEN; REM & REPLACEMEN  | X | X | X |
| 43999 | UNLISTED PROC, STOMACH                              | X | X | X |
| 44005 | ENTEROLYSIS (FREEING, INTESTINAL ADHESION) (SEP PR  | X | X | X |
| 44010 | DUODENOTOMY, EXPLORATION, BX(S)/FB REMOVAL          | X | X | X |
| 44015 | TUBE/NEEDLE CATHETER JEJUNOSTOMY, ENTERAL ALIMENTA  | X | X | X |
| 44020 | ENTEROTOMY, SMALL BOWEL, NON-DUODENUM; EXPLORATION  | X | X | X |
| 44021 | ENTEROTOMY, SMALL BOWEL, NON-DUODENUM; DECOMPRESSI  | X | X | X |
| 44025 | COLOTOMY, EXPLORATION, BX(S)/FB REMOVAL             | X | X | X |
| 44050 | REDUCTION, VOLVULUS, INTUSSUSCEPTION, INT HERNIA,   | X | X | X |
| 44055 | CORRECTION, MALROTATION, LYSIS, DUODENAL BANDS AND  | X | X | X |
| 44100 | BX, INTESTINE, CAPSULE/TUBE/PERORAL, MORE THAN 1 S  | X | X | X |
| 44110 | EXCISION, 1 MORE THAN LESION, SMALL/LARGE BOWEL; S  | X | X | X |
| 44111 | EXCISION, MORE THAN 1 LESION, SMALL/LARGE BOWEL; M  | X | X | X |
| 44120 | ENTERECTOMY, RESECTION, SMALL INTESTINE; SINGLE RE  | X | X | X |
| 44121 | ENTERECTOMY, RESECTION, SMALL INTESTINE; ADDL RESE  | X | X | X |
| 44125 | ENTERECTOMY, RESECTION, SMALL INTESTINE; W/ ENTERO  | X | X | X |
| 44126 | ENTERECTOMY, RESECT SMALL INTESTINE CONGENITAL ATR  | X | X | X |
| 44127 | ENTERECTOMY, RESECT SMALL INTESTINE CONGENITAL ATR  | X | X | X |
| 44128 | ENTERECTOMY, RESECT SMALL INTESTINE CONGENITAL ATR  | X | X | X |
| 44130 | ENTEROENTEROSTOMY, ANASTOMOSIS, INTESTINE, W/WO CU  | X | X | X |
| 44132 | DONOR ENTERECTOMY, OPEN, W/PREP AND MAINTENANCE, A  | X | X | X |
| 44133 | DONOR ENTERECTOMY, OPEN WITH PREP AND MAINTENANCE,  | X | X | X |
| 44135 | INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR  | X | X | X |
| 44136 | INTESTINAL ALLOTRANSPLANTATION; FROM LIVING DONOR   | X | X | X |
| 44137 | REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMP  | X | X | X |



|       |  |   |   |   |
|-------|--|---|---|---|
| 44139 | MOBILIZATION, SPLENIC FLEXURE, W/PARTIAL COLECTOMY | x | x | x |
| 44140 | COLECTOMY, PARTIAL; W/ANASTOMOSIS                  | x | x | x |
| 44141 | COLECTOMY, PARTIAL; W/SKIN LEVEL CECOSTOMY/COLOSTO | x | x | x |
| 44143 | COLECTOMY, PARTIAL; W/END COLOSTOMY AND CLOSURE, D | x | x | x |
| 44144 | COLECTOMY, PARTIAL; W/RESECTION, W/COLOSTOMY/ILEOS | x | x | x |
| 44145 | COLECTOMY, PARTIAL; W/COLOPROCTOSTOMY (LOW PELVIC  | x | x | x |
| 44146 | COLECTOMY, PARTIAL; W/COLOPROCTOSTOMY (LOW PELVIC  | x | x | x |
| 44147 | COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROA | x | x | x |
| 44150 | COLECTOMY, TOTAL, ABDOMINAL, W/O PROCTECTOMY; W/IL | x | x | x |
| 44151 | COLECTOMY, TOTAL, ABDOMINAL, W/O PROCTECTOMY; W/CO | x | x | x |
| 44155 | COLECTOMY, TOTAL, ABDOMINAL, W/PROCTECTOMY; W/ILEO | x | x | x |
| 44156 | COLECTOMY, TOTAL, ABDOMINAL, W/PROCTECTOMY; W/CONT | x | x | x |
| 44157 | Colectomy w/ileoanal anast                         | x | x | x |
| 44158 | Colectomy w/neo-rectum pouch                       | x | x | x |
| 44160 | COLECTOMY, PARTIAL, W/REMOVAL, TERMINAL ILEUM W/IL | x | x | x |
| 44180 | LAPAROSCOPY; ENTEROLYSIS                           | x | x | x |
| 44186 | LAPAROSCOPY, SURGICAL; JEJUNOSTOMY                 | x | x | x |
| 44187 | LAPAROSCOPY; SURGICAL, COLOSTOMY OR SKILL LEVEL CE | x | x | x |
| 44188 | Laparoscopy, surgical, colostomy or skin level cec | x | x | x |
| 44202 | LAPAROSCOPY, SURGICAL; ENTERECTOMY, INTESTINAL RES | x | x | x |
| 44203 | LAPAROSCOPY, SURGICAL; EACH ADDL SMALL INTESTINE R | x | x | x |
| 44204 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, W/ANAST | x | x | x |
| 44205 | LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, W/REMOV | x | x | x |
| 44206 | LAP, SURG; COLECTOMY, PARTIAL, W/END COLOSTOMY AND | x | x | x |
| 44207 | LAP, SURG; COLECTOMY, PARTIAL, W/ANASTOMOSIS, W/CO | x | x | x |
| 44208 | LAP, SURG; COLECTOMY, PARTIAL, W/ANASTOMOSIS, W/CO | x | x | x |
| 44210 | LAP, SURG; COLECTOMY, TOTAL, ABDOM, W/O PROCTECTOM | x | x | x |
| 44211 | LAP, SURG; COLECTOMY, ABD W/PROCTECTOMY W/ILEOANAL | x | x | x |
| 44212 | LAP, SURG; COLECTOMY, TOT, ABDOM, W/PROCTECTOMY, W | x | x | x |
| 44213 | LAPAROSCOPY; SURGICAL, MOBILIZATION OF SPLENIC FLE | x | x | x |
| 44227 | LAPAROSCOPY; SURGICAL, CLOSURE OF ENTEROSTOMY; LAR | x | x | x |
| 44238 | UNLISTED LAPAROSCOPY PROC, INTESTINE (EXCEPT RECTU | x | x | x |
| 44300 | ENTEROSTOMY/CECOSTOMY, TUBE (SEP PROC)             | x | x | x |
| 44310 | ILEOSTOMY/JEJUNOSTOMY, NON-TUBE (SEP PROC)         | x | x | x |
| 44312 | REVISION, ILEOSTOMY; SIMPLE (RELEASE, SUPERFICIAL  | x | x | x |
| 44314 | REVISION, ILEOSTOMY; COMPLICATED (RECONSTRUCTION I | x | x | x |
| 44316 | CONTINENT ILEOSTOMY (KOCK PROC) (SEP PROC)         | x | x | x |
| 44320 | COLOSTOMY/SKIN LEVEL CECOSTOMY; (SEP PROC)         | x | x | x |
| 44322 | COLOSTOMY/SKIN LEVEL CECOSTOMY; W/MULTIPLE BIOPSIE | x | x | x |
| 44340 | REVISION, COLOSTOMY; SIMPLE (RELEASE, SUPERFICIAL  | x | x | x |
| 44345 | REVISION, COLOSTOMY; COMPLICATED (RECONSTRUCTION I | x | x | x |
| 44346 | REVISION, COLOSTOMY; W/REPAIR, PARACOLOSTOMY HERNI | x | x | x |
| 44360 | ENDOSCOPY UPPER SMALL INTESTINE                    | x | x | x |
| 44361 | SMALL INTESTINAL ENDO/ENTEROSCOPY, BEYOND 2ND PORT | x | x | x |
| 44363 | ENTEROSCOPY > 2ND PRTN W/RMVL FOREIGN BODY         | x | x | x |
| 44364 | SMALL INTESTINAL ENDO/ENTEROSCOPY, BEYOND 2ND PORT | x | x | x |
| 44365 | SM INTESTINL ENDO/ENTEROSCOPY, BEYOND 2ND PORTN DU | x | x | x |
| 44366 | SMALL INTESTINAL ENDO/ENTEROSCOPY, BEYOND 2ND PORT | x | x | x |
| 44369 | SMALL INTESTINAL ENDO/ENTEROSCOPY, BEYOND 2ND PORT | x | x | x |
| 44370 | SMALL INTESTINAL ENDO/ENTEROSCOPY, BEYOND 2ND PORT | x | x | x |
| 44372 | SMALL INTESTINAL ENDO/ENTEROSCOPY, BEYOND 2ND PORT | x | x | x |
| 44376 | SMALL INTESTINAL ENDO/ENTEROSCOPY, BEYOND 2ND PORT | x | x | x |
| 44377 | SMALL INTESTINAL ENDO/ENTEROSCOPY, BEYOND 2ND PORT | x | x | x |
| 44378 | SMALL INTESTINAL ENDO/ENTEROSCOPY, BEYOND 2ND PORT | x | x | x |
| 44379 | SM INTESTIN ENDOSCOPY, ENTEROSCOPY BEYOND 2ND PORT | x | x | x |
| 44380 | ILEOSCOPY THRU STOMA DX W/COLLJ SPEC WHEN PRFMD    | x | x | x |
| 44381 | ILEOSCOPY STOMA W/BALLOON DILATION                 | x | x | x |
| 44382 | ILEOSCOPY, THROUGH STOMA; W/BX, SINGLE/MULTIPLE    | x | x | x |
| 44384 | ILEOSCOPY STOMA W/PLMT OF ENDOSCOPIC STENT         | x | x | x |
| 44385 | NDSC EVAL INTSTINAL POUCH DX W/COLLJ SPEC SPX      | x | x | x |
| 44386 | NDSC EVAL INTSTINAL POUCH W/BX SINGLE/MULTIPLE     | x | x | x |
| 44388 | COLONOSCOPY STOMA DX INCLUDING COLLJ SPEC SPX      | x | x | x |
| 44389 | COLONOSCOPY THROUGH STOMA; W/BX, SINGLE/MULTIPLE   | x | x | x |
| 44390 | COLONOSCOPY STOMA W/RMVL FOREIGN BODY              | x | x | x |
| 44391 | COLONOSCOPY STOMA CONTROL BLEEDING                 | x | x | x |
| 44392 | COLONOSCOPY STOMA RMVL LES BY HOT BIOPSY FORCEPS   | x | x | x |
| 44394 | COLONOSCOPY THROUGH STOMA; W/REMOVAL, LESION, SNAR | x | x | x |
| 44401 | COLONOSCOPY STOMA ABLATION LESION                  | x | x | x |
| 44402 | COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT         | x | x | x |
| 44403 | COLONOSCOPY STOMA W/ENDOSCOPIC MUCOSAL RESCJ       | x | x | x |
| 44404 | COLONOSCOPY STOMA W/SUBMUCOSAL INJECTION           | x | x | x |
| 44405 | COLONOSCOPY STOMA W/BALLOON DILATION               | x | x | x |
| 44406 | COLONOSCOPY STOMA W/ENDOSCOPIC ULTRASOUND EXAM     | x | x | x |
| 44407 | COLONOSCOPY STOMA W/US GID NDL ASPIR/BX            | x | x | x |
| 44408 | COLONOSCOPY THROUGH STOMA WITH DECOMPRESSION       | x | x | x |

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|-------|--|---|---|---|
| 44500 | INTRODUCTION, LONG GI TUBE (SEP PROC)              | X | X | X |
| 44602 | SUTURE, SMALL INTESTINE; SINGLE PERFORATION        | X | X | X |
| 44603 | SUTURE, SMALL INTESTINE; MULTIPLE PERFORATIONS     | X | X | X |
| 44604 | SUTURE, LARGE INTESTINE; W/O COLOSTOMY             | X | X | X |
| 44605 | SUTURE, LARGE INTESTINE; W/COLOSTOMY               | X | X | X |
| 44615 | INTESTINAL STRICTUROPLASTY W/WO DILATION           | X | X | X |
| 44620 | CLOSURE, ENTEROSTOMY, LARGE/SMALL INTESTINE        | X | X | X |
| 44625 | CLOSURE, ENTEROSTOMY, LARGE/SMALL INTESTINE; W/RES | X | X | X |
| 44626 | CLOSURE, ENTEROSTOMY, LARGE/SMALL INTESTINE; W/RES | X | X | X |
| 44640 | CLOSURE, INTESTINAL CUTANEOUS FISTULA              | X | X | X |
| 44650 | CLOSURE, ENTEROENTERIC/ENTEROCOLIC FISTULA         | X | X | X |
| 44660 | CLOSURE, ENTEROVESICAL FISTULA; W/O INTESTINAL/BLA | X | X | X |
| 44661 | CLOSURE, ENTEROVESICAL FISTULA; W/INTESTINE AND/OR | X | X | X |
| 44680 | INTESTINAL PLICATION (SEP PROC)                    | X | X | X |
| 44700 | EXCLUSION, SMALL BOWEL, PELVIS, MESH/PROSTHESIS/NA | X | X | X |
| 44701 | INTRAOPERATIVE COLONIC LAVAGE (ADDL PROC)          | X | X | X |
| 44705 | PREPARE FECAL MICROBIOTA FOR INSTILLATION          | X | X | X |
| 44715 | PREP DONOR , INTESTINE ALLOGRAFT, MESENTERIC ARTER | X | X | X |
| 44720 | PREP DONOR , INTESTINE ALLOGRAFT, VENOUS ANASTOMOS | X | X | X |
| 44721 | PREP DONOR , INTESTINE ALLOGRAFT, VENOUS ANASTOMOS | X | X | X |
| 44799 | UNLISTED PROC, INTESTINE                           | X | X | X |
| 44800 | EXCISION, MECKELS DIVERTICULUM (DIVERTICULECTOMY)/ | X | X | X |
| 44820 | EXCISION, LESION, MESENTERY (SEP PROC)             | X | X | X |
| 44850 | SUTURE, MESENTERY (SEP PROC)                       | X | X | X |
| 44899 | UNLISTED PROC, MECKELS DIVERTICULUM AND MESENTERY  | X | X | X |
| 44900 | INCISION AND DRAINAGE APPENDICEAL ABSCESS OPEN     | X | X | X |
| 44950 | APPENDECTOMY;                                      | X | X | X |
| 44955 | APPENDECTOMY; INDICATED PURPOSE, W/OTHER PROC (NOT | X | X | X |
| 44960 | APPENDECTOMY; RUPTURED APPENDIX W/ABSCESS/GENERALI | X | X | X |
| 44970 | LAPAROSCOPY, SURGICAL, APPENDECTOMY                | X | X | X |
| 44979 | UNLISTED PROC, LAPAROSCOPY, APPENDIX               | X | X | X |
| 45000 | TRANSRECTAL DRAINAGE, PELVIC ABSCESS               | X | X | X |
| 45005 | INCISION AND DRAINAGE, SUBMUCOSAL ABSCESS, RECTUM  | X | X | X |
| 45020 | INCISION AND DRAINAGE, DEEP SUPRALEVATOR, PELVIREC | X | X | X |
| 45100 | BX, ANORECTAL WALL, ANAL APPROACH                  | X | X | X |
| 45108 | ANORECTAL MYOMECTOMY                               | X | X | X |
| 45110 | PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL,  | X | X | X |
| 45111 | PROCTECTOMY; PARTIAL RESECTION, RECTUM, TRANSABDOM | X | X | X |
| 45112 | PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROU | X | X | X |
| 45113 | PROCTECTOMY, PARTIAL, W/RECTAL MUCOSECTOMY, ILEOAN | X | X | X |
| 45114 | PROCTECTOMY, PARTIAL, W/ANASTOMOSIS; ABDOMINAL AND | X | X | X |
| 45116 | PROCTECTOMY, PARTIAL, W/ANASTOMOSIS; TRANSACRAL A  | X | X | X |
| 45119 | PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUG | X | X | X |
| 45120 | PROCTECTOMY, COMPLETE, (CONG MEGACOLON) ABD/PERINE | X | X | X |
| 45121 | PROCTECT, COMPLETE, (CONG MEGACOLON) ABD/PERINEAL  | X | X | X |
| 45123 | PROCTECTOMY, PARTIAL, W/O ANASTOMOSIS, PERINEAL AP | X | X | X |
| 45126 | PELVIC EXENTERATION, W/PROCTECTOMY/PELVIC ORGAN RE | X | X | X |
| 45130 | EXCISION, RECTAL PROCIDENTIA, W/ANASTOMOSIS; PERIN | X | X | X |
| 45135 | EXCISION, RECTAL PROCIDENTIA, W/ANASTOMOSIS; ABDOM | X | X | X |
| 45136 | EXCISION, ILEOANAL RESERVOIR W/ILEOSTOMY           | X | X | X |
| 45150 | DIVISION, STRICTURE, RECTUM                        | X | X | X |
| 45160 | EXCISION, RECTAL TUMOR, PROCTOTOMY, TRANSACRAL/TR  | X | X | X |
| 45171 | EXC RCT TUM NOT INCL MUSCULARIS PROPRIA            | X | X | X |
| 45172 | EXC RCT TUM INCL MUSCULARIS PROPRIA                | X | X | X |
| 45190 | DESTRUCTION, RECTAL TUMOR, TRANSANAL APPROACH      | X | X | X |
| 45300 | PROCTOSIGMOIDOSCOPY, RIGID; DX, W/WO SPECIMEN(S),  | X | X | X |
| 45303 | PROCTOSIGMOIDOSCOPY, RIGID; W/DILATION             | X | X | X |
| 45305 | PROCTOSIGMOIDOSCOPY, RIGID; W/BX, SINGLE/MULTIPLE  | X | X | X |
| 45307 | PROCTOSIGMOIDOSCOPY, RIGID; W/REMOVAL, FB          | X | X | X |
| 45308 | PROCTOSIGMOIDOSCOPY, RIGID; W/REMOVAL, SINGLE LESI | X | X | X |
| 45309 | PROCTOSIGMOIDOSCOPY, RIGID; W/REMOVAL, SINGLE LESI | X | X | X |
| 45315 | PROCTOSIGMOIDOSCOPY, RIGID; W/REMOVAL, MULTIPLE LE | X | X | X |
| 45317 | PROCTOSIGMOIDOSCOPY, RIGID; W/CONTROL, BLEEDING    | X | X | X |
| 45320 | PROCTOSIGMOIDOSCOPY, RIGID; W/ABLATION, LESION, NO | X | X | X |
| 45321 | PROCTOSIGMOIDOSCOPY, RIGID; W/DECOMPRESSION, VOLVU | X | X | X |
| 45327 | PROCTOSIGMOIDOSCOPY, RIGID; W/TRANSENDOSCOPIC STEN | X | X | X |
| 45378 | COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD         | X | X | X |
| 45379 | COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)       | X | X | X |
| 45380 | COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE               | X | X | X |
| 45381 | COLSC FLX WITH DIRECTED SUBMUCOSAL NIX ANY SBST    | X | X | X |
| 45382 | COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD       | X | X | X |
| 45384 | COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS       | X | X | X |
| 45385 | COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ    | X | X | X |
| 45386 | COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT     | X | X | X |
| 45388 | COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES     | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 45389 | COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT    | X | X | X |
| 45390 | COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION     | X | X | X |
| 45391 | COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX   | X | X | X |
| 45392 | COLSC FLX W/US GUID NDL ASPIR/BX W/US RCTM ET AL   | X | X | X |
| 45393 | COLONOSCOPY FLEXIBLE WITH DECOMPRESSION            | X | X | X |
| 45395 | LAPAROSCOPY; SURGICAL, PROCTECTOMY, COMPLETE; COMB | X | X | X |
| 45397 | LAPAROSCOPY; SURGICAL, PROCTECTOMY, COMPLETE; WITH | X | X | X |
| 45398 | COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)         | X | X | X |
| 45399 | UNLISTED PROCEDURE COLON                           | X | X | X |
| 45400 | LAPAROSCOPY, SURGICAL, PROCTOPEXY                  | X | X | X |
| 45402 | LAPAROSCOPY, SURGICAL, PROCTOPEXY; WITH SIGMOID RE | X | X | X |
| 45499 | UNLISTED LAPAROSCOPY PROCEDURE, RECTUM             | X | X | X |
| 45500 | PROCTOPLASTY; STENOSIS                             | X | X | X |
| 45505 | PROCTOPLASTY; PROLAPSE, MUCOUS MEMBRANE            | X | X | X |
| 45520 | PERIRECTAL INJECTION, SCLEROSING SOLUTION, PROLAPS | X | X | X |
| 45540 | PROCTOPEXY, PROLAPSE; ABDOMINAL APPROACH           | X | X | X |
| 45541 | PROCTOPEXY, PROLAPSE; PERINEAL APPROACH            | X | X | X |
| 45550 | PROCTOPEXY COMBINED W/SIGMOID RESECTION, ABDOMINAL | X | X | X |
| 45560 | REPAIR, RECTOCELE (SEP PROC)                       | X | X | X |
| 45562 | EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE, RECTA | X | X | X |
| 45563 | EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE, RECTA | X | X | X |
| 45800 | CLOSURE, RECTOVESICAL FISTULA                      | X | X | X |
| 45805 | CLOSURE, RECTOVESICAL FISTULA; W/COLOSTOMY         | X | X | X |
| 45820 | CLOSURE, RECTOURETHRAL FISTULA                     | X | X | X |
| 45825 | CLOSURE, RECTOURETHRAL FISTULA; W/COLOSTOMY        | X | X | X |
| 45900 | REDUCTION, PROCIDENTIA (SEP PROC) UNDER ANESTHESIA | X | X | X |
| 45905 | DILATION, ANAL SPHINCTER (SEP PROC) UNDER ANESTHES | X | X | X |
| 45910 | DILATION, RECTAL STRICTURE (SEP PROC) UNDER ANESTH | X | X | X |
| 45915 | REMOVAL, FECAL IMPACTION/FB (SEP PROC) UNDER ANEST | X | X | X |
| 45990 | ANORECTAL EXAM, SURGICAL; DIAGNOSTIC               | X | X |   |
| 45999 | UNLISTED PROC, RECTUM                              | X | X | X |
| 46020 | PLACEMENT, SETON                                   | X | X | X |
| 46030 | REMOVAL, ANAL SETON, OTHER MARKER                  | X | X | X |
| 46040 | INCISION AND DRAINAGE, ISCHIORECTAL AND/OR PERIREC | X | X | X |
| 46045 | INCISION AND DRAINAGE, INTRAMURAL/INTRAMUSCULAR/SU | X | X | X |
| 46050 | INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICI | X | X | X |
| 46060 | INCISION AND DRAINAGE, ISCHIORECTAL/INTRAMURAL ABS | X | X | X |
| 46070 | INCISION, ANAL SEPTUM (INFANT)                     | X | X | X |
| 46080 | SPHINCTEROTOMY, ANAL, DIVISION, SPHINCTER (SEP PRO | X | X | X |
| 46083 | INCISION, THROMBOSED HEMORRHOID, EXT               | X | X | X |
| 46200 | FISSURECTOMY, W/WO SPHINCTEROTOMY                  | X | X | X |
| 46220 | EXCISION SINGLE EXTERNAL PAPILLA OR TAG ANUS       | X | X | X |
| 46221 | HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS    | X |   |   |
| 46230 | EXCISION, EXT HEMORRHOID TAGS AND/OR MULTIPLE PAPI | X | X | X |
| 46250 | HEMORRHOIDECTOMY XTRNL 2+ COLUMN/GROUP             | X |   |   |
| 46255 | HEMORRHOIDECTOMY, INT AND EXT, SIMPLE;             | X |   |   |
| 46257 | HEMORRHOIDECTOMY, INT AND EXT, SIMPLE; W/FISSURECT | X |   |   |
| 46258 | HEMORRHOIDECTOMY, INT AND EXT, SIMPLE; W/FISTULECT | X |   |   |
| 46260 | HEMORRHOIDECTOMY INT & XTRNL 2+ COLUMN/GROUP       | X |   |   |
| 46261 | HRHC CPLX/X10SV W/FISSURECTOMY                     | X |   |   |
| 46262 | HRHC 2+ COL/GRP W/FSTULECTMY INCL FSSRECTMY        | X |   |   |
| 46270 | SURGICAL TREATMENT, ANAL FISTULA (FISTULECTOMY/FIS | X | X | X |
| 46275 | SURGICAL TREATMENT, ANAL FISTULA (FISTULECTOMY/FIS | X | X | X |
| 46280 | SURGICAL TREATMENT, ANAL FISTULA (FISTULECTOMY/FIS | X | X | X |
| 46285 | SURGICAL TREATMENT, ANAL FISTULA (FISTULECTOMY/FIS | X | X | X |
| 46288 | CLOSURE, ANAL FISTULA W/RECTAL ADVANCEMENT FLAP    | X | X | X |
| 46320 | ENUCLEATION/EXCISION, EXT THROMBOTIC HEMORRHOID    | X |   |   |
| 46500 | INJECTION, SCLEROSING SOLUTION, HEMORRHOIDS        | X |   |   |
| 46505 | CHEMODENERVATION OF INTERNAL ANAL SPHINCTER        | X | X | X |
| 46600 | ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD     | X | X | X |
| 46601 | ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT          | X | X | X |
| 46604 | ANOSCOPY; W/DILATION                               | X | X | X |
| 46606 | ANOSCOPY; W/BX, SINGLE/MULTIPLE                    | X | X | X |
| 46607 | ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX     | X | X | X |
| 46608 | ANOSCOPY; W/REMOVAL, FB                            | X | X | X |
| 46610 | ANOSCOPY; W/REMOVAL, SINGLE LESION, HOT FORCEPS/CA | X | X | X |
| 46611 | ANOSCOPY; W/REMOVAL, SINGLE TUMOR, POLYP/OTHER LES | X | X | X |
| 46612 | ANOSCOPY; W/REMOVAL, MULTIPLE LESIONS, HOT FORCEPS | X | X | X |
| 46614 | ANOSCOPY; W/CONTROL, BLEEDING                      | X | X | X |
| 46615 | ANOSCOPY; W/ABLATION, LESION, NOT REMOVED BY HOT F | X | X | X |
| 46700 | ANOPLASTY, PLASTIC OPERATION, STRICTURE; ADULT     | X | X | X |
| 46705 | ANOPLASTY, PLASTIC OPERATION, STRICTURE; INFANT    | X | X | X |
| 46706 | REPAIR OF ANAL FISTULA W/FIBRIN GLUE               | X | X | X |
| 46707 | RPR ANORECTAL FISTULA W/ PLUG                      | X | X | X |
| 46710 | REPAIR OF ILEOANAL POUCH FISTULA/SINUS; TRANSPERIN | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 46712 | REPAIR OF ILEOANAL POUCH FISTULA/SINUS; COMBINED T   | x | x | x |
| 46715 | REPAIR, LOW IMPERFORATE ANUS; W/ANOPERINEAL FISTUL   | x | x | x |
| 46716 | REPAIR, LOW IMPERFORATE ANUS; W/TRANSPOSITION, ANO   | x | x | x |
| 46730 | REPAIR, HIGH IMPERF ANUS W/O FISTULA; PERINEAL/SAC   | x | x | x |
| 46735 | REPAIR, HIGH IMPERF ANUS W/O FISTULA; TRANSABDOMIN   | x | x | x |
| 46740 | REPAIR, HIGH IMPERF ANUS W/RECTO-URETHRAL/VAGINAL  | x | x | x |
| 46742 | REPAIR, HIGH IMPERF ANUS W/RECTO-URETHRAL/VAGINAL  | x | x | x |
| 46744 | REPAIR, CLOACAL ANOMALY, ANORECTOVAGINOPLASTY AND  | x | x | x |
| 46746 | REPAIR, CLOACAL ANOMALY, ANORECTOVAGINOPLASTY, URE   | x | x | x |
| 46748 | REPAR, CLOACAL ANOMLY, ANORECTOVAGINO/URETHROPLSTY   | x | x | x |
| 46750 | SPHINCTEROPLASTY, ANAL, INCONTINENCE/PROLAPSE; ADU   | x | x | x |
| 46751 | SPHINCTEROPLASTY, ANAL, INCONTINENCE/PROLAPSE; CHI   | x | x | x |
| 46753 | GRAFT, RECTAL INCONTINENCE AND/OR PROLAPSE   | x | x | x |
| 46754 | REMOVAL, THIERSCH WIRE/SUTURE, ANAL CANAL  | x | x | x |
| 46760 | SPHINCTEROPLASTY, ANAL, INCONTINENCE, ADULT; MUSCL   | x | x | x |
| 46761 | SPHINCTEROPLASTY, ANAL, INCONTINENCE, ADULT; LEVAT   | x | x | x |
| 46900 | DESTRUCTION, ANAL LESION(S), SIMPLE; CHEMICAL  | x | x | x |
| 46910 | DESTRUCTION, ANAL LESION(S), SIMPLE; ELECTRODESICC   | x | x | x |
| 46916 | DESTRUCTION, ANAL LESION(S), SIMPLE; CRYOSURGERY   | x | x | x |
| 46917 | DESTRUCTION, ANAL LESION(S), SIMPLE; LASER SURGERY   | x | x | x |
| 46922 | DESTRUCTION, ANAL LESION(S), SIMPLE; SURGICAL EXCI   | x | x | x |
| 46924 | DESTRUCTION, ANAL LESION(S), EXTENSIVE   | x | x | x |
| 46930 | DESTRUCTION INTERNAL HEMORRHOID THERMAL ENERGY   | x |   |   |
| 46940 | CURETTAGE/CAUTERY, ANAL FISSURE W/DILATION SPHINCT   | x | x | x |
| 46942 | CURETTAGE/CAUTERY, ANAL FISSURE W/DILATION SPHINCT   | x | x | x |
| 46945 | HRHC NTRNL LIG OTH THAN RBBR BAND 1 COL/GRP  | x |   |   |
| 46946 | HRHC NTRNL LIG OTH THAN RBBR BAND 2+ COL/GRP   | x |   |   |
| 46947 | HEMORRHOIDEPEXY BY STAPLING  | x |   |   |
| 46948 | Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed   | x |   |   |
| 46999 | UNLISTED PROC, ANUS  | x | x | x |
| 47010 | HEPATOTOMY OPEN DRAINAGE ABSCESS/CYST 1/2 STAGES   | x | x | x |
| 47015 | LAPAROTOMY, W/ASPIRATION AND/OR INJECTION, HEPATIC   | x | x | x |
| 47120 | HEPATECTOMY, RESECTION, LIVER; PARTIAL LOBECTOMY   | x | x | x |
| 47122 | HEPATECTOMY, RESECTION, LIVER; TRISEGMENTECTOMY  | x | x | x |
| 47125 | HEPATECTOMY, RESECTION, LIVER; TOTAL LEFT LOBECTOM   | x | x | x |
| 47130 | HEPATECTOMY, RESECTION, LIVER; TOTAL RIGHT LOBECTO   | x | x | x |
| 47133 | DONOR HEPATECTOMY, W/PREP ADN MAINTENANCE, ALLOGRA   | x | x | x |
| 47135 | LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL/WHO   | x | x | x |
| 47140 | DONOR HEPATECTOMY, W/PREP AND MAINTENANCE, ALLOGRA   | x | x | x |
| 47141 | DONOR HEPATECTOMY, W/PREP AND MAINTENANCE, ALLOGRA   | x | x | x |
| 47142 | DONOR HEPATECTOMY, W/PREP AND MAINTENANCE, ALLOGRA   | x | x | x |
| 47143 | PREP DONOR, WHOLE LIVER GRAFT, WITHOUT TRISEGEMENT   | x | x | x |
| 47144 | PREP DONOR, WHOLE LIVER GRAFT, WITH TRIGEMENT SPLI   | x | x | x |
| 47145 | PREP DONOR, WHOLE LIVER GRAFT, WITH LOVE SPLIT INT   | x | x | x |
| 47146 | PREP DONOR, LIVER GRAFT, VENOUS ANASTOMOSIS  | x | x | x |
| 47147 | PREP DONOR, LIVER GRAFT, ARTERIAL ANASTOMOSIS, EAC   | x | x | x |
| 47300 | MARSUPIALIZATION, CYST/ABSCESS, LIVER  | x | x | x |
| 47350 | MANAGEMENT, LIVER HEMORRHAGE; SIMPLE SUTURE, LIVER   | x | x | x |
| 47360 | MANAGEMENT, LIVER HEMORRHAGE; COMPLEX SUTURE, LIVE   | x | x | x |
| 47361 | MANAGEMENT, LIVER HEMORRHAGE; EXPLORATION, HEPATIC   | x | x | x |
| 47362 | MANAGEMENT, LIVER HEMORRHAGE; RE-EXPLORATION, HEPA   | x | x | x |
| 47370 | LAPAROSCOPY, SURGICAL, ABLATION MORE THAN 1 LIVER  | x | x | x |
| 47371 | LAPAROSCOPY, SURGICAL, ABLATION MORE THAN 1 LIVER  | x | x | x |
| 47379 | UNLISTED LAPAROSCOPIC PROCEDURE, LIVER   | x | x | x |
| 47380 | ABLATION, OPEN, OVER 1 LIVER TUMOR(S); RADIOFREQUE   | x | x | x |
| 47381 | ABLATION, OPEN, OVER 1 LIVER TUMOR(S); CRYOSURGICA   | x | x | x |
| 47382 | ABLATION, OPEN, OVER 1 LIVER TUMOR(S), PERCUTANEOU   | x | x | x |
| 47383 | ABLATION 1/> LIVER TUMOR PERQ CRYOABLATION   | x | x | x |
| 47399 | UNLISTED PROC, LIVER   | x | x | x |
| 47400 | HEPATICOTOMY/HEPATICOSTOMY W/EXPLORATION/DRAINAGE/   | x | x | x |
| 47420 | CHOLEDOCHOTOMY/OSTOMY W/EXPLORE/DRAIN/REMOVAL CALC   | x | x | x |
| 47425 | CHOLEDOCHOTOMY/OSTOMY W/EXPLORE/DRAIN/REMOVAL CALC   | x | x | x |
| 47460 | TRANSUDODENAL SPHINCTEROTOMY/SPHINCTEROPLASTY, W/W   | x | x | x |
| 47480 | CHOLECSTOT/CHOLECSTOST W/EXPL DRG/RMVL ST1 SPX   | x | x | x |
| 47490 | CHOLECSTOST PRQ W/IMG GID  | x | x | x |
| 47531 | Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access  | x | x | x |
| 47532 | Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram) | x | x | x |
| 47533 | Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external                                    | x | x | x |

|       |  |   |   |   |
|-------|--|---|---|---|
| 47534 | Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external   | x | x | x |
| 47535 | Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation                                       | x | x | x |
| 47536 | Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation          | x | x | x |
| 47537 | Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation                 | x | x | x |
| 47538 | PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE (EG, FLUOROSCOPY AND/OR ULTRASOUND), BALLOON DILATION, CATHETER EXCHANGE(S) AND CATHETER REMOVAL(S) WHEN PERFORMED, AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; EXISTING AC | x | x | x |
| 47539 | PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE (EG, FLUOROSCOPY AND/OR ULTRASOUND), BALLOON DILATION, CATHETER EXCHANGE(S) AND CATHETER REMOVAL(S) WHEN PERFORMED, AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; NEW ACCESS, | x | x | x |
| 47540 | PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE (EG, FLUOROSCOPY AND/OR ULTRASOUND), BALLOON DILATION, CATHETER EXCHANGE(S) AND CATHETER REMOVAL(S) WHEN PERFORMED, AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; NEW ACCESS, | x | x | x |
| 47541 | Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological superv | x | x | x |
| 47542 | Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)                                      | x | x | x |
| 47543 | Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)       | x | x | x |
| 47544 | Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List sep | x | x | x |
| 47550 | BILIARY ENDOSCOPY, INTRAOPERATIVE(CHOLEDCHOSCOPY)  | x | x | x |
| 47552 | BILIARY ENDO PRQ T-TUBE DX W/COLLECT SPEC BRUSH  | x | x | x |
| 47553 | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE/OTHER T   | x | x | x |
| 47554 | BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE/OTHER T   | x | x | x |
| 47555 | BILIARY ENDOSCOPY, PERCUTANEOUS; W/DILATION BILIAR   | x | x | x |
| 47556 | BILIARY ENDOSCOPY, PERCUTANEOUS; W/DILATION BILIAR   | x | x | x |
| 47562 | LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY   | x | x | x |
| 47563 | LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY W/CHOLANGIO   | x | x | x |
| 47564 | LAPAROSCOPY,SURGICAL; CHOLECYSTECTOMY W/EXPLORATIO   | x | x | x |
| 47570 | LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY   | x | x | x |
| 47579 | UNLISTED PROC, LAPAROSCOPY, BILIARY TRACT  | x | x | x |
| 47600 | CHOLECYSTECTOMY  | x | x | x |
| 47605 | CHOLECYSTECTOMY; W/CHOLANGIOGRAPHY   | x | x | x |
| 47610 | CHOLECYSTECTOMY W/EXPLORATION, COMMON DUCT   | x | x | x |
| 47612 | CHOLECYSTECTOMY W/EXPLORATION, COMMON DUCT; W/CHOL   | x | x | x |
| 47620 | CHOLECYSTECTOMY W/EXPLORATION, COMMON DUCT; W/TRAN   | x | x | x |
| 47700 | EXPLORATION, CONGENITAL ATRESIA, BILE DUCTS, W/O R   | x | x | x |
| 47701 | PORTOENTEROSTOMY   | x | x | x |
| 47711 | EXCISION, BILE DUCT TUMOR, W/WO PRIMARY REPAIR, BI   | x | x | x |
| 47712 | EXCISION, BILE DUCT TUMOR, W/WO PRIMARY REPAIR, BI   | x | x | x |
| 47715 | EXCISION, CHOLEDOCHAL CYST   | x | x | x |
| 47720 | CHOLECYSTOENTEROSTOMY; DIRECT  | x | x | x |
| 47721 | CHOLECYSTOENTEROSTOMY; W/GASTROENTEROSTOMY   | x | x | x |
| 47740 | CHOLECYSTOENTEROSTOMY; ROUX-EN-Y   | x | x | x |
| 47741 | CHOLECYSTOENTEROSTOMY; ROUX-EN-Y W/GASTROENTEROSTO   | x | x | x |
| 47760 | ANASTOMOSIS, EXTRAHEPATIC BILIARY DUCTS AND GI TRA   | x | x | x |
| 47765 | ANASTOMOSIS, INTRAHEPATIC DUCTS AND GI TRACT   | x | x | x |
| 47780 | ANASTOMOSIS, ROUX-EN-Y, EXTRAHEPATIC BILIARY DUCTS   | x | x | x |
| 47785 | ANASTOMOSIS, ROUX-EN-Y, INTRAHEPATIC BILIARY DUCTS   | x | x | x |
| 47800 | RECONSTRUCTION, PLASTIC, EXTRAHEPATIC BILIARY DUCT   | x | x | x |
| 47801 | PLACEMENT, CHOLEDOCHAL STENT   | x | x | x |
| 47802 | U-TUBE HEPATICOENTEROSTOMY   | x | x | x |
| 47900 | SUTURE, EXTRAHEPATIC BILIARY DUCT, PRE-EXISTING IN   | x | x | x |
| 47999 | UNLISTED PROC, BILIARY TRACT   | x | x | x |
| 48000 | PLACEMENT, DRAINS, PERIPANCREATIC, ACUTE PANCREATI   | x | x | x |
| 48001 | PLACEMENT, DRAINS, PERIPANCREATIC, ACUTE PANCREATI   | x | x | x |
| 48020 | REMOVAL, PANCREATIC CALCULUS   | x | x | x |
| 48100 | BX, PANCREAS, OPEN   | x | x | x |
| 48105 | Resect/debride pancreas  | x | x | x |

|       |  |   |   |   |
|-------|--|---|---|---|
| 48120 | EXCISION, LESION, PANCREAS   | X | X | X |
| 48140 | PANCREATECTOMY, DISTAL SUBTOTAL, W/WO SPLENECTOMY;   | X | X | X |
| 48145 | PANCREATECTOMY, DISTAL SUBTOTAL, W/WO SPLENECTOMY;   | X | X | X |
| 48146 | PANCREATECTOMY, DISTAL, NEAR-TOTAL W/PRESERVATION,   | X | X | X |
| 48148 | EXCISION, AMPULLA, VATER   | X | X | X |
| 48150 | PANCREATECTOMY (WHIPPLE); W/PANCREATOJEJUNOSTOMY   | X | X | X |
| 48152 | PANCREATECTOMY (WHIPPLE); W/O PANCREATOJEJUNOSTOMY   | X | X | X |
| 48153 | PANCREATECTOMY (PYLORUS SPARING, WHIPPLE); W/PANCR   | X | X | X |
| 48154 | PANCREATECTOMY (PYLORUS SPARING, WHIPPLE); W/O PAN   | X | X | X |
| 48155 | PANCREATECTOMY, TOTAL  | X | X | X |
| 48160 | PANCREATECTOMY, TOTAL/SUBTOTAL W/AUTOLOGOUS TRANSP   | X | X | X |
| 48400 | INJECTION PROC, INTRAOPERATIVE PANCREATOGRAPHY   | X | X | X |
| 48500 | MARSUPIALIZATION, CYST, PANCREAS   | X | X | X |
| 48510 | EXTERNAL DRAINAGE PSEUDOCYST OF PANCREAS OPEN  | X | X | X |
| 48520 | INT ANASTOMOSIS, PANCREATIC CYST TO GI TRACT; DIRE   | X | X | X |
| 48540 | INT ANASTOMOSIS, PANCREATIC CYST TO GI TRACT; ROUX   | X | X | X |
| 48545 | PANCREATORRHAPHY, INJURY   | X | X | X |
| 48547 | DUODENAL EXCLUSION W/GASTROJEJUNOSTOMY, PANCREATIC   | X | X | X |
| 48548 | Fuse pancreas and bowel  | X | X | X |
| 48550 | DONOR PANCREATECTOMY, W/PREP AND MAINTENANCE, CADA   | X | X | X |
| 48551 | PREP DONOR, PANCREAS ALLOGRAFT   | X | X | X |
| 48552 | PREP DONOR, PANCREAS ALLOGRAFT, VENOUS ANASTOMOSIS   | X | X | X |
| 48554 | TRANSPLANTATION, PANCREATIC ALLOGRAFT  | X | X | X |
| 48556 | REMOVAL, TRANSPLANTED PANCREATIC ALLOGRAFT   | X | X | X |
| 48999 | UNLISTED PROC, PANCREAS  | X | X | X |
| 49000 | EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY W/WO   | X | X | X |
| 49002 | REOPENING, RECENT LAPAROTOMY   | X | X | X |
| 49010 | EXPLORATION, RETROPERITONEAL AREA W/WO BX(S) (SEP  | X | X | X |
| 49013 | Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration   | X | X | X |
| 49014 | Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed   | X | X | X |
| 49020 | DRAINAGE PERITON ABSCESS/LOCAL PERITONITIS OPEN  | X | X | X |
| 49040 | DRAINAGE SUBDIAPHRAGMATIC/SUBPHREN ABSCESS OPEN  | X | X | X |
| 49060 | DRAINAGE OF RETROPERITONEAL ABSCESS OPEN   | X | X | X |
| 49062 | DRAINAGE, EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL   | X | X | X |
| 49084 | PERITONEAL LAVAGE W/WO IMAGING GUIDANCE  | X | X | X |
| 49180 | BX, ABDOMINAL/RETROPERITONEAL MASS, PERCUTANEOUS N   | X | X | X |
| 49185 | Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed | X | X | X |
| 49203 | EXCISION/DESTRUCTION OPEN ABDOMINAL TUMORS 5 CM  | X | X | X |
| 49204 | EXC/DESTRUCTION OPEN ABDMNL TUMORS 5.1-10.0 CM   | X | X | X |
| 49205 | EXC/DESTRUCTION OPEN ABDOMINAL TUMORS >10.0 CM   | X | X | X |
| 49215 | EXCISION, PRESACRAL/SACROCOCCYGEAL TUMOR   | X | X | X |
| 49220 | STAGING CELIOTOMY, HODGKINS DISEASE/LYMPHOMA   | X |   |   |
| 49250 | UMBILECTOMY, OMPHALECTOMY, EXCISION, UMBILICUS (SE   | X | X | X |
| 49255 | OMENTECTOMY, EPIPOLECTOMY, RESECTION, OMENTUM (SEP   | X | X | X |
| 49320 | LAPAROSCOPY, ABDOMEN, PERITONEUM AND OMENTUM, DX,  | X | X | X |
| 49321 | LAPAROSCOPY, SURGICAL; W/BX (SINGLE/MULTIPLE)  | X | X | X |
| 49322 | LAPAROSCOPY, SURGICAL; W/CAVITY/CYST ASPIRATION  | X | X | X |
| 49323 | LAPAROSCOPY, SURGICAL; W/LYMPHOCELE DRAINAGE TO PE   | X | X | X |
| 49324 | LAPS INSERTION TUNNELED INTRAPERITONEAL CATHETER   | X | X | X |
| 49325 | Lap revision perm ip cath  | X | X | X |
| 49326 | Lap w/omentopexy add-on  | X | X | X |
| 49327 | LAPS W/INSERTION NTRSTL DEV W/IMG GID 1+   | X | X | X |
| 49329 | UNLISTED PROC, LAPAROSCOPY, ABDOMEN, PERITONEUM AN   | X | X | X |
| 49400 | INJECTION, AIR/CONTRAST INTO PERITONEAL CAVITY (SE   | X | X | X |
| 49402 | Remove foreign body, adbomen   | X | X | X |
| 49405 | IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ   | X | X | X |
| 49406 | IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ   | X | X | X |
| 49407 | IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL   | X | X | X |
| 49411 | PLMT NTRSTL DEV PRQ IABDL IPELVC &/ RPER 1/MLT   | X | X | X |
| 49412 | PLMT INTRSTL DEV OPN W/IMG GID 1+  | X | X | X |
| 49418 | INSJ INTRAPERITONEAL CATHETER W/IMG GID  | X | X | X |
| 49419 | INSERTION TUNNEL INTRAPERITONEAL CATH SUBQ PORT  | X | X | X |
| 49421 | INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN  | X | X | X |
| 49422 | REMOVAL TUNNELED INTRAPERITONEAL CATHETER  | X | X | X |
| 49423 | EXCHANGE ABSCESS/CYST DRAINAGE CATHETER, RADIOLOGI   | X | X | X |
| 49424 | CONTRAST INJECTION, ASSESSMENT, ABSCESS/CYST VIA D   | X | X | X |
| 49425 | INSERTION, PERITONEAL-VENOUS SHUNT   | X | X | X |
| 49426 | REVISION, PERITONEAL-VENOUS SHUNT  | X | X | X |
| 49427 | INJECTION PROC, EVAL, PREVIOUSLY PLACED PERITONEAL   | X | X | X |
| 49428 | LIGATION, PERITONEAL-VENOUS SHUNT  | X | X | X |
| 49429 | REMOVAL, PERITONEAL-VENOUS SHUNT   | X | X | X |
| 49435 | Insert subq exten to ip cath   | X | X | X |



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| 49436 | Embedded ip cath exit-site  | X | X | X |
| 49441 | INSERT DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ UND FLUO  | X | X | X |
| 49442 | INSERT CECOSTOMY/OTHER COLONIC TUBE PERCUTANEOUS  | X | X | X |
| 49451 | REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ UND FLU  | X | X | X |
| 49452 | REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS  | X | X | X |
| 49540 | REPAIR, LUMBAR HERNIA   | X | X | X |
| 49600 | REPAIR, SMALL OMPHALOCELE, W/PRIMARY CLOSURE  | X | X | X |
| 49605 | REPAIR, LARGE OMPHALOCELE/GASTROSCHISIS; W/WO PROS  | X | X | X |
| 49606 | REPAIR, LARGE OMPHALOCELE/GASTROSCHISIS; W/REMOVAL  | X | X | X |
| 49610 | REPAIR, OMPHALOCELE; 1ST STAGE  | X | X | X |
| 49611 | REPAIR, OMPHALOCELE; 2ND STAGE  | X | X | X |
| 49659 | UNLISTED PROC, LAPAROSCOPY, HERNIOPLASTY/HERNIORRH  | X | X | X |
| 49900 | SUTURE, SECONDARY, ABDOMINAL WALL, EVISCERATION/DE  | X | X | X |
| 49904 | OMENTAL FLAP, EXTRA-ABDOMINAL   | X | X | X |
| 49905 | OMENTAL FLAP, INTRA-ABDOMINAL (ADDL PROC)   | X | X | X |
| 49906 | FREE OMENTAL FLAP W/MICROVASCULAR ANASTOMOSIS   | X | X | X |
| 49999 | UNLISTED PROC, ABDOMEN, PERITONEUM AND OMENTUM  | X | X | X |
| 50010 | RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFI  | X | X | X |
| 50020 | DRAINAGE PERIRENAL/RENAL ABSCESS OPEN   | X | X | X |
| 50040 | NEPHROSTOMY, NEPHROTOMY W/DRAINAGE  | X | X | X |
| 50045 | NEPHROTOMY, W/EXPLORATION   | X | X | X |
| 50060 | NEPHROLITHOTOMY; REMOVAL, CALCULUS  | X | X | X |
| 50065 | NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION, CAL  | X | X | X |
| 50070 | NEPHROLITHOTOMY; COMPLICATED, CONGENITAL KIDNEY AB  | X | X | X |
| 50075 | NEPHROLITHOTOMY; REMOVAL, LARGE STAGHORN CALCULUS   | X | X | X |
| 50080 | PERCUTANEOUS NEPHROSTOLITHOTOMY/PYELOSTOLITHOTOMY;  | X | X | X |
| 50081 | PERCUTANEOUS NEPHROSTOLITHOTOMY/PYELOSTOLITHOTOMY;  | X | X | X |
| 50100 | TRANSECTION/REPOSITIONING, ABERRANT RENAL VESSELS   | X | X | X |
| 50120 | PYELOTOMY; W/EXPLORATION  | X | X | X |
| 50125 | PYELOTOMY; W/DRAINAGE, PYELOTOMY  | X | X | X |
| 50130 | PYELOTOMY; W/REMOVAL, CALCULUS  | X | X | X |
| 50135 | PYELOTOMY; COMPLICATED  | X | X | X |
| 50205 | RENAL BX; SURGICAL EXPOSURE, KIDNEY   | X | X | X |
| 50220 | NEPHRECTOMY, W/PARTIAL URETERECTOMY, ANY OPEN APPR  | X | X | X |
| 50225 | NEPHRECTOMY, W/PARTIAL URETERECTOMY, ANY OPEN APPR  | X | X | X |
| 50230 | NEPHRECTOMY, W/PARTIAL URETERECTOMY, OPEN, W/RIB R  | X | X | X |
| 50234 | NEPHRECTOMY, W/TOTAL URETERECTOMY AND BLADDER CUFF  | X | X | X |
| 50236 | NEPHRECTOMY, W/TOTAL URETERECTOMY AND BLADDER CUFF  | X | X | X |
| 50240 | NEPHRECTOMY, PARTIAL  | X | X | X |
| 50250 | OPEN ABLATION RENAL MASS CRYOSURG ULTRASOUND  | X | X | X |
| 50280 | EXCISION/UNROOFING, CYST(S), KIDNEY   | X | X | X |
| 50290 | EXCISION, PERINEPHRIC CYST  | X | X | X |
| 50300 | DONOR NEPHRECTOMY; CADAVER DONOR, UNILAT/BILAT W/P  | X | X | X |
| 50320 | DONOR NEPHRECTOMY, OPEN, LIVING DONOR W/O ALLOGRAF  | X | X | X |
| 50323 | BACKBENCH STANDARD PREP; CADAVER DONOR RENAL ALLOG  | X | X | X |
| 50325 | BACKBENCH STANDARD PREP; LIVING DONOR RENAL ALLOGR  | X | X | X |
| 50327 | BACKBENCH RECONSTRUCTION; VENOUS ANASTOMOSIS  | X | X | X |
| 50328 | BACKBENCH RECONSTRUCTION; ARTERIAL ANASTOMOSIS, EA  | X | X | X |
| 50329 | BACKBENCH RECONSTRUCTION; URETERAL ANASTOMOSIS, EA  | X | X | X |
| 50340 | RECIPIENT NEPHRECTOMY (SEP PROC)  | X | X | X |
| 50360 | RENAL ALLOTRANSPLANTATION, IMPLANTATION, GRAFT; W/  | X | X | X |
| 50365 | RENAL ALLOTRANSPLANTATION, IMPLANTATION, GRAFT; W/  | X | X | X |
| 50370 | REMOVAL, TRANSPLANTED RENAL ALLOGRAFT   | X | X | X |
| 50380 | RENAL AUTOTRANSPLANTATION, REIMPLANTATION, KIDNEY   | X | X | X |
| 50382 | REMOVAL AND REPLACEMENT OF INTERNALLY DWELLING URE  | X | X | X |
| 50384 | REMOVAL OF INTERNALLY DWELLING URETERA STENT  | X | X | X |
| 50385 | REMOVE & REPLACE INT DWELL URETERAL STENT TRURL   | X | X | X |
| 50386 | REMOVE INT DWELL URETERAL STENT TRANSURETHRAL   | X | X | X |
| 50387 | RMVL & RPLCMT XTRNL ACCESSIBLE NEPHROURTRL CATH   | X | X | X |
| 50389 | REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPI  | X | X | X |
| 50390 | ASPIRATION AND/OR INJECTION, RENAL CYST/PELVIS, NE  | X | X | X |
| 50391 | INSTALLATION OF THERAPEUTIC AGENT INTO RENAL PELVI  | X | X | X |
| 50396 | MANOMETRIC STUDIES THROUGH NEPHROSTOMY/PYELOTOMY  | X | X | X |
| 50400 | PYELOPLASTY, (FOLEY Y-PYELOPLASTY), PLASTIC OPERAT  | X | X | X |
| 50405 | PYELOPLASTY, (FOLEY Y-PYELOPLASTY), PLASTIC OPERAT  | X | X | X |
| 50430 | Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access      | X | X | X |
| 50431 | Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access | X | X | X |
| 50432 | Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation    | X | X | X |



|       |  |   |   |   |
|-------|--|---|---|---|
| 50433 | Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access  | x | x | x |
| 50434 | Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract | x | x | x |
| 50435 | Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation   | x | x | x |
| 50500 | NEPHRORRHAPHY, SUTURE, KIDNEY WOUND/INJURY   | x | x | x |
| 50520 | CLOSURE, NEPHROCUTANEOUS/PYELOCUTANEOUS FISTULA  | x | x | x |
| 50525 | CLOSURE, NEPHROVISCERAL FISTULA W/VISCERAL REPAIR;   | x | x | x |
| 50526 | CLOSURE, NEPHROVISCERAL FISTULA W/VISCERAL REPAIR;   | x | x | x |
| 50540 | SYMPHYSIOTOMY, HORSESHOE KIDNEY W/WO PYELOPLASTY,  | x | x | x |
| 50541 | LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS   | x | x | x |
| 50542 | LAPS ABLTJ RNL MASS LES W/INTRAOP US   | x | x | x |
| 50543 | LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY   | x | x | x |
| 50544 | LAPAROSCOPY, SURGICAL; PYELOPLASTY   | x | x | x |
| 50545 | LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY   | x | x | x |
| 50546 | LAPAROSCOPY, SURGICAL; NEPHRECTOMY W/PARTIAL URETE   | x | x | x |
| 50547 | LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY, LIVING D   | x | x | x |
| 50548 | LAPAROSCOPY, SURGICAL; NEPHRECTOMY W/TOTAL URETERE   | x | x | x |
| 50549 | UNLISTED LAPAROSCOPY PROCEDURE, RENAL  | x | x | x |
| 50551 | RENAL ENDOSCOPY THROUGH NEPHROSTOMY/PYELOSTOMY   | x | x | x |
| 50553 | RENAL ENDOSCOPY THROUGH NEPHROSTOMY/PYELOSTOMY; W/   | x | x | x |
| 50555 | RENAL ENDOSCOPY THROUGH NEPHROSTOMY/PYELOSTOMY; W/   | x | x | x |
| 50557 | RENAL ENDOSCOPY THROUGH NEPHROSTOMY/PYELOSTOMY; W/   | x | x | x |
| 50561 | RENAL ENDOSCOPY THROUGH NEPHROSTOMY/PYELOSTOMY; W/   | x | x | x |
| 50562 | RENAL ENDOSCOPY THROUGH NEPHROSTOMY/PYELOSTOMY; W/   | x | x | x |
| 50570 | RENAL ENDOSCOPY THROUGH NEPHROTOMY/PYELOTOMY   | x | x | x |
| 50572 | RENAL ENDOSCOPY THROUGH NEPHROTOMY/PYELOTOMY; W/UR   | x | x | x |
| 50574 | RENAL ENDOSCOPY THROUGH NEPHROTOMY/PYELOTOMY; W/BX   | x | x | x |
| 50575 | RENAL ENDOSCOPY THROUGH NEPHROTOMY/PYELOTOMY; W/EN   | x | x | x |
| 50576 | RENAL ENDOSCOPY THROUGH NEPHROTOMY/PYELOTOMY; W/FU   | x | x | x |
| 50580 | RENAL ENDOSCOPY THROUGH NEPHROTOMY/PYELOTOMY; W/RE   | x | x | x |
| 50590 | LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE   | x | x | x |
| 50592 | ABLATION, ONE OR MORE RENAL TUMORS, PERCUTANEOUS,  | x | x | x |
| 50593 | ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY   | x | x | x |
| 50600 | URETEROTOMY W/EXPLORATION/DRAINAGE (SEP PROC)  | x | x | x |
| 50605 | URETEROTOMY, INSERTION, INDWELLING STENT, ALL TYPE   | x | x | x |
| 50606 | Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)  | x | x | x |
| 50610 | URETEROLITHOTOMY; UPPER ONE-THIRD, URETER  | x | x | x |
| 50620 | URETEROLITHOTOMY; MIDDLE ONE-THIRD, URETER   | x | x | x |
| 50630 | URETEROLITHOTOMY; LOWER ONE-THIRD, URETER  | x | x | x |
| 50650 | URETERECTOMY, W/BLADDER CUFF (SEP PROC)  | x | x | x |
| 50660 | URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION A   | x | x | x |
| 50684 | INJECTION PROC, URETEROGRAPHY/URETEROPYELOGRAPHY T   | x | x | x |
| 50686 | MANOMETRIC STUDIES THROUGH URETEROSTOMY/INDWELLING   | x | x | x |
| 50688 | CHANGE, URETEROSTOMY TUBE  | x | x | x |
| 50690 | INJECTION PROC, VISUALIZATION, ILEAL CONDUIT AND/O   | x | x | x |
| 50693 | Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract                                | x | x | x |
| 50694 | Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter             | x | x | x |
| 50695 | Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter                | x | x | x |
| 50700 | URETEROPLASTY, PLASTIC OPERATION ON URETER   | x | x | x |
| 50705 | Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)  | x | x | x |
| 50706 | Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)  | x | x | x |
| 50715 | URETEROLYSIS, W/WO REPOSITIONING, URETER, RETROPER   | x | x | x |
| 50722 | URETEROLYSIS, OVARIAN VEIN SYNDROME  | x | x | x |
| 50725 | URETEROLYSIS, RETROCAVAL URETER, W/REANASTOMOSIS,  | x | x | x |
| 50727 | REVISION, URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE  | x | x | x |
| 50728 | REVISION, URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE  | x | x | x |
| 50740 | URETEROPYELOSTOMY, ANASTOMOSIS, URETER AND RENAL P   | x | x | x |
| 50750 | URETEROCALYCOSTOMY, ANASTOMOSIS, URETER TO RENAL C   | x | x | x |

|       |  |   |   |   |
|-------|--|---|---|---|
| 50760 | URETEROURETEROSTOMY                                | X | X | X |
| 50770 | TRANSURETEROURETEROSTOMY, ANASTOMOSIS, URETER TO C | X | X | X |
| 50780 | URETERONEOCYSTOSTOMY; ANASTOMOSIS, SINGLE URETER T | X | X | X |
| 50782 | URETERONEOCYSTOSTOMY; ANASTOMOSIS, DUPLICATED URET | X | X | X |
| 50783 | URETERONEOCYSTOSTOMY; W/EXTENSIVE URETERAL TAILORI | X | X | X |
| 50785 | URETERONEOCYSTOSTOMY; W/VESICO-PSOAS HITCH/BLADDER | X | X | X |
| 50800 | URETEROENTEROSTOMY, DIRECT ANASTOMOSIS, URETER TO  | X | X | X |
| 50810 | URETEROSIGMOIDOSTOMY, W/CREATION, SIGMOID BLADDER, | X | X | X |
| 50815 | URETEROCOLON CONDUIT, W/BOWEL ANASTOMOSIS          | X | X | X |
| 50820 | URETEROILEAL CONDUIT (ILEAL BLADDER), W/BOWEL ANAS | X | X | X |
| 50825 | CONTINENT DIVERSION, W/BOWEL ANASTOMOSIS, ANY SEGM | X | X | X |
| 50830 | URINARY UNDIVERSION                                | X | X | X |
| 50840 | REPLACEMENT, ALL/PART, URETER, BOWEL SEGMENT, W/BO | X | X | X |
| 50845 | CUTANEOUS APPENDICO-VESICOSTOMY                    | X | X | X |
| 50860 | URETEROSTOMY, TRANSPLANTATION, URETER TO SKIN      | X | X | X |
| 50900 | URETERORRHAPHY, SUTURE, URETER (SEP PROC)          | X | X | X |
| 50920 | CLOSURE, URETEROCUTANEOUS FISTULA                  | X | X | X |
| 50930 | CLOSURE, URETEROVISCERAL FISTULA (W/VISCERAL REPAI | X | X | X |
| 50940 | DELIGATION, URETER                                 | X | X | X |
| 50945 | LAPAROSCOPY, SURGICAL; URETEROLITHOTOMY            | X | X | X |
| 50947 | LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY W/CYST | X | X | X |
| 50948 | LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY W/O CY | X | X | X |
| 50949 | UNLISTED LAPAROSCOPY PROCEDURE, URETER             | X | X | X |
| 50951 | URETERAL ENDOSCOPY THROUGH URETEROSTOMY            | X | X | X |
| 50953 | URETERAL ENDOSCOPY THROUGH URETEROSTOMY; W/URETERA | X | X | X |
| 50955 | URETERAL ENDOSCOPY THROUGH URETEROSTOMY; W/BX      | X | X | X |
| 50957 | URETERAL ENDOSCOPY THROUGH URETEROSTOMY; W/FULGURA | X | X | X |
| 50961 | URETERAL ENDOSCOPY THROUGH URETEROSTOMY; W/REMOVAL | X | X | X |
| 50970 | URETERAL ENDOSCOPY THROUGH URETEROTOMY, W/VO IRRIG | X | X | X |
| 50972 | URETERAL ENDOSCOPY THROUGH URETEROTOMY; W/URETERAL | X | X | X |
| 50974 | URETERAL ENDOSCOPY THROUGH URETEROTOMY; W/BX       | X | X | X |
| 50976 | URETERAL ENDOSCOPY THROUGH URETEROTOMY; W/FULGURAT | X | X | X |
| 50980 | URETERAL ENDOSCOPY THROUGH URETEROTOMY; W/REMOVAL  | X | X | X |
| 51020 | CYSTOTOMY/CYSTOSTOMY; W/FULGURATION AND/OR INSERTI | X | X | X |
| 51030 | CYSTOTOMY/CYSTOSTOMY; W/CRYOSURGICAL DESTRUCTION,  | X | X | X |
| 51040 | CYSTOSTOMY, CYSTOTOMY W/DRAINAGE                   | X | X | X |
| 51045 | CYSTOTOMY, W/INSERTION, URETERAL CATHETER/STENT (S | X | X | X |
| 51050 | CYSTOLITHOTOMY, CYSTOTOMY W/REMOVAL, CALCULUS, W/O | X | X | X |
| 51060 | TRANSVESICAL URETEROLITHOTOMY                      | X | X | X |
| 51065 | CYSTOTOMY W/STONE BASKET EXTRACTION/ULTRASONIC AND | X | X | X |
| 51080 | DRAINAGE, PERIVESICAL/PREVESICAL SPACE ABSCESS     | X | X | X |
| 51100 | ASPIRATION BLADDER BY NEEDLE                       | X | X | X |
| 51101 | ASPIRATION BLADDER TROCAR/INTRACATHETER            | X | X | X |
| 51102 | ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER      | X | X | X |
| 51500 | EXCISION, URACHAL CYST/SINUS, W/VO UMBILICAL HERNI | X | X | X |
| 51520 | CYSTOTOMY; SIMPLE EXCISION, VESICAL NECK (SEP PROC | X | X | X |
| 51525 | CYSTOTOMY; EXCISION, BLADDER DIVERTICULUM, SINGLE/ | X | X | X |
| 51530 | CYSTOTOMY; EXCISION, BLADDER TUMOR                 | X | X | X |
| 51535 | CYSTOTOMY, EXCISION/INCISION/REPAIR, URETEROCELE   | X | X | X |
| 51550 | CYSTECTOMY, PARTIAL; SIMPLE                        | X | X | X |
| 51555 | CYSTECTOMY, PARTIAL; COMPLICATED                   | X | X | X |
| 51565 | CYSTECTOMY, PARTIAL; W/REIMPLANTATION, URETER(S) I | X | X | X |
| 51570 | CYSTECTOMY, COMPLETE; (SEP PROC)                   | X | X | X |
| 51575 | CYSTECTOMY, COMPLETE; W/BILAT PELVIC LYMPHADENECTO | X | X | X |
| 51580 | CYSTECTOMY, COMPLETE, W/URETEROSIGMOIDOSTOMY/URETE | X | X | X |
| 51585 | CYSTECTOMY, COMPLETE, W/URETEROSIGMOIDOSTOMY/URETE | X | X | X |
| 51590 | CYSTECTOMY, COMPLETE, W/URETEROILEAL CONDUIT/SIGMO | X | X | X |
| 51595 | CYSTECTOMY, COMPLETE, W/URETEROILEAL CONDUIT/SIGMO | X | X | X |
| 51596 | CYSTECTOMY, COMPLETE, W/CONTINENT DIVERSION, OPEN, | X | X | X |
| 51597 | PELVIC EXENTERATION, COMPLETE, VESICAL/PROSTATIC/U | X | X | X |
| 51600 | INJECTION PROC, CYSTOGRAPHY/VOIDING URETHROCYSTOGR | X | X | X |
| 51605 | INJECTION PROC AND PLACEMENT, CHAIN, CONTRAST AND/ | X | X | X |
| 51610 | INJECTION PROC, RETROGRADE URETHROCYSTOGRAPHY      | X | X | X |
| 51700 | BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLA | X | X | X |
| 51701 | INSERTION, NON-INDWELLING BLADDER CATHETER         | X | X | X |
| 51702 | INSERTION, TEMPORARY INDWELLING BLADDER CATHETER;  | X | X | X |
| 51703 | INSERTION, TEMPORARY INDWELLING BLADDER CATHETER;  | X | X | X |
| 51705 | CHANGE, CYSTOSTOMY TUBE; SIMPLE                    | X | X | X |
| 51710 | CHANGE, CYSTOSTOMY TUBE; COMPLICATED               | X | X | X |
| 51715 | ENDOSCOPIC INJECTION, IMPLANT MATL INTO SUBMUCOSAL | X | X | X |
| 51725 | SIMPLE CYSTOMETROGRAM                              | X | X | X |
| 51726 | BLADDER PRESSURE MEASUREMENT DURING FILLING        | X | X | X |
| 51727 | COMPLEX CYSTOMETROGRAM URETHRAL PRESS PROFILE      | X | X | X |
| 51728 | COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES    | X | X | X |
| 51729 | COMPLX CYSTOMETRO W/VOID PRESS&URETHRAL PROFILE    | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 51736 | SIMPLE UROFLOWMETRY                                | X | X |   |
| 51741 | COMPLEX UROFLOWMETRY                               | X | X |   |
| 51784 | ELECTROMYOGRAPHY STUDIES, ANAL/URETHRAL SPHINCTER, | X | X | X |
| 51785 | NEEDLE ELECTROMYOGRAPHY STUDIES, ANAL AND/OR URETH | X | X | X |
| 51792 | STIMULUS EVOKED RESPONSE                           | X | X | X |
| 51797 | VOIDING PRESSURE STUDIES; INTRA-ABDOMINAL VOIDING  | X | X | X |
| 51798 | MEASUREMENT, POST-VOIDING RESIDUAL URINE AND/OR BL | X | X |   |
| 51800 | CYSTOPLASTY/CYSTOURETHROPLASTY, PLASTIC OPERATION, | X | X | X |
| 51820 | CYSTOURETHROPLASTY W/UNILAT/BILAT URETERONEOCYSTOS | X | X | X |
| 51840 | ANTERIOR VESICOURETHROPEXY/URETHROPEXY; SIMPLE     | X | X | X |
| 51841 | ANTERIOR VESICOURETHROPEXY/URETHROPEXY; COMPLICATE | X | X | X |
| 51845 | ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, W/WO END | X | X | X |
| 51860 | CYSTORRHAPHY, SUTURE, BLADDER WOUND, INJURY/RUPTUR | X | X | X |
| 51865 | CYSTORRHAPHY, SUTURE, BLADDER WOUND, INJURY/RUPTUR | X | X | X |
| 51880 | CLOSURE, CYSTOSTOMY (SEP PROC)                     | X | X | X |
| 51900 | CLOSURE, VESICOVAGINAL FISTULA, ABDOMINAL APPROACH | X | X | X |
| 51920 | CLOSURE, VESICOUTERINE FISTULA                     | X | X | X |
| 51925 | CLOSURE, VESICOUTERINE FISTULA; W/HYSTERECTOMY     | X | X | X |
| 51940 | CLOSURE, BLADDER EXSTROPHY                         | X | X | X |
| 51960 | ENTEROCYSTOPLASTY, W/BOWEL ANASTOMOSIS             | X | X | X |
| 51980 | CUTANEOUS VESICOSTOMY                              | X | X | X |
| 51990 | LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STR | X | X | X |
| 51992 | LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS  | X | X | X |
| 51999 | UNLISTED LAPAROSCOPY PROCEDURE, BLADDER            | X | X | X |
| 52000 | CYSTOURETHROSCOPY (SEP PROC)                       | X | X | X |
| 52001 | CYSTOURETHROSCOPY W/IRRIGATION AND EVACUATION CLOT | X | X | X |
| 52005 | CYSTOURETHROSCOPY, W/URETERAL CATHETERIZATION      | X | X | X |
| 52007 | CYSTOURETHROSCOPY, W/URETERAL CATHETERIZATION; W/B | X | X | X |
| 52010 | CYSTOURETHROSCOPY, W/EJACULATORY DUCT CATHETERIZAT | X | X | X |
| 52204 | CYSTOURETHROSCOPY, W/BX                            | X | X | X |
| 52214 | CYSTOURETHROSCOPY, W/FULGURATION TRIGONE/BLADDER N | X | X | X |
| 52224 | CYSTOURETHROSCOPY, W/FULGURATION/TREATMENT LESION( | X | X | X |
| 52234 | CYSTOURETHROSCOPY, W/FULGURATION AND/OR RESECTION; | X | X | X |
| 52235 | CYSTOURETHROSCOPY, W/FULGURATION AND/OR RESECTION; | X | X | X |
| 52240 | CYSTOURETHROSCOPY, W/FULGURATION AND/OR RESECTION; | X | X | X |
| 52250 | CYSTOURETHROSCOPY, W/RADIOACTIVE SUBSTANCE INSERTI | X | X | X |
| 52260 | CYSTOURETHROSCOPY, W/DILATION, BLADDER, INTERSTITI | X | X | X |
| 52265 | CYSTOURETHROSCOPY, W/DILATION, BLADDER, INTERSTITI | X | X | X |
| 52270 | CYSTOURETHROSCOPY, W/INT URETHROTOMY; FEMALE       | X | X | X |
| 52275 | CYSTOURETHROSCOPY, W/INT URETHROTOMY; MALE         | X | X | X |
| 52276 | CYSTOURETHROSCOPY, W/DIRECT VISION INT URETHROTOMY | X | X | X |
| 52277 | CYSTOURETHROSCOPY, W/RESECTION, EXT SPHINCTER      | X | X | X |
| 52281 | CYSTOURETHROSCOPY, W/CALIBRATION AND/OR DILATION,  | X | X | X |
| 52282 | CYSTOURETHROSCOPY, W/INSERTION, URETHRAL STENT     | X | X | X |
| 52283 | CYSTOURETHROSCOPY, W/STEROID INJECTION INTO STRICT | X | X | X |
| 52285 | CYSTOURETHROSCOPY, TREATMENT, FEMALE URETHRAL SYND | X | X | X |
| 52287 | CYSTOSCOPY CHEMODENERVATION                        | X | X | X |
| 52290 | CYSTOURETHROSCOPY; W/URETERAL MEATOTOMY, UNILAT/BI | X | X | X |
| 52300 | CYSTOURETHROSCOPY; W/RESECTION/FULGURATION, ORHOT  | X | X | X |
| 52301 | CYSTOURETHROSCOPY; W/RESECTION/FULGURATION, ECTOPI | X | X | X |
| 52305 | CYSTOURETHROSCOPY; W/INCISION/RESECTION, ORIFICE,  | X | X | X |
| 52310 | CYSTOURETHROSCOPY, W/REMOVAL, FB/CALCULUS/URETERAL | X | X | X |
| 52315 | CYSTOURETHROSCOPY, W/REMOVAL, FB/CALCULUS/URETERAL | X | X | X |
| 52317 | LITHOLAPAXY; SIMPLE/SMALL (LESS THAN 2.5 CM)       | X | X | X |
| 52320 | CYSTOURETHROSCOPY; W/REMOVAL, URETERAL CALCULUS    | X | X | X |
| 52325 | CYSTOURETHROSCOPY; W/FRAGMENTATION, URETERAL CALCU | X | X | X |
| 52327 | CYSTOURETHROSCOPY; W/SUBURETERIC INJECTION, IMPLAN | X | X | X |
| 52330 | CYSTOURETHROSCOPY; W/MANIPULATION, W/O REMOVAL URE | X | X | X |
| 52332 | CYSTOURETHROSCOPY, W/INSERTION, INDWELLING URETERA | X | X | X |
| 52334 | CYSTOURETHROSCOPY W/INSERTION, URETERAL GUIDE WIRE | X | X | X |
| 52341 | CYSTOURETHROSCOPY; W/TREATMENT URETERAL STRICTURE  | X | X | X |
| 52342 | CYSTOURETHROSCOPY; W/TREATMENT URETEROPELVIC JUNCT | X | X | X |
| 52343 | CYSTOURETHROSCOPY; W/TREATMENT INTRA-RENAL STRICTU | X | X | X |
| 52344 | CYSTOURETHROSCOPY W/URETEROSCOPY; W/TREATMENT URET | X | X | X |
| 52345 | CYSTOURETHROSCOPY W/URETEROSCOPY; W/TREATMENT URET | X | X | X |
| 52346 | CYSTOURETHROSCOPY W/URETEROSCOPY; W/TREATMENT INTR | X | X | X |
| 52351 | CYSTOURETHROSCOPY W/URETEROSCOPY AND/OR PYELOSCOPY | X | X | X |
| 52352 | CYSTOURETHROSCOPY W/URETEROSCOPY AND/OR PYELOSCOPY | X | X | X |
| 52353 | CYSTOURETHROSCOPY W/URETEROSCOPY AND/OR PYELOSCOPY | X | X | X |
| 52354 | CYSTOURETHROSCOPY W/URETEROSCOPY AND/OR PYELOSCOPY | X | X | X |
| 52355 | CYSTOURETHROSCOPY W/URETEROSCOPY AND/OR PYELOSCOPY | X | X | X |
| 52356 | CYSTO/URETERO W/LITHOTRIPSY &INDWELL STENT INSRT   | X | X | X |
| 52400 | CYSTOURETHROSCOPY W/INCISION/FULGURATION/RESECTION | X | X | X |
| 52402 | CYSTOURETERO W/CONGEN REPR                         | X | X | X |
| 52441 | CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE      | X | X | X |

|       |   |   |   |   |
|-------|---|---|---|---|
| 52442 | CYSTO INSERTION TRANSPROSTATIC IMPLANT EA ADDL  | X | X | X |
| 52450 | TRANSURETHRAL INCISION, PROSTATE  | X | X | X |
| 52500 | TRANSURETHRAL RESECTION, BLADDER NECK (SEP PROC)  | X | X | X |
| 52601 | TRANSURETHRAL ELECTROSURGICAL RESECTION, PROSTATE,  | X | X | X |
| 52630 | TRANSURETHRAL RESECTION; REGROWTH, OBSTRUCTIVE TIS  | X | X | X |
| 52640 | TRANSURETHRAL RESECTION; POSTOPERATIVE BLADDER NEC  | X | X | X |
| 52647 | NON-CONTACT LASER COAGULATION, PROSTATE, W/CONTROL  | X | X | X |
| 52648 | CONTACT LASER VAPOR, W/WO TRANSURETHRAL RESECTION   | X | X | X |
| 52649 | LASER ENUCLEATION PROSTATE W MORCELLATION   | X | X | X |
| 52700 | TRANSURETHRAL DRAINAGE, PROSTATIC ABSCESS   | X | X | X |
| 53000 | URETHROTOMY/URETHROSTOMY, EXT (SEP PROC); PENDULOU  | X | X | X |
| 53010 | URETHROTOMY/URETHROSTOMY, EXT (SEP PROC); PERINEAL  | X | X | X |
| 53020 | MEATOTOMY, CUTTING, MEATUS (SEP PROC); EXCEPT INFA  | X | X | X |
| 53025 | MEATOTOMY, CUTTING, MEATUS (SEP PROC); INFANT   | X | X | X |
| 53040 | DRAINAGE, DEEP PERIURETHRAL ABSCESS   | X | X | X |
| 53060 | DRAINAGE, SKENES GLAND ABSCESS/CYST   | X | X | X |
| 53080 | DRAINAGE, PERINEAL URINARY EXTRAVASATION; UNCOMPLI  | X | X | X |
| 53085 | DRAINAGE, PERINEAL URINARY EXTRAVASATION; COMPLICA  | X | X | X |
| 53200 | BX, URETHRA   | X | X | X |
| 53210 | URETHRECTOMY, TOTAL, W/CYSTOSTOMY; FEMALE   | X | X | X |
| 53215 | URETHRECTOMY, TOTAL, W/CYSTOSTOMY; MALE   | X | X | X |
| 53220 | EXCISION/FULGURATION, CARCINOMA, URETHRA  | X | X | X |
| 53230 | EXCISION, URETHRAL DIVERTICULUM (SEP PROC); FEMALE  | X | X | X |
| 53235 | EXCISION, URETHRAL DIVERTICULUM (SEP PROC); MALE  | X | X | X |
| 53240 | MARSUPIALIZATION, URETHRAL DIVERTICULUM, MALE/FEMA  | X | X | X |
| 53250 | EXCISION, BULBOURETHRAL GLAND   | X | X | X |
| 53260 | EXCISION/FULGURATION; URETHRAL POLYP(S), DISTAL UR  | X | X | X |
| 53265 | EXCISION/FULGURATION; URETHRAL CARUNCLE   | X | X | X |
| 53270 | EXCISION/FULGURATION; SKENES GLANDS   | X | X | X |
| 53275 | EXCISION/FULGURATION; URETHRAL PROLAPSE   | X | X | X |
| 53400 | URETHROPLASTY; 1ST STAGE, FISTULA/DIVERTICULUM/STR  | X | X | X |
| 53405 | URETHROPLASTY; 2ND STAGE (FORMATION, URETHRA), W/U  | X | X | X |
| 53410 | URETHROPLASTY, 1-STAGE RECONSTRUCTION, MALE ANTERI  | X | X | X |
| 53415 | URETHROPLASTY, TRANSPUBIC/PERINEAL, 1-STAGE, REPAI  | X | X | X |
| 53420 | URETHROPLASTY, 2-STAGE, RECONSTR/REPAIR, PROSTATIC  | X | X | X |
| 53425 | URETHROPLASTY, 2-STAGE, RECONSTR/REPAIR, PROSTATIC  | X | X | X |
| 53430 | URETHROPLASTY, RECONSTRUCTION, FEMALE URETHRA   | X | X | X |
| 53431 | URETHROPLASTY, W/TUBULARIZATION POSTERIOR URETHRA   | X | X | X |
| 53440 | SLING OPERATION, CORRECTION, MALE URINARY INCONTIN  | X | X | X |
| 53442 | REMOVAL, REVISION OF SLING FOR MALE URINARY INCONT  | X | X | X |
| 53444 | INSERTION TANDEM CUFF (DUAL)  | X | X | X |
| 53445 | INSERTION, INFLATABLE URETHRA/BLADDER NECK SPHINCT  | X | X | X |
| 53446 | REMOVAL, INFLATABLE URETHRAL/BLADDER NECK SPHINCTE  | X | X | X |
| 53447 | REMOVAL AND REPLACEMENT, INFLATABLE SPHINCTER W/PU  | X | X | X |
| 53448 | REMOV AND REPLACE INFLATABLE SPHINCTER W/PUMP/RESE  | X | X | X |
| 53449 | REPAIR, INFLATABLE URETHRAL/BLADDER NECK SPHINCTER  | X | X | X |
| 53450 | URETHROMEATOPLASTY, W/MUCOSAL ADVANCEMENT   | X | X | X |
| 53451 | Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance  |   | X | X |
| 53452 | Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance |   | X | X |
| 53453 | Periurethral transperineal adjustable balloon continence device; removal, each balloon  |   | X | X |
| 53454 | Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume                     |   | X | X |
| 53460 | URETHROMEATOPLASTY, W/PARTIAL EXCISION, DISTAL URE  | X | X | X |
| 53500 | URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, W/CYS  | X | X | X |
| 53502 | URETHRORRHAPHY, SUTURE, URETHRAL WOUND/INJURY; FEM  | X | X | X |
| 53505 | URETHRORRHAPHY, SUTURE, URETHRAL WOUND/INJURY; PEN  | X | X | X |
| 53510 | URETHRORRHAPHY, SUTURE, URETHRAL WOUND/INJURY; PER  | X | X | X |
| 53515 | URETHRORRHAPHY, SUTURE, URETHRAL WOUND/INJURY; PRO  | X | X | X |
| 53520 | CLOSURE, URETHROSTOMY/URETHROCUTANEOUS FISTULA, MA  | X | X | X |
| 53600 | DILATION, URETHRAL STRICTURE, PASSAGE, SOUND/URETH  | X | X | X |
| 53601 | DILATION, URETHRAL STRICTURE, PASSAGE, SOUND/URETH  | X | X | X |
| 53605 | DILATION, URETHRAL STRICTURE/VESICAL NECK, MALE, G  | X | X | X |
| 53620 | DILATION, URETHRAL STRICTURE, PASSAGE, FILIFORM AN  | X | X | X |
| 53621 | DILATION, URETHRAL STRICTURE, PASSAGE, FILIFORM AN  | X | X | X |
| 53660 | DILATION, FEMALE URETHRA W/SUPPOSITORY AND/OR INST  | X | X | X |
| 53661 | DILATION, FEMALE URETHRA W/SUPPOSITORY AND/OR INST  | X | X | X |
| 53665 | DILATION, FEMALE URETHRA, GENERAL/CONDUCTION (SPIN  | X | X | X |
| 53850 | TRANSURETHRAL DESTRUCTION, PROSTATE TISSUE; MICROW  | X | X | X |
| 53852 | TRANSURETHRAL DESTRUCTION, PROSTATE TISSUE; RADIOF  | X | X | X |
| 53854 | TRURL DSTRJ PRST8 TISS RF WW THERMOTHERAPY  |   |   | X |
| 53855 | INSERT TEMP PROSTATIC URETH STENT W/MEASUREMENT   | X | X | X |
| 53860 | TRURL RF FEMALE BLADDER NECK STRS URIN INCONT   | X | X | X |
| 53899 | UNLISTED PROC, URINARY SYSTEM   | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 54000 | SLITTING, PREPUCE, DORSAL/LATERAL (SEP PROC); NEWB                 | x | x | x |
| 54001 | SLITTING, PREPUCE, DORSAL/LATERAL (SEP PROC); EXCE                 | x | x | x |
| 54015 | INCISION AND DRAINAGE, PENIS, DEEP                                 | x | x | x |
| 54050 | DESTRUCTION, PENILE LESION, SIMPLE; CHEMICAL                       | x | x | x |
| 54055 | DESTRUCTION, PENILE LESION, SIMPLE; ELECTRODESICCA                 | x | x | x |
| 54056 | DESTRUCTION, PENILE LESION, SIMPLE; CRYOSURGERY                    | x | x | x |
| 54057 | DESTRUCTION, PENILE LESION, SIMPLE; LASER SURGERY                  | x | x | x |
| 54060 | DESTRUCTION, PENILE LESION, SIMPLE; SURGICAL EXCIS                 | x | x | x |
| 54065 | DESTRUCTION, PENILE LESION, EXTENSIVE                              | x | x | x |
| 54100 | BX OF PENIS; (SEP PROC)  | x | x | x |
| 54105 | BX, PENIS; DEEP STRUCTURES   | x | x | x |
| 54110 | EXCISION, PENILE PLAQUE (PEYRONIE DISEASE);                        | x | x | x |
| 54111 | EXCISION, PENILE PLAQUE (PEYRONIE DISEASE); W/GRAF                 | x | x | x |
| 54112 | EXCISION, PENILE PLAQUE (PEYRONIE DISEASE); W/GRAF                 | x | x | x |
| 54115 | REMOVAL FB, DEEP PENILE TISSUE                                     | x | x | x |
| 54120 | AMPUTATION, PENIS; PARTIAL   | x | x | x |
| 54125 | AMPUTATION, PENIS; COMPLETE  | x | x | x |
| 54130 | AMPUTATION, PENIS, RADICAL; W/BILAT INGUINOFEMORAL                 | x | x | x |
| 54135 | AMPUTATION, PENIS, RADICAL; W/BILAT PELVIC LYMPHAD                 | x | x | x |
| 54150 | CIRCUMCISION, USING CLAMP/OTHER DEVICE; NEWBORN                    | x | x | x |
| 54160 | CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP/D                 | x | x | x |
| 54161 | CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP/D                 | x | x | x |
| 54162 | LYSIS/EXCISION, PENILE POSTCIRCUMCISION ADHESIONS                  | x | x | x |
| 54163 | REPAIR, INCOMPLETE CIRCUMCISION                                    | x | x | x |
| 54164 | FRENULOTOMY, PENIS   | x | x | x |
| 54300 | PLASTIC OPERATION, PENIS, STRAIGHTENING, CHORDEE,                  | x | x | x |
| 54304 | PLASTIC OPERATION, PENIS, CORRECTION, CHORDEE/1ST                  | x | x | x |
| 54308 | URETHROPLASTY, 2ND STAGE HYPOSPADIAS REPAIR (W/URI                 | x | x | x |
| 54312 | URETHROPLASTY, 2ND STAGE HYPOSPADIAS REPAIR (W/URI                 | x | x | x |
| 54316 | URETHROPLASTY, 2ND STAGE HYPOSPADIAS REPAIR W/FREE                 | x | x | x |
| 54318 | URETHROPLASTY, 3RD STAGE HYPOSPADIAS REPAIR, RELEA                 | x | x | x |
| 54322 | 1 STAGE DISTAL HYPOSPADIAS REPAIR; W/SIMPLE MEATAL                 | x | x | x |
| 54324 | 1 STAGE DISTAL HYPOSPADIAS REPAIR; W/URETHROPLASTY                 | x | x | x |
| 54326 | 1 STAGE DISTAL HYPOSPADIAS REPAIR; W/URETHROPLASTY                 | x | x | x |
| 54328 | 1 STAGE DISTAL HYPOSPADIAS REPAIR; W/EXTENSIVE DIS                 | x | x | x |
| 54332 | 1 STAGE PROXIMAL PENILE/PENOSCROTAL HYPOSPADIAS RE                 | x | x | x |
| 54336 | 1 STAGE PERINEAL HYPOSPADIAS REPAIR W/EXTENSIVE DI                 | x | x | x |
| 54340 | REPAIR, HYPOSPADIAS COMPLICATIONS; SIMPLE CLOSURE/                 | x | x | x |
| 54344 | REPAIR, HYPOSPADIAS COMPLICATIONS; W/MOBILIZATION/                 | x | x | x |
| 54348 | REPAIR, HYPOSPADIAS COMPLICATIONS; W/EXTENSIVE DIS                 | x | x | x |
| 54352 | REPAIR, HYPOSPADIAS CRIPPLE W/EXTENSIVE DISSECTION                 | x | x | x |
| 54360 | PLASTIC OPERATION, PENIS TO CORRECT ANGULATION                     | x | x | x |
| 54380 | PLASTIC OPERATION, PENIS, EPISPADIAS, DISTAL TO SP                 | x | x | x |
| 54385 | PLASTIC OPERATION, PENIS, EPISPADIAS, DISTAL TO SP                 | x | x | x |
| 54390 | PLASTIC OPERATION, PENIS, EPISPADIAS, DISTAL TO SP                 | x | x | x |
| 54420 | CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM O                 | x | x | x |
| 54430 | CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPIS                 | x | x | x |
| 54435 | CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION, PRIAP                 | x | x | x |
| 54437 | Repair of traumatic corporeal tear(s)                              | x | x | x |
| 54438 | Replantation, penis, complete amputation including urethral repair | x | x | x |
| 54440 | PLASTIC OPERATION, PENIS, INJURY                                   | x | x | x |
| 54450 | FORESKIN MANIPULATION W/LYSIS, PREPUTIAL ADHESIONS                 | x | x | x |
| 54505 | BX, TESTIS, INCISIONAL (SEP PROC)                                  | x | x | x |
| 54512 | EXCISION, EXTRAPARENCHYMAL LESION, TESTIS                          | x | x | x |
| 54520 | ORCHIECTOMY, SIMPLE, W/WO PROSTHESIS, SCROTAL/INGU                 | x | x | x |
| 54522 | ORCHIECTOMY, PARTIAL   | x | x | x |
| 54530 | ORCHIECTOMY, RADICAL, TUMOR; INGUINAL APPROACH                     | x | x | x |
| 54535 | ORCHIECTOMY, RADICAL, TUMOR; W/ABDOMINAL EXPLORATI                 | x | x | x |
| 54550 | EXPLORATION, UNDESCENDED TESTIS (INGUINAL/SCROTAL                  | x | x | x |
| 54560 | EXPLORATION, UNDESCENDED TESTIS W/ABDOMINAL EXPLOR                 | x | x | x |
| 54600 | REDUCTION, TORSION, TESTIS, SURGICAL, W/WO FIXATIO                 | x | x | x |
| 54620 | FIXATION, CONTRALATERAL TESTIS (SEP PROC)                          | x | x | x |
| 54640 | ORCHIOPEXY, INGUINAL APPROACH, W/WO HERNIA REPAIR                  | x | x | x |
| 54650 | ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINA                 | x | x | x |
| 54670 | SUTURE/REPAIR, TESTICULAR INJURY                                   | x | x | x |
| 54680 | TRANSPLANTATION, TESTIS(ES) TO THIGH (FOR SCROTAL                  | x | x | x |
| 54690 | LAPAROSCOPY, SURGICAL; ORCHIECTOMY                                 | x | x | x |
| 54692 | LAPAROSCOPY, SURGICAL; ORCHIOPEXY, INTRA-ABDOMINAL                 | x | x | x |
| 54699 | UNLISTED PROC, LAPAROSCOPY, TESTIS                                 | x | x | x |
| 54700 | INCISION AND DRAINAGE, EPIDIDYMIS, TESTIS AND/OR S                 | x | x | x |
| 54830 | EXCISION, LOCAL LESION, EPIDIDYMIS                                 | x | x | x |
| 54840 | EXCISION, SPERMATOCELE, W/WO EPIDIDYMECTOMY                        | x | x | x |
| 54860 | EPIDIDYMECTOMY; UNILAT   | x | x | x |
| 54861 | EPIDIDYMECTOMY; BILAT  | x | x | x |
| 54865 | Explore epididymis   | x | x | x |

|       |   |   |   |   |
|-------|---|---|---|---|
| 54900 | EPIDIDYMOVASOSTOMY, ANASTOMOSIS, EPIDIDYMIS TO VAS  | X | X | X |
| 54901 | EPIDIDYMOVASOSTOMY, ANASTOMOSIS, EPIDIDYMIS TO VAS  | X | X | X |
| 55000 | PUNCTURE ASPIRATION, HYDROCELE, TUNICA VAGINALIS,   | X | X | X |
| 55040 | EXCISION, HYDROCELE; UNILAT   | X | X | X |
| 55041 | EXCISION, HYDROCELE; BILAT  | X | X | X |
| 55060 | REPAIR, TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)  | X | X | X |
| 55100 | DRAINAGE, SCROTAL WALL ABSCESS  | X | X | X |
| 55110 | SCROTAL EXPLORATION   | X | X | X |
| 55120 | REMOVAL, FB IN SCROTUM  | X | X | X |
| 55150 | RESECTION, SCROTUM  | X | X | X |
| 55175 | SCROTOPLASTY; SIMPLE  | X | X | X |
| 55180 | SCROTOPLASTY; COMPLICATED   | X | X | X |
| 55200 | VASOTOMY, CANNULIZATION, W/WO INCISION, VAS, UNILA  | X | X | X |
| 55300 | VASOTOMY, VASOGRAMS, SEMINAL VESICULOGrams/EPIDIDY  | X | X | X |
| 55500 | EXCISION, HYDROCELE, SPERMATIC CORD, UNILAT (SEP P  | X | X | X |
| 55520 | EXCISION, LESION, SPERMATIC CORD (SEP PROC)   | X | X | X |
| 55530 | EXCISION, VARICOCELE/LIGATION, SPERMATIC VEINS, VA  | X | X | X |
| 55535 | EXCISION, VARICOCELE/LIGATION, SPERMATIC VEINS, VA  | X | X | X |
| 55540 | EXCISION, VARICOCELE/LIGATION, SPERMATIC VEINS, VA  | X | X | X |
| 55550 | LAPAROSCOPY, SURGICAL; W/LIGATION, SPERMATIC VEINS  | X | X | X |
| 55559 | UNLISTED PROC, LAPAROSCOPY, SPERMATIC CORD  | X | X | X |
| 55600 | VESICULOTOMY  | X | X | X |
| 55605 | VESICULOTOMY; COMPLICATED   | X | X | X |
| 55650 | VESICULECTOMY, ANY APPROACH   | X | X | X |
| 55680 | EXCISION, MULLERIAN DUCT CYST   | X | X | X |
| 55705 | BX, PROSTATE; INCISIONAL, ANY APPROACH  | X | X | X |
| 55720 | PROSTATOTOMY, EXT DRAINAGE, PROSTATIC ABSCESS, ANY  | X | X | X |
| 55725 | PROSTATOTOMY, EXT DRAINAGE, PROSTATIC ABSCESS, ANY  | X | X | X |
| 55801 | PROSTATECTOMY, PERINEAL, SUBTOTAL   | X | X | X |
| 55810 | PROSTATECTOMY, PERINEAL RADICAL   | X | X | X |
| 55812 | PROSTATECTOMY, PERINEAL RADICAL; W/LYMPH NODE BX(S  | X | X | X |
| 55815 | PROSTATECTOMY, PERINEAL RADICAL; W/BILAT PELVIC LY  | X | X | X |
| 55821 | PROSTATECTOMY; SUPRAPUBIC, SUBTOTAL, 1/2 STAGES   | X | X | X |
| 55831 | PROSTATECTOMY; RETROPUBIC, SUBTOTAL   | X | X | X |
| 55840 | PROSTATECTOMY, RETROPUBIC RADICAL, W/WO NERVE SPAR  | X | X | X |
| 55842 | PROSTATECTOMY, RETROPUBIC RADICAL, W/WO NERVE SPAR  | X | X | X |
| 55845 | PROSTATECTOMY, RETROPUBIC RADICAL, W/WO NERVE SPAR  | X | X | X |
| 55860 | EXPOSURE, PROSTATE, ANY APPROACH, RADIATION INSERT  | X | X | X |
| 55862 | EXPOSURE, PROSTATE, ANY APPROACH, RADIATION INSERT  | X | X | X |
| 55865 | EXPOSURE, PROSTATE, ANY APPROACH, RADIATION INSERT  | X | X | X |
| 55866 | LAPS PRSTECT RETROPUBIC RAD W/NRV SPARING ROBOT   | X | X | X |
| 55867 | Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed |   |   | X |
| 55870 | ELECTROEJACULATION  | X | X | X |
| 55873 | ABLATION, CRYOSURGICAL, PROSTATE  | X | X | X |
| 55874 | Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed  | X | X | X |
| 55875 | Transperi needle place, pros  | X | X | X |
| 55876 | PLACE INTERSTITIAL DEV RADIATION TX PROSTATE 1+   | X | X | X |
| 55880 | Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance  | X | X | X |
| 55899 | UNLISTED PROC, MALE GENITAL SYSTEM  | X | X | X |
| 55920 | PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL   | X | X | X |
| 55970 | INTERSEX SURGERY; MALE TO FEMALE  | X | X | X |
| 55980 | INTERSEX SURGERY; FEMALE TO MALE  | X | X | X |
| 56405 | INCISION AND DRAINAGE, VULVA/PERINEAL ABSCESS   | X | X | X |
| 56420 | INCISION AND DRAINAGE, BARTHOLINS GLAND ABSCESS   | X | X | X |
| 56440 | MARSUPIALIZATION, BARTHOLINS GLAND CYST   | X | X | X |
| 56441 | LYSIS, LABIAL ADHESIONS   | X | X | X |
| 56442 | Hymenotomy  | X | X | X |
| 56501 | DESTRUCTION, LESION(S), VULVA; SIMPLE   | X | X | X |
| 56515 | DESTRUCTION, LESION(S), VULVA; EXTENSIVE  | X | X | X |
| 56605 | BX, VULVA/PERINEUM (SEP PROC); 1 LESION   | X | X | X |
| 56606 | BX, VULVA/PERINEUM (SEP PROC); ADDL LESION  | X | X | X |
| 56620 | VULVECTOMY SIMPLE; PARTIAL  | X | X | X |
| 56625 | VULVECTOMY SIMPLE; COMPLETE   | X | X | X |
| 56630 | VULVECTOMY, RADICAL, PARTIAL  | X | X | X |
| 56631 | VULVECTOMY, RADICAL, PARTIAL; W/UNILAT INGUINOFEMO  | X | X | X |
| 56632 | VULVECTOMY, RADICAL, PARTIAL; W/BILAT INGUINOFEMOR  | X | X | X |
| 56633 | VULVECTOMY, RADICAL, COMPLETE   | X | X | X |
| 56634 | VULVECTOMY, RADICAL, COMPLETE; W/UNILAT INGUINOFEM  | X | X | X |
| 56637 | VULVECTOMY, RADICAL, COMPLETE; W/BILAT INGUINOFEMO  | X | X | X |
| 56640 | VULVECTOMY, RADICAL, COMPLETE, W/INGUINOFEMORAL, I  | X | X | X |
| 56700 | PARTIAL HYMENECTOMY/REVISION, HYMENAL RING  | X | X | X |



|       |  |   |   |   |
|-------|--|---|---|---|
| 56740 | EXCISION, BARTHOLINS GLAND/CYST                    | X | X | X |
| 56800 | PLASTIC REPAIR, INTROITUS                          | X | X | X |
| 56805 | REPAIR CLITORIS                                    | X | X | X |
| 56810 | PERINEOPLASTY, REPAIR, PERINEUM, NONOBSTETRICAL (S | X | X | X |
| 56820 | COLPOSCOPY, VULVA                                  | X | X | X |
| 56821 | COLPOSCOPY, VULVA; W/BIOPSY(S)                     | X | X | X |
| 57000 | COLPOTOMY; W/EXPLORATION                           | X | X | X |
| 57010 | COLPOTOMY; W/DRAINAGE, PELVIC ABSCESS              | X | X | X |
| 57020 | COLPOCENTESIS (SEP PROC)                           | X | X | X |
| 57022 | INCISION AND DRAINAGE, VAGINAL HEMATOMA; OBSTETRIC | X | X | X |
| 57023 | INCISION AND DRAINAGE, VAGINAL HEMATOMA; NON-OBSTE | X | X | X |
| 57061 | DESTRUCTION, VAGINAL LESION(S); SIMPLE             | X | X | X |
| 57065 | DESTRUCTION, VAGINAL LESION(S); EXTENSIVE          | X | X | X |
| 57100 | BX, VAGINAL MUCOSA; SIMPLE (SEP PROC)              | X | X | X |
| 57105 | BX, VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (W | X | X | X |
| 57106 | VAGINECTOMY, PARTIAL REMOVAL, VAGINAL WALL;        | X | X | X |
| 57107 | VAGINECTOMY, PARTIAL REMOVAL, VAGINAL WALL; W/REMO | X | X | X |
| 57109 | VAGINECTOMY, PARTIAL REMOVAL, VAGINAL WALL; W/REMO | X | X | X |
| 57110 | VAGINECTOMY, COMPLETE REMOVAL, VAGINAL WALL        | X | X | X |
| 57111 | VAGINECTOMY, COMPLETE REMOVAL, VAGINAL WALL; W/REM | X | X | X |
| 57112 | VAGINECTOMY, COMPLETE REMOVAL, WALL; W/REMOVAL, PA | X |   |   |
| 57120 | COLPOCLEISIS (LE FORT TYPE)                        | X | X | X |
| 57130 | EXCISION, VAGINAL SEPTUM                           | X | X | X |
| 57135 | EXCISION, VAGINAL CYST/TUMOR                       | X | X | X |
| 57155 | INSJ UTERINE TANDEM&/VAG OVOIDS                    | X | X | X |
| 57156 | INSJ VAGINAL RADIATION DEVICE                      | X | X | X |
| 57160 | FITTING AND INSERTION, PESSARY/OTHER INTRAVAGINAL  | X | X | X |
| 57180 | INTRO HEMOSTATIC AGENT/PACK, TREATMENT, VAGINAL BL | X | X | X |
| 57200 | COLPORRHAPHY, SUTURE, INJURY, VAGINA (NONOBSTETRIC | X | X | X |
| 57210 | COLPOPERINEORRHAPHY, SUTURE, INJURY, VAGINA AND/OR | X | X | X |
| 57220 | PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL A | X | X | X |
| 57230 | PLASTIC REPAIR, URETHROCELE                        | X | X | X |
| 57240 | ANTERIOR COLPORRHAPHY, REPAIR, CYSTOCELE W/WO REPA | X | X | X |
| 57250 | POSTERIOR COLPORRHAPHY, REPAIR, RECTOCELE W/WO PER | X | X | X |
| 57260 | COMBINED ANTEROPOSTERIOR COLPORRHAPHY              | X | X | X |
| 57265 | COMBINED ANTEROPOSTERIOR COLPORRHAPHY; W/ENTEROCEL | X | X | X |
| 57267 | INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR O | X | X | X |
| 57268 | REPAIR, ENTEROCELE, VAGINAL APPROACH (SEP PROC)    | X | X | X |
| 57270 | REPAIR, ENTEROCELE, ABDOMINAL APPROACH (SEP PROC)  | X | X | X |
| 57280 | COLPOPEXY, ABDOMINAL APPROACH                      | X | X | X |
| 57282 | SACROSPINOUS LIGAMENT FIXATION, PROLAPSE, VAGINA   | X | X | X |
| 57283 | COLPOPEXY, VAGINAL, INTRA-PERITNEAL APPROACH       | X | X | X |
| 57284 | PARAVAGINAL DEFECT REPAIR (W/REPAIR, CYSTOCELE, ST | X | X | X |
| 57285 | PARAVAGINAL DEFECT REPAIR VAGINAL APPROACH         | X | X | X |
| 57287 | REMOVAL/REVISION, SLING, STRESS INCONTINENCE       | X | X | X |
| 57288 | SLING OPERATION, STRESS INCONTINENCE               | X | X | X |
| 57289 | PEREYRA PROC, W/ANTERIOR COLPORRHAPHY              | X | X | X |
| 57291 | CONSTRUCTION, ARTIFICIAL VAGINA; W/O GRAFT         | X | X | X |
| 57292 | CONSTRUCTION, ARTIFICIAL VAGINA; W/GRAFT           | X | X | X |
| 57295 | REVISION OF PROSTHETIC VAGINAL GRAFT, VAGINAL APP  | X | X | X |
| 57296 | Revise vag graft, open abd                         | X | X | X |
| 57300 | CLOSURE, RECTOVAGINAL FISTULA; VAGINAL/TRANSANAL A | X | X | X |
| 57305 | CLOSURE, RECTOVAGINAL FISTULA; ABDOMINAL APPROACH  | X | X | X |
| 57307 | CLOSURE, RECTOVAGINAL FISTULA; ABDOMINAL APPROACH, | X | X | X |
| 57308 | CLOSURE, RECTOVAGINAL FISTULA; TRANSPERINEAL APPRO | X | X | X |
| 57310 | CLOSURE, URETHROVAGINAL FISTULA                    | X | X | X |
| 57311 | CLOSURE, URETHROVAGINAL FISTULA; W/BULBOCAVERNOSUS | X | X | X |
| 57320 | CLOSURE, VESICOVAGINAL FISTULA; VAGINAL APPROACH   | X | X | X |
| 57330 | CLOSURE, VESICOVAGINAL FISTULA; TRANSVESICAL AND V | X | X | X |
| 57335 | REPAIR VAGINA                                      | X | X | X |
| 57400 | DILATION, VAGINA UNDER ANESTHESIA                  | X | X | X |
| 57410 | PELVIC EXAM UNDER ANESTHESIA                       | X | X | X |
| 57415 | REMOVAL, IMPACTED VAGINAL FB (SEP PROC) UNDER ANES | X | X | X |
| 57420 | COLPOSCOPY, ENTIRE VAGINA, W/CERVIX IF PRESENT     | X | X | X |
| 57421 | COLPOSCOPY, ENTIRE VAGINA, W/CERVIX IF PRESENT; W/ | X | X | X |
| 57423 | PARAVAGINAL DEFECT REPAIR LAPAROSCOPIC APPROACH    | X | X | X |
| 57425 | LAPAROSCOPY, SURGICAL, COLPOPEXY                   | X | X | X |
| 57426 | REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC     | X | X | X |
| 57452 | COLPOSCOPY, CERVIX W/UPPER ADJACENT VAGINA         | X | X | X |
| 57454 | COLPOSCOPY, CERVIX W/UPPER ADJACENT VAGINA; W/BIOP | X | X | X |
| 57455 | COLPOSCOPY, CERVIX W/UPPER ADJACENT VAGINA; W/BIOP | X | X | X |
| 57456 | COLPOSCOPY, CERVIX W/UPPER ADJACENT VAGINA; W/ENDO | X | X | X |
| 57460 | COLPOSCOPY, CERVIX W/UPPER ADJACENT VAGINA; W/LOOP | X | X | X |
| 57461 | COLPOSCOPY, CERVIX W/UPPER ADJACENT VAGINA; W/LOOP | X | X | X |



|       |  |   |   |   |
|-------|--|---|---|---|
| 57465 | Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure) | x | x | x |
| 57500 | BX/EXCISION, CERVIX LESION W/WO FULGURATION (SEP P   | x | x | x |
| 57505 | ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILA   | x | x | x |
| 57510 | CAUTERIZATION, CERVIX; ELECTRO/THERMAL   | x | x | x |
| 57511 | CAUTERIZATION, CERVIX; CRYOCAUTERY, INITIAL/REPEAT   | x | x | x |
| 57513 | CAUTERIZATION, CERVIX; LASER ABLATION  | x | x | x |
| 57520 | CONIZATION, CERVIX W/WO FULGURATION, W/WO D AND C/   | x | x | x |
| 57522 | CONIZATION, CERVIX W/WO FULGURATION, W/WO D AND C/   | x | x | x |
| 57530 | TRACHELECTOMY (CERVICECTOMY), AMPUTATION, CERVIX (   | x | x | x |
| 57531 | TRACHELECTOMY, RADICAL W/BILAT PELVIC LYMPHADENECT   | x | x | x |
| 57540 | EXCISION, CERVICAL STUMP, ABDOMINAL APPROACH   | x | x | x |
| 57545 | EXCISION, CERVICAL STUMP, ABDOMINAL APPROACH; W/PE   | x | x | x |
| 57550 | EXCISION, CERVICAL STUMP, VAGINAL APPROACH   | x | x | x |
| 57555 | EXCISION, CERVICAL STUMP, VAGINAL APPROACH; W/ANTE   | x | x | x |
| 57556 | EXCISION, CERVICAL STUMP, VAGINAL APPROACH; W/REPA   | x | x | x |
| 57558 | D&C of cervical stump  | x | x | x |
| 57700 | CERCLAGE, UTERINE CERVIX, NONOBSTETRICAL   | x | x | x |
| 57720 | TRACHELORRHAPHY, PLASTIC REPAIR, UTERINE CERVIX, V   | x | x | x |
| 57800 | DILATION, CERVICAL CANAL, INSTRUMENTAL (SEP PROC)  | x | x | x |
| 58100 | ENDOMETRIAL BX W/WO ENDOCERVICAL BX, W/O DILATION,   | x | x | x |
| 58110 | ENDOMETRIAL SAMPLING PERFORMED IN CONJUNCTION WITH   | x | x | x |
| 58120 | DILATION AND CURETTAGE, DX AND/OR THERAPEUTIC (NON   | x | x | x |
| 58140 | MYOMECTOMY 1-4 MYOMA(S), W/TOTAL WEIGHT 250GMS OR  | x | x | x |
| 58145 | MYOMECTOMY 1-4 MYOMA(S), W/TOTAL WEIGHT 250 GMS OR   | x | x | x |
| 58146 | MYOMECTOMY 5 OR MORE INTRAMURAL MYOMAS AND/OR TOTA   | x | x | x |
| 58150 | TOTAL ABDOMINAL HYSTERECTOMY W/WO REMOVAL TUBE(S)/   | x | x | x |
| 58152 | TOTAL ABDOMINAL HYSTERECTOMY W/WO REMOVAL TUBE(S)/   | x | x | x |
| 58180 | SUPRACERVICAL ABDOMINAL HYSTERECTOMY, W/WO REMOVAL   | x | x | x |
| 58200 | TOTAL ABDOMINAL HYSTERECTOMY, W/PARTIAL VAGINECT,  | x | x | x |
| 58210 | RADICAL ABDOMINAL HYSTERECTOMY W/BILAT PELVIC LYMP   | x | x | x |
| 58240 | PELVIC EXENTERATION, GYNECOLOGIC MALIGNANCY  | x | x | x |
| 58260 | VAGINAL HYSTERECTOMY, UTERUS 250 GMS OR LESS   | x | x | x |
| 58262 | VAGINAL HYSTERECTOMY FOR UTERUS 250 GRAMS OR LESS;   | x | x | x |
| 58263 | VAGINAL HYSTERECTOMY, UTERUS 250 GMS OR LESS; W/RE   | x | x | x |
| 58267 | VAGINAL HYSTERECTOMY, UTERUS 250 GMS OR LESS; W/CO   | x | x | x |
| 58270 | VAGINAL HYSTERECTOMY, UTERUS 250 GMS OR LESS; W/RE   | x | x | x |
| 58275 | VAGINAL HYSTERECTOMY, W/TOTAL/PARTIAL VAGINECTOMY  | x | x | x |
| 58280 | VAGINAL HYSTERECTOMY; W/TOTAL/PARTIAL VAGINECTOMY;   | x | x | x |
| 58285 | VAGINAL HYSTERECTOMY; RADICAL  | x | x | x |
| 58290 | VAGINAL HYSTERECTOMY, UTERUS GREATER THAN 250 GMS;   | x | x | x |
| 58291 | VAGINAL HYSTERECTOMY, UTERUS GREATER THAN 250 GMS;   | x | x | x |
| 58292 | VAGINAL HYSTERECTOMY, UTERUS GREATER THAN 250 GMS;   | x | x | x |
| 58293 | VAGINAL HYSTERECTOMY, UTERUS GREATER THAN 250 GMS;   | x |   |   |
| 58294 | VAGINAL HYSTERECTOMY, UTERUS GREATER THAN 250 GMS;   | x | x | x |
| 58346 | INSERTION, HEYMAN CAPSULES, CLINICAL BRACHYTHERAPY   | x | x | x |
| 58350 | CHROMOTUBATION, OVIDUCT, W/MATLS   | x | x | x |
| 58353 | ABLATION, ENDOMETRIAL, THERMAL, W/O HYSTEROSCOPIC  | x | x | x |
| 58356 | ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE,   | x | x | x |
| 58400 | UTERINE SUSPENSION, W/WO SHORTENING ROUND/SACROUTE   | x | x | x |
| 58410 | UTERINE SUSPENSION W/WO SHORTENING ROUND/SACROUTER   | x | x | x |
| 58520 | HYSTERORRHAPHY, REPAIR, RUPTURED UTERUS (NONOBSTET   | x | x | x |
| 58540 | HYSTEROPLASTY, REPAIR, UTERINE ANOMALY   | x | x | x |
| 58541 | Lsh, uterus 250 g or less  | x | x | x |
| 58542 | Lsh w/t/o ut 250 g or less   | x | x | x |
| 58543 | Lsh uterus above 250 g   | x | x | x |
| 58544 | Lsh w/t/o uterus above 250 g   | x | x | x |
| 58545 | LAPAROSCOPY, SURG, MYOMECTOMY; 1-4 INTRAMURAL MYOM   | x | x | x |
| 58546 | LAPAROSCOPY, SURG, MYOMECTOMY; 5 OR LESS INTRAMURA   | x | x | x |
| 58548 | Lap radical hyst   | x | x | x |
| 58550 | LAPAROSCOPY, SURG, W/VAGINAL HYSTERECTOMY, UTERUS  | x | x | x |
| 58552 | LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; W/REM   | x | x | x |
| 58553 | LAPAROSCOPY, SURG, W/VAGINAL HYSTERECTOMY, UTERUS  | x | x | x |
| 58554 | LAPAROSCOPY, SURG, W/VAGINAL HYSTERECTOMY, FOR UTE   | x | x | x |
| 58555 | HYSTEROSCOPY, DX (SEP PROC)  | x | x | x |
| 58558 | HYSTEROSCOPY, SURGICAL; W/ENDOMETRIAL BX AND/OR PO   | x | x | x |
| 58559 | HYSTEROSCOPY, SURGICAL; W/LYSIS INTRAUTERINE ADHES   | x | x | x |
| 58560 | HYSTEROSCOPY, SURGICAL; W/DIVISION/RESECTION INTRA   | x | x | x |
| 58561 | HYSTEROSCOPY, SURGICAL; W/REMOVAL LEIOMYOMATA  | x | x | x |
| 58562 | HYSTEROSCOPY, SURGICAL, W/REMOVAL IMPACTED FB  | x | x | x |
| 58563 | HYSTEROSCOPY, SURGICAL; W/ENDOMETRIAL ABLATION   | x | x | x |
| 58565 | HYSTEROSCOPY, ABLATION   | x | x | x |
| 58570 | LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 G/<  | x | x | x |
| 58571 | LAPS TOTAL HYSTERECTOMY 250 G/< W TUBE/OVARY   | x | x | x |

|       |  |   |   |   |
|-------|--|---|---|---|
| 58572 | LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS > 250 G  | X | X | X |
| 58573 | LAPAROSCOPY TOT HYSTERECTOMY > 250 G W TUBE/OVAR   | X | X | X |
| 58575 | Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed | X | X | X |
| 58578 | UNLISTED PROC, LAPAROSCOPY, UTERUS   | X | X | X |
| 58579 | UNLISTED PROC, HYSTEROSCOPY, UTERUS  | X | X | X |
| 58600 | LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDO   | X | X | X |
| 58605 | LIGATION/TRANSECTION, FALLOPIAN TUBE, ABD/VAGINAL  | X | X | X |
| 58611 | LIGATION/TRANSECTION, FALLOPIAN TUBE W/C-SECTION/S   | X | X | X |
| 58615 | OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND   | X | X | X |
| 58660 | LAPAROSCOPY, SURGICAL; W/LYSIS, ADHESIONS (SALPING   | X | X | X |
| 58661 | LAPAROSCOPY, SURGICAL; W/REMOVAL, ADNEXAL STRUCTUR   | X | X | X |
| 58662 | LAPAROSCOPY, SURGICAL; W/FULGURATION/EXCISION, LES   | X | X | X |
| 58670 | LAPAROSCOPY, SURGICAL; W/FULGURATION OF OVIDUCTS W   | X | X | X |
| 58671 | LAPAROSCOPY, SURGICAL; W/OCCLUSION, OVIDUCTS BY DE   | X | X | X |
| 58672 | LAPAROSCOPY, SURGICAL; W/FIMBRIOPLASTY   | X | X | X |
| 58673 | LAPAROSCOPY, SURGICAL; W/SALPINOSTOMY  | X | X | X |
| 58674 | LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE ULTRASOUND GUIDANCE AND MONITORING, RADIOFREQUENCY  | X | X | X |
| 58679 | UNLISTED PROC, LAPAROSCOPY, OVIDUCT/OVARY  | X | X | X |
| 58700 | SALPINGECTOMY, COMPLETE/PARTIAL, UNILAT/BILAT (SEP   | X | X | X |
| 58720 | SALPINGO-OOPHORECTOMY, COMPLETE/PARTIAL, UNILAT/BI   | X | X | X |
| 58740 | LYSIS, ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)  | X | X | X |
| 58752 | TUBO UTERINE IMPLANTATION  | X | X | X |
| 58760 | FIMBRIOPLASTY  | X | X | X |
| 58770 | SALPINGOSTOMY (SALPINGONEOSTOMY)   | X | X | X |
| 58800 | DRAINAGE, OVARIAN CYST(S), UNILAT/BILAT, (SEP PROC   | X | X | X |
| 58805 | DRAINAGE, OVARIAN CYST(S), UNILAT/BILAT, (SEP PROC   | X | X | X |
| 58820 | DRAINAGE, OVARIAN ABSCESS; VAGINAL APPROACH, OPEN  | X | X | X |
| 58822 | DRAINAGE, OVARIAN ABSCESS; ABDOMINAL APPROACH  | X | X | X |
| 58825 | TRANSPOSITION, OVARY(S)  | X | X | X |
| 58900 | BX, OVARY, UNILAT/BILAT (SEP PROC)   | X | X | X |
| 58920 | WEDGE RESECTION/BISECTION, OVARY, UNILAT/BILAT   | X | X | X |
| 58925 | OVARIAN CYSTECTOMY, UNILAT/BILAT   | X | X | X |
| 58940 | OOPHORECTOMY, PARTIAL/TOTAL, UNILAT/BILAT  | X | X | X |
| 58943 | OOPHORECTOMY, PARTIAL/TOTAL, OVARIAN/TUBAL/PRIMARY   | X | X | X |
| 58950 | RESECTION, OVARIAN/TUBAL/PRIMARY MALIGNANCY W/BSO  | X | X | X |
| 58951 | RESECTION, OVARIAN/TUBAL/PRIMARY MALIGNANCY W/BSO  | X | X | X |
| 58952 | RESECTION, OVARIAN/TUBAL/PRIMARY MALIGNANCY W/BSO  | X | X | X |
| 58953 | BILAT SALPINGO-OOPHORECT W/OMENTECT, TOTAL ABDOM H   | X | X | X |
| 58954 | BILAT SALPING-OOPHORECT W/OMENTEC, TL ABD HYST AND   | X | X | X |
| 58956 | BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTE  | X | X | X |
| 58957 | Resect recurrent gyn mal   | X | X | X |
| 58958 | Resect recur gyn mal w/lym   | X | X | X |
| 58960 | LAPAROTOMY, STAGING/RE-STAGING, OVARIAN/TUBAL/PRIMA  | X | X | X |
| 58999 | UNLISTED PROC, FEMALE GENITAL SYSTEM (NONOBSTETRIC   | X | X | X |
| 59000 | AMNIOCENTESIS DIAGNOSTIC   | X | X | X |
| 59072 | FETAL UMBILICAL CORD OCCLUSION, W/US GUIDANCE  | X | X | X |
| 59074 | FETAL FLUID DRAINAGE, W/US GUIDANCE  | X | X | X |
| 59076 | FETAL SHUNT PLACEMENT, W/US GUIDANCE   | X | X | X |
| 59100 | HYSTEROTOMY, ABDOMINAL   | X | X | X |
| 59120 | SURGICAL TREATMENT, ECTOPIC PREGNANCY; TUBAL/OVARI   | X | X | X |
| 59121 | SURGICAL TREATMENT, ECTOPIC PREGNANCY; TUBAL/OVARI   | X | X | X |
| 59130 | SURGICAL TREATMENT, ECTOPIC PREGNANCY; ABDOMINAL P   | X | X | X |
| 59135 | SURGICAL TREATMENT, ECTOPIC PREGNANCY; INTERSTITIA   | X |   |   |
| 59136 | SURGICAL TREATMENT, ECTOPIC PREGNANCY; INTERSTITIA   | X | X | X |
| 59140 | SURGICAL TREATMENT, ECTOPIC PREGNANCY; CERVICAL, W   | X | X | X |
| 59150 | LAPAROSCOPIC TREATMENT, ECTOPIC PREGNANCY; W/O SAL   | X | X | X |
| 59151 | LAPAROSCOPIC TREATMENT, ECTOPIC PREGNANCY; W/SALPI   | X | X | X |
| 59160 | CURETTAGE, POSTPARTUM  | X | X | X |
| 59200 | INSERTION, CERVICAL DILATOR (SEP PROC)   | X | X | X |
| 59300 | EPISIOTOMY/VAG RPR OTH/THN ATTENDING   | X | X | X |
| 59320 | CERCLAGE, CERVIX, DURING PREGNANCY; VAGINAL  | X | X | X |
| 59325 | CERCLAGE, CERVIX, DURING PREGNANCY; ABDOMINAL  | X | X | X |
| 59350 | HYSTERORRHAPHY, RUPTURED UTERUS  | X | X | X |
| 59400 | ROUTINE OBSTETRIC CARE, ANTEPARTUM CARE, VAGINAL D   | X | X | X |
| 59409 | VAGINAL DELIVERY ONLY (W/WO EPISIOTOMY AND/OR FORC   | X | X | X |
| 59410 | VAGINAL DELIVERY ONLY (W/WO EPISIOTOMY AND/OR FORC   | X | X | X |
| 59412 | EXT CEPHALIC VERSION, W/WO TOCOLYSIS   | X |   |   |
| 59414 | DELIVERY, PLACENTA (SEP PROC)  | X | X | X |
| 59425 | ANTEPARTUM CARE ONLY; 4 TO 6 VISITS  | X | X | X |
| 59426 | ANTEPARTUM CARE ONLY; 7 (PLUS) VISITS  | X | X | X |
| 59430 | CARE AFTER DELIVERY  | X | X | X |
| 59510 | ROUTINE OBSTETRIC CARE W/ANTEPARTUM CARE, CESAREAN   | X | X | X |
| 59514 | CESAREAN DELIVERY ONLY   | X | X | X |

|       |   |   |   |   |
|-------|---|---|---|---|
| 59515 | CESAREAN DELIVERY ONLY; W/POSTPARTUM CARE             | X | X | X |
| 59525 | SUBTOTAL/TOTAL HYSTERECTOMY AFTER CESAREAN DELIVER    | X | X | X |
| 59610 | ROUTINE OBSTETRIC CARE, VAGINAL DELIVERY, W/ANTEPA    | X | X | X |
| 59612 | VAGINAL DELIVERY ONLY, PREVIOUS CESAREAN DELIVERY     | X | X | X |
| 59614 | VAGINAL DELIVERY ONLY, PREVIOUS CESAREAN DELIVERY;    | X | X | X |
| 59618 | ROUTINE OB CARE, ANTE/POSTPARTUM, CESAREAN DELIVER    | X | X | X |
| 59620 | CESAREAN DELIVERY, AFTER FAILED VAGINAL DELIVERY,     | X | X | X |
| 59622 | CESAREAN DELIVERY, AFTER FAILED VAGINAL DELIVERY,     | X | X | X |
| 59812 | TREATMENT, INCOMPLETE ABORTION, ANY TRIMESTER, COM    | X | X | X |
| 59820 | TREATMENT, MISSED ABORTION, COMPLETED SURGICALLY;     | X | X | X |
| 59821 | TREATMENT, MISSED ABORTION, COMPLETED SURGICALLY;     | X | X | X |
| 59830 | TREATMENT, SEPTIC ABORTION, COMPLETED SURGICALLY      | X | X | X |
| 59840 | ABORTION  | X | X | X |
| 59841 | ABORTION  | X | X | X |
| 59850 | ABORTION  | X | X | X |
| 59851 | ABORTION  | X | X | X |
| 59852 | ABORTION  | X | X | X |
| 59855 | ABORTION  | X | X | X |
| 59856 | ABORTION  | X | X | X |
| 59857 | ABORTION  | X | X | X |
| 59866 | ABORTION (MPR)  | X | X | X |
| 59870 | UTERINE EVACUATION AND CURETTAGE, HYDATIDIFORM MO     | X | X | X |
| 59871 | REMOVAL, CERCLAGE SUTURE UNDER ANESTHESIA (OTHER T    | X | X | X |
| 59897 | UNLISTED FETAL INVASIVE PROCEDURE, W/US GUIDANCE      | X | X | X |
| 59898 | UNLISTED PROC, LAPAROSCOPY, MATERNITY CARE AND DEL    | X | X | X |
| 59899 | UNLISTED PROC, MATERNITY CARE AND DELIVERY            | X | X | X |
| 60000 | INCISION AND DRAINAGE, THYROID GLAND, INFECTED        | X | X | X |
| 60200 | EXCISION, CYST/ADENOMA, THYROID/TRANSECTION, ISTHM    | X | X | X |
| 60210 | PARTIAL THYROID LOBECTOMY, UNILAT; W/WO ISTHMUSECT    | X | X | X |
| 60212 | PARTIAL THYROID LOBECTOMY, UNILAT; W/CONTRALATERAL    | X | X | X |
| 60220 | TOTAL THYROID LOBECTOMY, UNILAT; W/WO ISTHMUSECTOM    | X | X | X |
| 60225 | TOTAL THYROID LOBECTOMY, UNILAT; W/CONTRALATERAL S    | X | X | X |
| 60240 | THYROIDECTOMY, TOTAL/COMPLETE                         | X | X | X |
| 60252 | THYROIDECTOMY, TOTAL/SUBTOTAL, MALIGNANCY; W/LIMIT    | X | X | X |
| 60254 | THYROIDECTOMY, TOTAL/SUBTOTAL, MALIGNANCY; W/RADIC    | X | X | X |
| 60260 | THYROIDECTOMY, REMOVAL REMAINING TISSUE, FOLLOWING    | X | X | X |
| 60270 | THYROIDECTOMY, W/SUBSTERNAL THYROID; STERNAL SPLIT    | X | X | X |
| 60271 | THYROIDECTOMY, W/SUBSTERNAL THYROID; CERVICAL APPR    | X | X | X |
| 60280 | EXCISION, THYROID GLAND, INFECTED                     | X | X | X |
| 60281 | EXCISION, THYROID GLAND, INFECTED; RECURRENT          | X | X | X |
| 60300 | ASPIRATION AND/OR INJECTION THYROID CYST              | X | X | X |
| 60500 | PARATHYROIDECTOMY/EXPLORATION, PARATHYROID(S)         | X | X | X |
| 60502 | PARATHYROIDECTOMY/EXPLORATION, PARATHYROID(S); RE-    | X | X | X |
| 60505 | PARATHYROIDECTOMY/EXPLORATION, PARATHYROID(S); W/M    | X | X | X |
| 60512 | PARATHYROID AUTOTRANSPLANTATION                       | X | X | X |
| 60520 | THYROIDECTOMY, PART/TOTAL; TRANSVERSAL APPROACH (SE   | X | X | X |
| 60521 | THYROIDECTOMY, PART/TOTAL; STERNAL SPLIT/TRANSTHORACI | X | X | X |
| 60522 | THYROIDECTOMY, PART/TOTAL; STERNAL SPLIT/TRANSTHORACI | X | X | X |
| 60540 | ADRENALECTOMY/EXPLORATION, ADRENAL GLAND, W/WO BX     | X | X | X |
| 60545 | ADRENALECTOMY/EXPLORATION, ADRENAL GLAND, W/WO BX     | X | X | X |
| 60600 | EXCISION, CAROTID BODY TUMOR; W/O EXCISION, CAROTI    | X | X | X |
| 60605 | EXCISION, CAROTID BODY TUMOR; W/EXCISION, CAROTID     | X | X | X |
| 60650 | LAPAROSCOPY, SURGICAL, W/TRANSABD PARTL/COMPLETE A    | X | X | X |
| 60659 | UNLISTED PROC, LAPAROSCOPY, SURGICAL, ENDOCRINE SY    | X | X | X |
| 60699 | UNLISTED PROC, ENDOCRINE SYSTEM                       | X | X | X |
| 61000 | SUBDURAL TAP THROUGH FONTANELLE/SUTURE, INFANT, UN    | X | X | X |
| 61001 | SUBDURAL TAP THROUGH FONTANELLE/SUTURE, INFANT, UN    | X | X | X |
| 61020 | VENTRICULAR PUNCTURE, PREVIOUS BURR HOLE; W/O INJE    | X | X | X |
| 61026 | VENTRICULAR PUNCTURE, PREVIOUS BURR HOLE; W/INJECT    | X | X | X |
| 61050 | CISTERNAL/LATERAL (C1-C2) CERVICAL PUNCTURE; W/O I    | X | X | X |
| 61055 | CISTERNAL/LATERAL C1-C2 PUNCTURE W/INJECTION          | X | X | X |
| 61070 | PUNCTURE, SHUNT TUBING/RESERVOIR, ASPIRATION/INJEC    | X | X | X |
| 61105 | TWIST DRILL HOLE, SUBDURAL/VENTRICULAR PUNCTURE       | X | X | X |
| 61107 | TWIST DRILL HOLE, SUBDURAL/VENTRICULAR PUNCTURE; I    | X | X | X |
| 61108 | TWIST DRILL HOLE, SUBDURAL/VENTRICULAR PUNCTURE; E    | X | X | X |
| 61120 | BURR HOLE(S), VENTRICULAR PUNCTURE W/INJECTION        | X | X | X |
| 61140 | BURR HOLE(S)/TREPHINE; W/BX, BRAIN/INTRACRANIAL LE    | X | X | X |
| 61150 | BURR HOLE(S)/TREPHINE; W/DRAINAGE, BRAIN ABSCESS/C    | X | X | X |
| 61151 | BURR HOLE(S)/TREPHINE; W/SUBSEQUENT TAPPING (ASPIR    | X | X | X |
| 61154 | BURR HOLE(S) W/EVACUATION AND/OR DRAINAGE, HEMATOM    | X | X | X |
| 61156 | BURR HOLE(S); W/ASPIRATION, HEMATOMA/CYST, INTRACE    | X | X | X |
| 61210 | BURR HOLE(S); IMPLANTING VENTRICULAR CATHETER/RESE    | X | X | X |
| 61215 | INSERTION, SUBQ RESERVOIR/PUMP/INFUSION SYSTEM, VE    | X | X | X |
| 61250 | BURR HOLE(S)/TREPHINE, SUPRATENTORIAL, EXPLORATORY,   | X | X | X |
| 61253 | BURR HOLE(S)/TREPHINE, INFRATENTORIAL, UNILAT/BILAT   | X | X | X |

|       |   |   |   |   |
|-------|---|---|---|---|
| 61304 | CRANIECTOMY/CRANIOTOMY, EXPLORATORY; SUPRATENTORIA  | x | x | x |
| 61305 | CRANIECTOMY/CRANIOTOMY, EXPLORATORY; INFRATENTORIA  | x | x | x |
| 61312 | CRANIECTOMY/CRANIOTOMY, EVACUATION, HEMATOMA, SUPR  | x | x | x |
| 61313 | CRANIECTOMY/CRANIOTOMY, EVACUATION, HEMATOMA, SUPR  | x | x | x |
| 61314 | CRANIECTOMY/CRANIOTOMY, EVACUATION, HEMATOMA, INFR  | x | x | x |
| 61315 | CRANIECTOMY/CRANIOTOMY, EVACUATION, HEMATOMA, INFR  | x | x | x |
| 61316 | INCISION AND SUBQ PLACEMENT, CRANIAL BONE GRAFT     | x | x | x |
| 61320 | CRANIECTOMY/CRANIOTOMY, DRAINAGE, INTRACRANIAL ABS  | x | x | x |
| 61321 | CRANIECTOMY/CRANIOTOMY, DRAINAGE, INTRACRANIAL ABS  | x | x | x |
| 61322 | CRANIECTOMY/CRANIOTOMY, DECOMPRES, W/DURAPLASTY, W  | x | x | x |
| 61323 | CRANIECTOMY/CRANIOTOMY, DECOMPRES, W/WO DURAPLASTY  | x | x | x |
| 61330 | DECOMPRESSION, ORBIT ONLY, TRANSCRANIAL APPROACH    | x | x | x |
| 61333 | EXPLORATION, ORBIT (TRANSCRANIAL APPROACH); W/REMO  | x | x | x |
| 61340 | SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUDOTUMOR CER  | x | x | x |
| 61343 | CRANIECTOMY, SUBOCCIPITAL W/CERVICAL LAMINECTOMY,   | x | x | x |
| 61345 | OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA        | x | x | x |
| 61450 | CRANIECTOMY, SUBTEMPORAL, SECTION/COMPRESSION/DECO  | x | x | x |
| 61458 | CRANIECTOMY, SUBOCCIPITAL; EXPLORATION/DECOMPRESSI  | x | x | x |
| 61460 | CRANIECTOMY, SUBOCCIPITAL; SECTION, OVER 1 CRANIAL  | x | x | x |
| 61500 | CRANIECTOMY; W/EXCISION, TUMOR/OTHER BONE LESION,   | x | x | x |
| 61501 | CRANIECTOMY; OSTEOMYELITIS                          | x | x | x |
| 61510 | CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; E  | x | x | x |
| 61512 | CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; E  | x | x | x |
| 61514 | CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; E  | x | x | x |
| 61516 | CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; E  | x | x | x |
| 61517 | IMPLANTATION, BRAIN INTRACAVITARY CHEMOTHERAPY AGE  | x | x | x |
| 61518 | CRANIECTOMY, EXCISION TUMOR, INFRATENTORIAL/POSTER  | x | x | x |
| 61519 | CRANIECTOMY, EXCISION TUMOR, INFRATENTORIAL/POSTER  | x | x | x |
| 61520 | CRANIECTOMY, EXCISION TUMOR, INFRATENTORIAL/POSTER  | x | x | x |
| 61521 | CRANIECTOMY, EXCISION TUMOR, INFRATENTORIAL/POSTER  | x | x | x |
| 61522 | CRANIECTOMY, INFRATENTORIAL/POSTERIOR FOSSA; EXCIS  | x | x | x |
| 61524 | CRANIECTOMY, INFRATENTORIAL/POSTERIOR FOSSA; EXCIS  | x | x | x |
| 61526 | CRANIECTOMY, CEREBELLOPONTINE ANGLE TUMOR           | x | x | x |
| 61530 | CRANIECTOMY, CEREBELLOPONTINE ANGLE TUMOR; MIDDLE/  | x | x | x |
| 61531 | SUBDURAL IMPLANTATION, STRIP ELECTRODES, LONG TERM  | x | x | x |
| 61533 | CRANIOTOMY W/ELEVATION, BONE FLAP; IMPLANTATION, E  | x | x | x |
| 61534 | CRANIOTOMY W/ELEVATION, BONE FLAP; EXCISION, EPILE  | x | x | x |
| 61535 | CRANIOTOMY W/ELEVATION, BONE FLAP; REMOVAL, EPIDUR/ | x | x | x |
| 61536 | CRANIOTOMY W/ELEVATION, BONE FLAP; EXCISION, CEREB  | x | x | x |
| 61537 | CRANIOTOMY W/ELEVATION, BONE FLAP; LOBECTOMY, TEMP  | x | x | x |
| 61538 | CRANIOTOMY W/ELEVATION, BONE FLAP; LOBECTOMY, TEMP  | x | x | x |
| 61539 | CRANIOTOMY W/ELEVATION, BONE FLAP; LOBECTOMY EXCEP  | x | x | x |
| 61540 | CRANIOTOMY W/ELEVATION, BONE FLAP; LOBECTOMY EXCEP  | x | x | x |
| 61541 | CRANIOTOMY W/ELEVATION, BONE FLAP; TRANSECTION, CO  | x | x | x |
| 61543 | CRANIOTOMY W/ELEVATION, BONE FLAP; PARTIAL/SUBTOTA  | x | x | x |
| 61544 | CRANIOTOMY W/ELEVATION, BONE FLAP; EXCISION/COAGUL  | x | x | x |
| 61545 | CRANIOTOMY W/ELEVATION, BONE FLAP; EXCISION, CRANI  | x | x | x |
| 61546 | CRANIOTOMY, HYPOPHYSECTOMY/EXCISION, PITUITARY TUM  | x | x | x |
| 61548 | HYPOPHYSECTOMY/EXCISION, PITUITARY TUMOR, TRANSNAS  | x | x | x |
| 61550 | CRANIECTOMY, CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTU  | x | x | x |
| 61552 | CRANIECTOMY, CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SU  | x | x | x |
| 61556 | CRANIOTOMY, CRANIOSYNOSTOSIS; FRONTAL/PARIETAL BON  | x | x | x |
| 61557 | CRANIOTOMY, CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP   | x | x | x |
| 61558 | EXTENSIVE CRANIECTOMY, MULTIPLE CRANIAL SUTURE CRA  | x | x | x |
| 61559 | EXTENSIVE CRANIECTOMY, MULTIPLE CRANIAL SUTURE CRA  | x | x | x |
| 61563 | EXCISION, BENIGN TUMOR, CRANIAL BONE; W/O OPTIC NE  | x | x | x |
| 61564 | EXCISION, BENIGN TUMOR, CRANIAL BONE; W/OPTIC NERV  | x | x | x |
| 61566 | CRANIOTOMY W/ELEVATION, BONE FLAP; SELECTIVE AMYGD  | x | x | x |
| 61567 | CRANIOTOMY W/ELEVATION, BONE FLAP; MULTIPLE SUBPIA  | x | x | x |
| 61570 | CRANIECTOMY/CRANIOTOMY; W/EXCISION, FB, BRAIN       | x | x | x |
| 61571 | CRANIECTOMY/CRANIOTOMY; W/TREATMENT, PENETRATING W  | x | x | x |
| 61575 | TRANSORAL APPROACH TO SKULL BASE, BX/DECOMPRESSION  | x | x | x |
| 61576 | TRANSORAL APPROACH TO SKULL BASE, BX/DECOMPRES/EXC  | x | x | x |
| 61580 | CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; E  | x | x | x |
| 61581 | CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; E  | x | x | x |
| 61582 | CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; E  | x | x | x |
| 61583 | CRANIOFACIAL APPROACH TO ANT CRANIAL FOSSA; INTRAD  | x | x | x |
| 61584 | ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA;   | x | x | x |
| 61585 | ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA;   | x | x | x |
| 61586 | BICORONAL TRANSZYGOMATIC AND/OR LEFORT I APPROACH,  | x | x | x |
| 61590 | INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRA  | x | x | x |
| 61591 | INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CR  | x | x | x |
| 61592 | ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL  | x | x | x |
| 61595 | TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA/  | x | x | x |
| 61597 | TRANSCONDYLAR APPROACH TO POSTERIOR CRANIAL FOSSA/  | x | x | x |

|       |  |   |   |   |
|-------|--|---|---|---|
| 61598 | TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA/   | X | X | X |
| 61600 | RESECT/EXCISE, LESION, BASE, ANTERIOR CRANIAL FOSS   | X | X | X |
| 61601 | RESECT/EXCISE, LESION, BASE, ANTERIOR CRANIAL FOSS   | X | X | X |
| 61605 | RESECT/EXCISE, LESION, INFRATEMPORAL FOSSA/PARAPHA   | X | X | X |
| 61606 | RESECT/EXCISE, LESION, INFRATEMPORAL FOSSA/PARAPHA   | X | X | X |
| 61607 | RESECT/EXCISE, LESION, PARASELLAR AREA/CAVERNOUS S   | X | X | X |
| 61608 | RESECT/EXCISE, LESION, PARASELLAR AREA/CAVERNOUS S   | X | X | X |
| 61611 | TRANSECTION/LIGATION, CAROTID ARTERY IN PETROUS CA   | X | X | X |
| 61613 | OBLITERATION, CAROTID ANEURYSM/AVM/CAROTID-CAVERNO   | X | X | X |
| 61615 | RESECT/EXCISE, LESION, BASE POSTERIOR CRANIAL FOSS   | X | X | X |
| 61616 | RESECT/EXCISE, LESION, BASE POSTERIOR CRANIAL FOSS   | X | X | X |
| 61618 | SECONDARY REPAIR, CSF LEAK/CRANIAL FOSSA; FREE TIS   | X | X | X |
| 61619 | SECONDARY REPAIR, CSF LEAK/CRANIAL FOSSA; LOCAL/RE   | X | X | X |
| 61623 | ENDOVASC TEMP OCCLUSION, HEAD/NCK W/VESSEL CATH, B   | X | X | X |
| 61624 | TRANSCATHETER PERM OCCLUSION/EMBOLIZATION, PERCUTA   | X | X | X |
| 61626 | TRANSCATHETER PERM OCCLUSION/EMBOLIZATION, PERCUTA   | X | X | X |
| 61630 | BALLOON ANGIOPLASTY, INTRACRANIAL, PERCUTANEOUS  | X | X | X |
| 61635 | TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT, IN   | X | X | X |
| 61640 | BALLOON DILATATION OF INTRA VASOSPASM PERCUTANEOUS   | X | X | X |
| 61641 | BALLOON DILATATION OF INTRA VASOSPASM PERCUTANEOUS   | X | X | X |
| 61642 | BALLOON DILATATION OF INTRA VASOSPASM PERCUTANEOUS   | X | X | X |
| 61645 | Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)                              | X | X | X |
| 61650 | Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory   | X | X | X |
| 61651 | Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure) | X | X | X |
| 61680 | SURGERY, INTRACRANIAL ARTERIOVENOUS MALFORMATION;  | X | X | X |
| 61682 | SURGERY, INTRACRANIAL ARTERIOVENOUS MALFORMATION;  | X | X | X |
| 61684 | SURGERY, INTRACRANIAL ARTERIOVENOUS MALFORMATION;  | X | X | X |
| 61686 | SURGERY, INTRACRANIAL ARTERIOVENOUS MALFORMATION;  | X | X | X |
| 61690 | SURGERY, INTRACRANIAL ARTERIOVENOUS MALFORMATION;  | X | X | X |
| 61692 | SURGERY, INTRACRANIAL ARTERIOVENOUS MALFORMATION;  | X | X | X |
| 61697 | SURGERY, INTRACRANIAL ANEURYSM, COMPLEX, INTRACRAN   | X | X | X |
| 61698 | SURGERY, INTRACRANIAL ANEURYSM, COMPLEX, INTRACRAN   | X | X | X |
| 61700 | SURGERY, INTRACRANIAL ANEURYSM, SIMPLE, INTRACRANI   | X | X | X |
| 61702 | SURGERY, SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIA   | X | X | X |
| 61703 | SURGERY, INTRACRANIAL ANEURYSM, CERVICAL APPROACH,   | X | X | X |
| 61705 | SURGERY, ANEURYSM, VASCULAR MALFORMATION; OCCLUSIO   | X | X | X |
| 61708 | SURGERY, ANEURYSM, VASCULAR MALFORMATION; INTRACRA   | X | X | X |
| 61710 | SURGERY, ANEURYSM, VASCULAR MALFORMATION; INTRA-AR   | X | X | X |
| 61711 | ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL A   | X | X | X |
| 61720 | CREATION, LESION, STEREOTACTIC W/BURR HOLE(S), SIN   | X | X | X |
| 61735 | CREATION, LESION, STEREOTACTIC W/BURR HOLE(S), SIN   | X | X | X |
| 61736 | Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion   |   | X | X |
| 61737 | Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)   |   | X | X |
| 61750 | STEREOTACTIC BX, ASPIRATION/EXCISION, W/BURR HOLE{   | X | X | X |
| 61751 | STEREOTACTIC BX/ASPIRATION/EXCISION, W/BURR HOLE(S   | X | X | X |
| 61760 | STEREOTACTIC IMPLANTATION, DEPTH ELECTRODES, CEREB   | X | X | X |
| 61770 | STEREOTACTIC LOCALIZATION, W/INSERTION, CATHETER/P   | X | X | X |
| 61781 | STRCTC CPTR ASSTD PX IDRL CRNL   | X | X |   |
| 61782 | STRCTC CPTR ASSTD PX XDRL CRNL   | X | X |   |
| 61783 | STRCTC CPTR ASSTD PX SPINAL  | X | X |   |
| 61790 | CREATION, LESION, STEREOTACTIC, PERCUTANEOUS, NEUR   | X | X | X |
| 61791 | CREATION, LESION, STEREOTACTIC, PERCUTANEOUS, NEUR   | X | X | X |
| 61796 | STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES   | X | X | X |
| 61797 | STRCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE   | X | X | X |
| 61798 | STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES  | X | X | X |
| 61799 | STRCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX  | X | X | X |
| 61800 | APPL STRCTC HEADFRAME STEREOTACTIC RADIOSURGERY  | X | X | X |
| 61850 | TWIST DRILL/BURR HOLE(S), IMPLANTATION, NEUROSTIMU   | X | X | X |
| 61860 | CRANIECTOMY/CRANIOTOMY, IMPLANTATION, NEUROSTIMULA   | X | X | X |
| 61863 | STEREOTACTIC IMPLANT NEUROSTIM ELECTRODE ARRAY, SU   | X | X | X |
| 61864 | STEREOTACTIC IMPLANT NEUROSTIM ELECTRODE ARRAY, SU   | X | X | X |
| 61867 | STEREOTACTIC IMPLANT NEUROSTIM ELECTRODE ARRAY, SU   | X | X | X |
| 61868 | STEREOTACTIC IMPLANT NEUROSTIM ELECTRODE ARRAY, SU   | X | X | X |
| 61870 | CRNEC IMPLTJ NSTIM ELTRD CEREBELLAR CORTICAL   | X |   |   |
| 61880 | REVISION/REMOVAL, INTRACRANIAL NEUROSTIMULATOR ELE   | X | X | X |
| 61885 | SUBQ PLACEMENT CRANIAL NEUROSTIMULATOR PULSE GENER   | X | X | X |
| 61886 | SUBQ PLACEMENT CRANIAL NEUROSTIMULATOR PULSE GENER   | X | X | X |
| 61888 | REVISION/REMOVAL, CRANIAL NEUROSTIMULATOR PULSE GE   | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 62000 | ELEVATION, DEPRESSED SKULL FX; SIMPLE, EXTRADURAL  | X | X | X |
| 62005 | ELEVATION, DEPRESSED SKULL FX; COMPOUND/COMMUNUTED   | X | X | X |
| 62010 | ELEVATION, DEPRESSED SKULL FX; W/REPAIR, DURA AND/   | X | X | X |
| 62100 | CRANIOTOMY, REPAIR, DURAL/CSF LEAK, W/SURGERY, RHI   | X | X | X |
| 62115 | REDUCTION, CRANIOMEGALIC SKULL; NO BONE GRAFTS/CRA   | X | X | X |
| 62117 | REDUCTION, CRANIOMEGALIC SKULL; W/CRANIOTOMY/RECON   | X | X | X |
| 62120 | REPAIR, ENCEPHALOCELE, SKULL VAULT, W/CRANIOPLASTY   | X | X | X |
| 62121 | CRANIOTOMY, REPAIR, ENCEPHALOCELE, SKULL BASE  | X | X | X |
| 62140 | CRANIOPLASTY, SKULL DEFECT; UP TO 5 CM DIAMETER  | X | X | X |
| 62141 | CRANIOPLASTY, SKULL DEFECT; GREATER THAN 5 CM DIAM   | X | X | X |
| 62142 | REMOVAL, BONE FLAP/PROSTHETIC PLATE, SKULL   | X | X | X |
| 62143 | REPLACEMENT, BONE FLAP/PROSTHETIC PLATE, SKULL   | X | X | X |
| 62145 | CRANIOPLASTY, SKULL DEFECT W/REPARATIVE BRAIN SURG   | X | X | X |
| 62146 | CRANIOPLASTY W/AUTOGRAFT (INCLUDES OBTAINING BONE  | X | X | X |
| 62147 | CRANIOPLASTY W/AUTOGRAFT (INCLUDES OBTAINING BONE  | X | X | X |
| 62148 | INCISION AND RETRIEVAL SUBQ CRANIAL BONE GRAFT FOR   | X | X | X |
| 62160 | NEUROENDOSCOPY, INTRACRANIAL, PLACE/REPLACE VENTRI   | X | X | X |
| 62161 | NEUROENDOSCOPY, INTRACRANIAL; W/O DISSECT ADHESION   | X | X | X |
| 62162 | NEUROENDOSCOPY, INTRACRANIAL; W/FENESTRATION/EXCISE  | X | X | X |
| 62163 | NEUROENDOSCOPY, INTRACRANIAL; W/RETRIEVAL, FB  | X |   |   |
| 62164 | NEUROENDOSCOPY, INTRACRANIAL; W/EXCISE BRAIN TUMOR   | X | X | X |
| 62165 | NEUROENDOSCOPY, INTRACRANIAL; W/EXCISE, PITUITARY  | X | X | X |
| 62180 | VENTRICULOCISTERNOSTOMY (TORKILDSSEN TYPE OPERATION  | X | X | X |
| 62190 | CREATION, SHUNT; SUBARACHNOID/SUBDURAL-ATRIAL, -JU   | X | X | X |
| 62192 | CREATION, SHUNT; SUBARACHNOID/SUBDURAL-PERITONEAL,   | X | X | X |
| 62194 | REPLACEMENT/IRRIGATION, SUBARACHNOID/SUBDURAL CATH   | X | X | X |
| 62200 | VENTRICULOCISTERNOSTOMY, 3RD VENTRICLE   | X | X | X |
| 62201 | VENTRICULOCISTERNOSTOMY, 3RD VENTRICLE; STEREOTACT   | X | X | X |
| 62220 | CREATION, SHUNT; VENTRICULO-ATRIAL, -JUGULAR, -AUR   | X | X | X |
| 62223 | CREATION, SHUNT; VENTRICULO-PERITONEAL, -PLEURAL,  | X | X | X |
| 62225 | REPLACEMENT/IRRIGATION, VENTRICULAR CATHETER   | X | X | X |
| 62230 | REPLACEMENT/REVISION, CSF SHUNT, OBSTRUCTED VALVE/   | X | X | X |
| 62252 | REPROGRAMMING, PROGRAMMABLE CSF SHUNT  | X | X | X |
| 62256 | REMOVAL, COMPLETE CSF SHUNT SYSTEM; W/O REPLACEMEN   | X | X | X |
| 62258 | REMOVAL, COMPLETE CSF SHUNT SYSTEM; W/REPLACEMENT  | X | X | X |
| 62263 | LYSIS, PERQ, EPIDURAL ADHESIONS, SOLUTION INJECTIO   | X | X | X |
| 62264 | LYSIS, PERQ, EPIDURAL ADHESIONS, SOLUTION INJECTIO   | X | X | X |
| 62267 | PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS   | X | X | X |
| 62268 | PERCUTANEOUS ASPIRATION, SPINAL CORD CYST/SYRINX   | X | X | X |
| 62280 | INJECTION/INFUSION NEUROLYTIC SUBSTANCE, W/WO THER   | X | X | X |
| 62281 | INJECTION/INFUSION NEUROLYTIC SUBSTANCE, W/WO THER   | X | X | X |
| 62282 | INJECTION/INFUSION NEUROLYTIC SUBSTANCE, W/WO THER   | X | X | X |
| 62284 | INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR  | X | X | X |
| 62287 | DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISC, ANY METHOD UTILIZING NEEDLE BASED TECHNIQUE TO REMOVE DISC MATERIAL UNDER FLUOROSCOPIC IMAGING OR OTHER FORM OF INDIRECT VISUALIZATION, WITH DISCOGRAPHY AND/OR EPIDURAL INJECTION(S) AT THE TREATED LEVEL(S), WHEN PERFO | X | X | X |
| 62290 | INJECTION, DISCOGRAPHY, EACH LEVEL; LUMBAR   | X | X | X |
| 62291 | INJECTION, DISCOGRAPHY, EACH LEVEL; CERVICAL/THORA   | X | X | X |
| 62292 | INJECTION, CHEMONUCLEOLYSIS, W/DISCOGRAPHY, LUMBAR   | X | X | X |
| 62294 | INJECTION, ARTERIAL, OCCLUSION, ARTERIOVENOUS MALF   | X | X | X |
| 62302 | MYELOGRAPHY LUMBAR INJECTION   | X | X | X |
| 62304 | MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL   | X | X | X |
| 62305 | MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS   | X | X | X |
| 62320 | INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITHOUT IMAGING GUIDANCE                 | X | X | X |
| 62321 | INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC; WITH IMAGING GUIDANCE (IE, FLUOROSCOPY O | X | X | X |
| 62322 | INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITHOUT IMAGING GUIDANCE            | X | X | X |
| 62323 | INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (CAUDAL); WITH IMAGING GUIDANCE (IE, FLUOROSC | X | X | X |
| 62324 | INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORAC | X | X | X |



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|-------|--|---|---|---|
| 62325 | INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORAC           | x | x | x |
| 62326 | INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (           | x | x | x |
| 62327 | INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL (           | x | x | x |
| 62350 | IMPLANT/REVISN/REPOSITION INTRATHECAL/EPIDURAL CAT   | x | x | x |
| 62351 | IMPLANT/REVISN/REPOSITION INTRATHECAL/EPIDURAL CAT   | x | x | x |
| 62355 | REMOVAL, PREVIOUSLY IMPLANTED INTRATHECAL/EPIDURAL   | x | x | x |
| 62360 | IMPLANTATION/REPLACE, DEVICE, INTRATHECAL/EPIDURAL   | x | x | x |
| 62361 | IMPLANTATION/REPLACE, DEVICE, INTRATHECAL/EPIDURAL   | x | x | x |
| 62362 | IMPLANTATION/REPLACE, DEVICE, INTRATHECAL/EPIDURAL   | x | x | x |
| 62365 | REMOVAL, SUBQ RESERVOIR/PUMP   | x | x | x |
| 62367 | ELECT ANALYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL  | x | x | x |
| 62368 | ELECTRONIC ANALYSIS, PROGRAMMABLE PUMP; W/REPROGRA   | x | x | x |
| 62369 | ELECT ANALYS IMPLT ITHCL/EDRL PMP W/REPRG&REFILL   | x | x | x |
| 62370 | ELEC ANALYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP   | x | x | x |
| 62380 | ENDOSCOPIC DECOMPRESSION OF SPINAL CORD, NERVE ROOT(S), INCLUDING LAMINOTOMY, PARTIAL FACETECTOMY, FORAMINOTOMY, DISCECTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, 1 INTERSPACE, LUMBAR   | x | x | x |
| 63001 | LAMINECTOMY, W/O FACETECTOMY/FORAMINOTOMY/DISKECTO   | x | x | x |
| 63003 | LAMINECTOMY, W/O FACETECTOMY/FORAMINOTOMY/DISKECTO   | x | x | x |
| 63005 | LAMINECTOMY, W/O FACETECTOMY/FORAMINOTOMY/DISKECTO   | x | x | x |
| 63011 | LAMINECTOMY, W/O FACETECTOMY/FORAMINOTOMY/DISKECTO   | x | x | x |
| 63012 | LAMINECTOMY, W/REMOVAL, ABNORMAL FACETS, LUMBAR  | x | x | x |
| 63015 | LAMINECTOMY, W/O FACETECTOMY/FORAMINOTOMY/DISKECTO   | x | x | x |
| 63016 | LAMINECTOMY, W/O FACETECTOMY/FORAMINOTOMY/DISKECTO   | x | x | x |
| 63017 | LAMINECTOMY W/O FACETECTOMY/FORAMINOTOMY/DISKECTOM   | x | x | x |
| 63020 | LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERV  | x | x | x |
| 63030 | LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR   | x | x | x |
| 63035 | LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR  | x | x | x |
| 63040 | LAMINOTOMY W/PARTL FACETECTMY/FORAMINOTMY/HERNIATED  | x | x | x |
| 63042 | LAMINOTOMY W/PARTL FACETECTOMY/FORAMINOTOMY/HERNIA   | x | x | x |
| 63043 | LAMINOTMY W/PARTL FACETECT/FORAMNOTMY/HERN DISKECT   | x | x | x |
| 63044 | LAMINOTMY W/PARTL FACETECT/FORAMNOTMY/HERN DISKECT   | x | x | x |
| 63045 | LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY, 1 SEGME   | x | x | x |
| 63046 | LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY, 1 SEGME   | x | x | x |
| 63047 | LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY, 1 SEGME   | x | x | x |
| 63048 | LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY; ADDL SE   | x | x | x |
| 63050 | LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION , 2 OR  | x | x | x |
| 63051 | LAMINOPLASTY, CERVICAL, WITH RECONSTRUCTION OF THE   | x | x | x |
| 63052 | Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure) |   | x | x |
| 63053 | Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)  |   | x | x |
| 63055 | TRANSPEDICULAR APPROACH, 1 SEGMENT; THORACIC   | x | x | x |
| 63056 | TRANSPEDICULAR APPROACH, 1 SEGMENT; LUMBAR (TRANSF   | x | x | x |
| 63057 | TRANSPEDICULAR APPROACH, ADDL SEGMENT; THORACIC/LU   | x | x | x |
| 63064 | COSTOVERTEBRAL APPROACH, THORACIC; 1 SEGMENT   | x | x | x |
| 63066 | COSTOVERTEBRAL APPROACH, THORACIC; ADDL SEGMENT  | x | x | x |
| 63075 | DISKECTOMY, ANTERIOR; CERVICAL, 1 INTERSPACE   | x | x | x |
| 63076 | DISKECTOMY, ANTERIOR; CERVICAL, ADDL INTERSPACE  | x | x | x |
| 63077 | DISKECTOMY, ANTERIOR; THORACIC, 1 INTERSPACE   | x | x | x |
| 63078 | DISKECTOMY, ANTERIOR; THORACIC, ADDL INTERSPACE  | x | x | x |
| 63081 | VERTEBRAL CORPECTOMY, ANTERIOR; CERVICAL, 1 SEGMENT  | x | x | x |
| 63082 | VERTEBRAL CORPECTOMY, ANTERIOR; CERVICAL, ADDL SEG   | x | x | x |
| 63085 | VERTEBRAL CORPECTOMY, TRANSTHORACIC; THORACIC, 1 S   | x | x | x |
| 63086 | VERTEBRAL CORPECTOMY, TRANSTHORACIC; THORACIC, ADD   | x | x | x |
| 63087 | VERTEBRAL CORPECTOMY, THORACOLUMBAR, LOWER THORACI   | x | x | x |
| 63088 | VERTEBRAL CORPECTOMY, THORACOLUMBAR, LOWER THORACI   | x | x | x |
| 63090 | VERTEBRAL CORPECTOMY, TRANSPERITONEAL/RETROPERITON   | x | x | x |
| 63091 | VERTEBRAL CORPECTOMY, TRANS/RETROPERITONEAL, LOWER   | x | x | x |
| 63101 | VERTEBRAL CORPECTOMY, LAT EXTRACAVITARY W/DECOMPRE   | x | x | x |
| 63102 | VERTEBRAL CORPECTOMY, LAT EXTRACAVITARY W/DECOMPRE   | x | x | x |
| 63103 | VERTEBRAL CORPECTOMY, LAT EXTRACAVITARY W/DECOMPRE   | x | x | x |
| 63170 | LAMINECTOMY W/MYELOTOMY, CERVICAL, THORACIC/THORAC   | x | x | x |
| 63172 | LAMINECTOMY W/DRAINAGE, INTRAMEDULLARY CYST/SYRINX   | x | x | x |



|       |  |   |   |   |
|-------|--|---|---|---|
| 63173 | LAMINECTOMY W/DRAINAGE, INTRAMEDULLARY CYST/SYRINX | X | X | X |
| 63180 | LAMINECTOMY/SECTION, DENTATE LIGAMENTS, CERVICAL;  | X |   |   |
| 63182 | LAMINECTOMY/SECTION, DENTATE LIGAMENTS, CERVICAL;  | X |   |   |
| 63185 | LAMINECTOMY, W/RHIZOTOMY; 1/2 SEGMENTS             | X | X | X |
| 63190 | LAMINECTOMY, W/RHIZOTOMY; OVER 2 SEGMENTS          | X | X | X |
| 63191 | LAMINECTOMY, W/SECTION, SPINAL ACCESSORY NERVE     | X | X | X |
| 63194 | LAMINECTOMY, W/CORDOTOMY, W/SECTION, ONE SPINOTHA  | X |   |   |
| 63195 | LAMINECTOMY, W/CORDOTOMY, W/SECTION, ONE SPINOTHA  | X |   |   |
| 63196 | LAMINECTOMY, W/CORDOTOMY, W/SECTION, BOTH SPINOTHA | X |   |   |
| 63197 | LAMINECTOMY, W/CORDOTOMY, W/SECTION, BOTH SPINOTHA | X | X | X |
| 63198 | LAMINECTOMY, W/CORDOTOMY, W/SECTION, BOTH SPINOTHA | X |   |   |
| 63199 | LAMINECTOMY, W/CORDOTOMY, W/SECTION, BOTH SPINOTHA | X |   |   |
| 63200 | LAMINECTOMY, W/RELEASE, TETHERED SPINAL CORD, LUMB | X | X | X |
| 63250 | LAMINECTOMY, EXCISION/OCCLUSION, AVM, SPINAL CORD; | X | X | X |
| 63251 | LAMINECTOMY, EXCISION/OCCLUSION, AVM, SPINAL CORD; | X | X | X |
| 63252 | LAMINECTOMY, EXCISION/OCCLUSION, AVM, SPINAL CORD; | X | X | X |
| 63265 | LAMINECTOMY, EXCISION, NON-NEOPLASTIC LESION, EXTR | X | X | X |
| 63266 | LAMINECTOMY, EXCISION, NON-NEOPLASTIC LESION, EXTR | X | X | X |
| 63267 | LAMINECTOMY, EXCISION, NON-NEOPLASTIC LESION, EXTR | X | X | X |
| 63268 | LAMINECTOMY, EXCISION, NON-NEOPLASTIC LESION, EXTR | X | X | X |
| 63270 | LAMINECTOMY, EXCISION, INTRASPINAL LESION OTHER TH | X | X | X |
| 63271 | LAMINECTOMY, EXCISION, INTRASPINAL LESION OTHER TH | X | X | X |
| 63272 | LAMINECTOMY, EXCISION, INTRASPINAL LESION OTHER TH | X | X | X |
| 63273 | LAMINECTOMY, EXCISION, INTRASPINAL LESION OTHER TH | X | X | X |
| 63275 | LAMINECTOMY, BX/EXCISION, INTRASPINAL NEOPLASM; EX | X | X | X |
| 63276 | LAMINECTOMY, BX/EXCISION, INTRASPINAL NEOPLASM; EX | X | X | X |
| 63277 | LAMINECTOMY, BX/EXCISION, INTRASPINAL NEOPLASM; EX | X | X | X |
| 63278 | LAMINECTOMY, BX/EXCISION, INTRASPINAL NEOPLASM; EX | X | X | X |
| 63280 | LAMINECTOMY, BX/EXCISION, INTRASPINAL NEOPLASM; IN | X | X | X |
| 63281 | LAMINECTOMY, BX/EXCISION, INTRASPINAL NEOPLASM; IN | X | X | X |
| 63282 | LAMINECTOMY, BX/EXCISION, INTRASPINAL NEOPLASM; IN | X | X | X |
| 63283 | LAMINECTOMY, BX/EXCISION, INTRASPINAL NEOPLASM; IN | X | X | X |
| 63285 | LAMINECTOMY, BX/EXCISION, INTRASPINAL NEOPLASM; IN | X | X | X |
| 63286 | LAMINECTOMY, BX/EXCISION, INTRASPINAL NEOPLASM; IN | X | X | X |
| 63287 | LAMINECTOMY, BX/EXCISION, INTRASPINAL NEOPLASM; IN | X | X | X |
| 63290 | LAMINECTOMY, BX/EXCISION, INTRASPINAL NEOPLASM; EX | X | X | X |
| 63295 | OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINE ELEMEN | X | X | X |
| 63300 | VERTEBRAL CORPECTOMY, 1 SEGMENT; EXTRADURAL, CERVI | X | X | X |
| 63301 | VERTEBRAL CORPECTOMY, 1 SEGMENT; EXTRADURAL, THORA | X | X | X |
| 63302 | VERTEBRAL CORPECTOMY, 1 SEGMENT; EXTRADURAL, THORA | X | X | X |
| 63303 | VERTEBRAL CORPECTOMY, 1 SEGMENT; EXTRADURAL, LUMBA | X | X | X |
| 63304 | VERTEBRAL CORPECTOMY, 1 SEGMENT; INTRADURAL, CERVI | X | X | X |
| 63305 | VERTEBRAL CORPECTOMY, 1 SEGMENT; INTRADURAL, THORA | X | X | X |
| 63306 | VERTEBRAL CORPECTOMY, 1 SEGMENT; INTRADURAL, THORA | X | X | X |
| 63307 | VERTEBRAL CORPECTOMY, 1 SEGMENT; INTRADURAL, LUMBA | X | X | X |
| 63308 | VERTEBRAL CORPECTOMY, ADDL SEGMENT                 | X | X | X |
| 63600 | CREATION, LESION, SPINAL CORD, STEREOTACTIC, PERCU | X | X | X |
| 63610 | STEREOTACTIC STIMULATION, SPINAL CORD, PERCUTANEOU | X | X | X |
| 63620 | STEREOTACTIC RADIOSURGERY 1 SPINAL LESION          | X | X | X |
| 63621 | STEREOTACTIC RADIOSURGERY EA ADDL SPINAL LESION    | X | X | X |
| 63650 | PERCUTANEOUS IMPLANTATION, NEUROSTIMULATOR ELECTRO | X | X | X |
| 63655 | LAMINECTOMY, IMPLANTATION, NEUROSTIMULATOR ELECTRO | X | X | X |
| 63661 | RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR       | X | X | X |
| 63662 | RMVL SPINAL NSTIM ELTRD PLATE/PADDLE INCL FLUOR    | X | X | X |
| 63663 | REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR     | X | X | X |
| 63664 | REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR   | X | X | X |
| 63685 | INCISION/PLACEMENT, SPINAL NEUROSTIMULATOR PULSE G | X | X | X |
| 63688 | REVISION/REMOVAL, IMPLANTED SPINAL NEUROSTIMULATOR | X | X | X |
| 63700 | REPAIR, MENINGOCELE; LESS THAN 5 CM DIAMETER       | X | X | X |
| 63702 | REPAIR, MENINGOCELE; LARGER THAN 5 CM DIAMETER     | X | X | X |
| 63704 | REPAIR, MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER  | X | X | X |
| 63706 | REPAIR, MYELOMENINGOCELE; GREATER 5 CM DIAMETER    | X | X | X |
| 63707 | REPAIR, DURAL/CSF LEAK, NOT REQUIRING LAMINECTOMY  | X | X | X |
| 63709 | REPAIR, DURAL/CSF LEAK, PSEUDOMENINGOCELE, W/LAMIN | X | X | X |
| 63710 | DURAL GRAFT, SPINAL                                | X | X | X |
| 63740 | CREATION, SHUNT, LUMBAR/SUBARACHNOID-PERITONEAL/PL | X | X | X |
| 63741 | CREATION, SHUNT, LUMBAR/SUBARACHNOID-PERITONEAL/PL | X | X | X |
| 63744 | REPLACEMENT, IRRIGATION/REVISION, LUMBOSUBARACHNOI | X | X | X |
| 63746 | REMOVAL, ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM W/O | X | X | X |
| 64405 | N BLOCK INJ OCCIPITAL                              | X | X | X |
| 64408 | N BLOCK INJ VAGUS                                  | X | X | X |
| 64415 | N BLOCK INJ BRACHIAL PLEXUS                        | X | X | X |
| 64416 | N BLOCK CONT INFUSE B PLEX                         | X | X | X |
| 64417 | N BLOCK INJ AXILLARY                               | X | X | X |
| 64418 | N BLOCK INJ SUPRASCAPULAR                          | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 64420 | N BLOCK INJ INTERCOST SNG  | X | X | X |
| 64421 | N BLOCK INJ INTERCOST MLT  | X | X | X |
| 64425 | N BLOCK INJ ILIO-ING/HYPOGI  | X | X | X |
| 64430 | N BLOCK INJ PUDENDAL   | X | X | X |
| 64435 | N BLOCK INJ PARACERVICAL   | X | X | X |
| 64445 | N BLOCK INJ SCIATIC SNG  | X | X | X |
| 64446 | N BLK INJ SCIATIC CONT INF   | X | X | X |
| 64447 | N BLOCK INJ FEM SINGLE   | X | X | X |
| 64448 | N BLOCK INJ FEM CONT INF   | X | X | X |
| 64449 | N BLOCK INJ LUMBAR PLEXUS  | X | X | X |
| 64450 | N BLOCK OTHER PERIPHERAL   | X | X | X |
| 64451 | Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)  | X | X | X |
| 64454 | Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed   |   |   | X |
| 64455 | NJX ANES&/STEROID PLANTAR COMMON DIGITAL NERVE   | X | X | X |
| 64461 | Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)   | X | X | X |
| 64462 | Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure) | X | X | X |
| 64463 | Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)   | X | X | X |
| 64479 | INJ FORAMEN EPIDURAL C/T   | X | X | X |
| 64480 | INJ FORAMEN EPIDURAL ADD-ON  | X | X | X |
| 64483 | INJ FORAMEN EPIDURAL L/S   | X | X | X |
| 64484 | INJ FORAMEN EPIDURAL ADD-ON  | X | X | X |
| 64486 | TAP BLOCK UNILATERAL BY INJECTION(S)   | X | X | X |
| 64487 | TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)   | X | X | X |
| 64488 | TAP BLOCK BILATERAL BY INJECTION(S)  | X | X | X |
| 64489 | TAP BLOCK BILATERAL BY CONTINUOUS INFUSION(S)  | X | X | X |
| 64490 | NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL   | X | X | X |
| 64491 | NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL   | X | X | X |
| 64492 | NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL  | X | X | X |
| 64493 | NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL   | X | X | X |
| 64494 | NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL   | X | X | X |
| 64495 | NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL  | X | X | X |
| 64505 | N BLOCK SPENOPALATINE GANGL  | X | X | X |
| 64510 | N BLOCK STELLATE GANGLION  | X | X | X |
| 64517 | N BLOCK INJ HYPOGAS PLXS   | X | X | X |
| 64520 | N BLOCK LUMBAR/THORACIC  | X | X | X |
| 64530 | N BLOCK INJ CELIAC PELUS   | X | X | X |
| 64553 | PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE   | X | X | X |
| 64555 | PRQ IMPLTJ NEUROSTIMULATOR ELTRD PERIPHERAL NRV  | X | X | X |
| 64561 | PRQ IMPLTJ NEUROSTIM ELTRD SACRAL NRVE W/IMAGING   | X | X | X |
| 64566 | POST TIB NEUROSTIMULATION PRQ NEEDLE ELECTRODE   | X | X | X |
| 64568 | INC IMPLTJ CRNL NRV NSTIM ELTRDS & PULSE GENER   | X | X | X |
| 64569 | REVISION/REPLMT NSTIM CRNL ELTRDS  | X | X | X |
| 64570 | REMOVAL CRNL NRV NSTIM ELTRDS & PULSE GENERATOR  | X | X | X |
| 64575 | INC IMPLTJ PERIPH NERVE NEUROSTIMULATOR ELTRD  | X | X | X |
| 64580 | INC IMPLTJ NSTIM ELTRD NEUROMUSCULAR   | X | X | X |
| 64581 | INCISION, IMPLANTATION, NEUROSTIMULATOR ELECTRODES   | X | X | X |
| 64582 | Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array  |   | X | X |
| 64583 | Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator                              |   | X | X |
| 64584 | Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array  |   | X | X |
| 64585 | REVJ/RMVL PERIPHERAL NEUROSTIMULATOR ELECTRODE   | X | X | X |
| 64590 | INCISION AND SUBQ PLACEMENT, PERIPHERAL NEUROSTIMU   | X | X | X |
| 64595 | REVISION/REMOVAL, PERIPHERAL NEUROSTIMULATOR PULSE   | X | X | X |
| 64600 | DESTRUCTION, NEUROLYTIC, TRIGEMINAL NERVE; SUPRAOR   | X | X | X |
| 64605 | DESTRUCTION, NEUROLYTIC, TRIGEMINAL NERVE; 2ND AND   | X | X | X |
| 64610 | DESTRUCTION, NEUROLYTIC, TRIGEMINAL NERVE; 2ND AND   | X | X | X |
| 64611 | CHEMODENERV SALIV GLANDS   | X | X | X |
| 64612 | CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL   | X | X | X |
| 64615 | CHEMODENERV MUSC MIGRAINE  | X | X | X |
| 64616 | CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA   | X | X | X |
| 64617 | CHEMODENER MUSCLE LARYNX EMG   | X | X | X |
| 64620 | DESTRUCTION, NEUROLYTIC, INTERCOSTAL NERVE   | X | X | X |
| 64624 | Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed   |   |   | X |
| 64625 | Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)   | X |   |   |
| 64628 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral  |   | X | X |

|       |   |   |   |   |
|-------|---|---|---|---|
| 64629 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure) |   | X | X |
| 64630 | DESTRUCTION, NEUROLYTIC; PUDENDAL NERVE   | X | X | X |
| 64632 | DSTRJ NEUROLYTIC PLANTAR COMMON DIGITAL NERVE   | X | X | X |
| 64633 | DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA  | X | X | X |
| 64634 | DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA  | X | X | X |
| 64635 | DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL  | X | X | X |
| 64636 | DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL  | X | X | X |
| 64640 | DESTRUCTION, NEUROLYTIC; OTHER PERIPHERAL NERVE/BR  | X | X | X |
| 64642 | CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE   | X | X | X |
| 64643 | CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE   | X | X | X |
| 64644 | CHEMODENERV 1 EXTREM 5/> MUS  | X | X | X |
| 64645 | CHEMODENERV 1 EXTREM 5/> EA   | X | X | X |
| 64646 | CHEMODENERV TRUNK MUSC 1-5  | X | X | X |
| 64647 | CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES   | X | X | X |
| 64650 | CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE  | X | X | X |
| 64653 | CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA; PE  | X | X | X |
| 64680 | DESTRUCTION, NEUROLYTIC AGENT, W/WO RADIOLOGIC MON  | X | X | X |
| 64681 | DESTRUCTION, NEUROLYTIC AGENT, W/WO RADIOLOGIC MON  | X | X | X |
| 64702 | NEUROPLASTY; DIGITAL, ONE/BOTH, SAME DIGIT  | X | X | X |
| 64704 | NEUROPLASTY; NERVE, HAND/FOOT   | X | X | X |
| 64708 | NEURP MAJOR PRPH NRV ARM/LEG OPN OTH/THN SPEC   | X | X | X |
| 64712 | NEURP MAJOR PRPH NRV OPN ARM/LEG SCIATIC NRV  | X | X | X |
| 64713 | NEURP MAJOR PRPH NRV OPN ARM/LEG BRACH PLEXUS   | X | X | X |
| 64714 | NEURP MAJOR PRPH NRV OPN ARM/LEG LMBR PLEXUS  | X | X | X |
| 64716 | NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (S  | X | X | X |
| 64718 | NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT E  | X | X | X |
| 64719 | NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT W  | X | X | X |
| 64721 | NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT   | X | X | X |
| 64722 | DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)   | X | X | X |
| 64726 | DECOMPRESSION; PLANTAR DIGITAL NERVE  | X | X | X |
| 64727 | INT NEUROLYSIS, W/MICROSCOPE  | X | X | X |
| 64732 | TRANSECTION/AVULSION; SUPRAORBITAL NERVE  | X | X | X |
| 64734 | TRANSECTION/AVULSION; INFRAORBITAL NERVE  | X | X | X |
| 64736 | TRANSECTION/AVULSION; MENTAL NERVE  | X | X | X |
| 64738 | TRANSECTION/AVULSION; INFERIOR ALVEOLAR NERVE, OST  | X | X | X |
| 64740 | TRANSECTION/AVULSION; LINGUAL NERVE   | X | X | X |
| 64742 | TRANSECTION/AVULSION; FACIAL NERVE, DIFFERENTIAL/C  | X | X | X |
| 64744 | TRANSECTION/AVULSION; GREATER OCCIPITAL NERVE   | X | X | X |
| 64746 | TRANSECTION/AVULSION; PHRENIC NERVE   | X | X | X |
| 64755 | TRANSECTION/AVULSION; VAGUS NERVES, PROXIMAL STOMA  | X | X | X |
| 64760 | TRANSECTION/AVULSION; VAGUS NERVE (VAGOTOMY), ABDO  | X | X | X |
| 64763 | TRANSECTION/AVULSION, OBTURATOR NERVE, EXTRAPELVIC  | X | X | X |
| 64766 | TRANSECTION/AVULSION, OBTURATOR NERVE, INTRAPELVIC  | X | X | X |
| 64771 | TRANSECTION/AVULSION, OTHER CRANIAL NERVE, EXTRADUC   | X | X | X |
| 64772 | TRANSECTION/AVULSION, OTHER SPINAL NERVE, EXTRADUR  | X | X | X |
| 64774 | EXCISION, NEUROMA; CUTANEOUS NERVE, SURGICALLY IDE  | X | X | X |
| 64776 | EXCISION, NEUROMA; DIGITAL NERVE, ONE/BOTH, SAME D  | X | X | X |
| 64778 | EXCISION, NEUROMA; DIGITAL NERVE, ADDL DIGIT  | X | X | X |
| 64782 | EXCISION, NEUROMA; HAND/FOOT, EXCEPT DIGITAL NERVE  | X | X | X |
| 64783 | EXCISION, NEUROMA; HAND/FOOT, ADDL NERVE, EXCEPT S  | X | X | X |
| 64784 | EXCISION, NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT   | X | X | X |
| 64786 | EXCISION, NEUROMA; SCIATIC NERVE  | X | X | X |
| 64787 | IMPLANTATION, NERVE END INTO BONE/MUSCLE  | X | X | X |
| 64788 | EXCISION, NEUROFIBROMA/NEUROLEMMOMA; CUTANEOUS NER  | X | X | X |
| 64790 | EXCISION, NEUROFIBROMA/NEUROLEMMOMA; MAJOR PERIPHE  | X | X | X |
| 64792 | EXCISION, NEUROFIBROMA/NEUROLEMMOMA; EXTENSIVE (W/  | X | X | X |
| 64795 | BX, NERVE   | X | X | X |
| 64802 | SYMPATHECTOMY, CERVICAL   | X | X | X |
| 64804 | SYMPATHECTOMY, CERVICOTHORACIC  | X | X | X |
| 64809 | SYMPATHECTOMY, THORACOLUMBAR  | X | X | X |
| 64818 | SYMPATHECTOMY, LUMBAR   | X | X | X |
| 64820 | SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT   | X | X | X |
| 64821 | SYMPATHECTOMY; RADIAL ARTERY  | X | X | X |
| 64822 | SYMPATHECTOMY; ULNAR ARTERY   | X | X | X |
| 64823 | SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH  | X | X | X |
| 64831 | SUTURE, DIGITAL NERVE, HAND/FOOT; ONE NERVE   | X | X | X |
| 64832 | SUTURE, DIGITAL NERVE, HAND/FOOT; ADDL DIGITAL NER  | X | X | X |
| 64834 | SUTURE, 1 NERVE, HAND/FOOT; COMMON SENSORY NERVE  | X | X | X |
| 64835 | SUTURE, 1 NERVE, HAND/FOOT; MEDIAN MOTOR THENAR   | X | X | X |
| 64836 | SUTURE, 1 NERVE, HAND/FOOT; ULNAR MOTOR   | X | X | X |
| 64837 | SUTURE, ADDL NERVE, HAND/FOOT   | X | X | X |
| 64840 | SUTURE, POSTERIOR TIBIAL NERVE  | X | X | X |
| 64856 | SUTURE, MAJOR PERIPHERAL NERVE, ARM/LEG, EXCEPT SC  | X | X | X |
| 64857 | SUTURE, MAJOR PERIPHERAL NERVE, ARM/LEG, EXCEPT SC  | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 64858 | SUTURE, SCIATIC NERVE  | X | X | X |
| 64859 | SUTURE, ADDL MAJOR PERIPHERAL NERVE  | X | X | X |
| 64861 | SUTURE; BRACHIAL PLEXUS  | X | X | X |
| 64862 | SUTURE; LUMBAR PLEXUS  | X | X | X |
| 64864 | SUTURE, FACIAL NERVE; EXTRACRANIAL   | X | X | X |
| 64865 | SUTURE, FACIAL NERVE; INFRATEMPORAL, W/WO GRAFTING   | X | X | X |
| 64866 | ANASTOMOSIS; FACIAL-SPINAL ACCESSORY   | X | X | X |
| 64868 | ANASTOMOSIS; FACIAL-HYPOGLOSSAL  | X | X | X |
| 64872 | SUTURE, NERVE; W/SECONDARY/DELAYED SUTURE  | X | X | X |
| 64874 | SUTURE, NERVE; W/EXTENSIVE MOBILIZATION/TRANSPOSIT   | X | X | X |
| 64876 | SUTURE, NERVE; W/SHORTENING, BONE, EXTREMITY   | X | X | X |
| 64885 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD/NECK;   | X | X | X |
| 64886 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD/NECK;   | X | X | X |
| 64890 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STR   | X | X | X |
| 64891 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STR   | X | X | X |
| 64892 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STR   | X | X | X |
| 64893 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STR   | X | X | X |
| 64895 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE S   | X | X | X |
| 64896 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE S   | X | X | X |
| 64897 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE S   | X | X | X |
| 64898 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE S   | X | X | X |
| 64901 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), ADDL NERVE   | X | X | X |
| 64902 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), ADDL NERVE   | X | X | X |
| 64905 | NERVE PEDICLE TRANSFER; 1ST STAGE  | X | X | X |
| 64907 | NERVE PEDICLE TRANSFER; 2ND STAGE  | X | X | X |
| 64910 | Nerve repair w/allograft   | X | X | X |
| 64911 | Neurorrhaphy w/vein autograft  | X | X | X |
| 64912 | Nerve repair; with nerve allograft, each nerve, first strand (cable)   | X | X | X |
| 64913 | Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure) | X | X | X |
| 64999 | UNLISTED PROC, NERVOUS SYSTEM  | X | X | X |
| 65091 | EVISCEATION, OCULAR CONTENTS; W/O IMPLANT  | X | X | X |
| 65093 | EVISCEATION, OCULAR CONTENTS; W/IMPLANT  | X | X | X |
| 65101 | ENUCLEATION, EYE; W/O IMPLANT  | X | X | X |
| 65103 | ENUCLEATION, EYE; W/IMPLANT, MUSCLES NOT ATTACHED  | X | X | X |
| 65105 | ENUCLEATION, EYE; W/IMPLANT, MUSCLES ATTACHED TO I   | X | X | X |
| 65110 | EXENTERATION, ORBIT (DOES NOT INCLUDE SKIN GRAFT),   | X | X | X |
| 65112 | EXENTERATION, ORBIT (DOES NOT INCLUDE SKIN GRAFT);   | X | X | X |
| 65114 | EXENTERATION, ORBIT (DOES NOT INCLUDE SKIN GRAFT);   | X | X | X |
| 65125 | MODIFICATION, OCULAR IMPLANT W/PLACEMENT/REPLACEME   | X | X | X |
| 65130 | INSERTION, OCULAR IMPLANT SECONDARY; AFTER EVISCE  | X | X | X |
| 65135 | INSERTION, OCULAR IMPLANT SECONDARY; AFTER ENUCLEA   | X | X | X |
| 65140 | INSERTION, OCULAR IMPLANT SECONDARY; AFTER ENUCLEA   | X | X | X |
| 65150 | REINSERTION, OCULAR IMPLANT; W/WO CONJUNCTIVAL GRA   | X | X | X |
| 65155 | REINSERTION, OCULAR IMPLANT; W/REINFORCEMENT AND/O   | X | X | X |
| 65175 | REMOVAL, OCULAR IMPLANT  | X | X | X |
| 65205 | REMOVAL, FB, EXT EYE; CONJUNCTIVAL SUPERFICIAL   | X | X | X |
| 65210 | REMOVAL, FB, EXT EYE; CONJUNCTIVAL EMBEDDED/SUBCON   | X | X | X |
| 65220 | REMOVAL, FB, EXT EYE; CORNEAL, W/O SLIT LAMP   | X | X | X |
| 65222 | REMOVAL, FB, EXT EYE; CORNEAL, W/SLIT LAMP   | X | X | X |
| 65235 | REMOVAL, FB, INTRAOCULAR; ANTERIOR CHAMBER/LENS  | X | X | X |
| 65260 | REMOVAL, FB, INTRAOCULAR; POSTERIOR SEGMENT, MAGNE   | X | X | X |
| 65265 | REMOVAL, FB, INTRAOCULAR; POSTERIOR SEGMENT, NONMA   | X | X | X |
| 65270 | REPAIR, LACERATION; CONJUNCTIVA, W/WO LACERATED SC   | X | X | X |
| 65272 | REPAIR, LACERATION; CONJUNCTIVA, MOBILIZATION AND  | X | X | X |
| 65273 | REPAIR, LACERATION; CONJUNCTIVA, MOBILIZATION AND  | X | X | X |
| 65275 | REPAIR, LACERATION; CORNEA, NONPERFORATING, W/WO R   | X | X | X |
| 65280 | REPAIR, LACERATION; CORNEA AND/OR SCLERA, PERFORAT   | X | X | X |
| 65285 | REPAIR, LACERATION; CORNEA AND/OR SCLERA, PERFORAT   | X | X | X |
| 65286 | REPAIR, LACERATION; APPLICATION, TISSUE GLUE, WOUN   | X | X | X |
| 65290 | REPAIR, WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR T   | X | X | X |
| 65400 | EXCISION, LESION, CORNEA (KERATECTOMY, LAMELLAR, P   | X | X | X |
| 65410 | BX, CORNEA   | X | X | X |
| 65426 | EXCISION/TRANSPOSITION, PTERYGIUM; W/GRAFT   | X | X | X |
| 65430 | SCRAPING, CORNEA, DX, SMEAR AND/OR CULTURE   | X | X | X |
| 65435 | REMOVAL, CORNEAL EPITHELIUM; W/WO CHEMOCAUTERIZATI   | X | X | X |
| 65436 | REMOVAL, CORNEAL EPITHELIUM; W/APPLICATION, CHELAT   | X | X | X |
| 65450 | DESTRUCTION, LESION, CORNEA, CRYOTHERAPY, PHOTOCO  | X | X | X |
| 65600 | MULTIPLE PUNCTURES, ANTERIOR CORNEA  | X | X | X |
| 65710 | KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR  | X | X | X |
| 65730 | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EX   | X | X | X |
| 65750 | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN   | X | X | X |
| 65755 | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN   | X | X | X |
| 65756 | KERATOPLASTY ENDOTHELIAL   | X | X | X |
| 65757 | BACKBENCH PREP CORNEAL ENDOTHELIAL ALLOGRAFT   | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 65760 | KERATOMILEUSIS                                     | X | X | X |
| 65765 | KERATOPHAKIA                                       | X | X | X |
| 65767 | EPIKERATOPLASTY                                    | X | X | X |
| 65770 | KERATOPROSTHESIS                                   | X | X | X |
| 65771 | RADIAL KERATOTOMY                                  | X | X | X |
| 65772 | CORNEAL RELAXING INCISION, CORRECTION, SURGICALLY  | X | X | X |
| 65775 | CORNEAL WEDGE RESECTION, CORRECTION, SURGICALLY IN | X | X | X |
| 65778 | PLACE AMNIOTIC MEMBRA OCULAR SURFACE W/O SUTURES   | X | X | X |
| 65779 | PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED     | X | X | X |
| 65780 | OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE    | X | X | X |
| 65781 | OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL AL | X | X | X |
| 65782 | OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL | X | X | X |
| 65785 | Implantation of intrastromal corneal ring segments | X | X | X |
| 65800 | PARACENTESIS ANT CHAMB EYE ASPIR AQUEOUS SPX       | X | X | X |
| 65810 | PARACENTESIS, EYE, ANTERIOR CHAMBER (SEP PROC); W/ | X | X | X |
| 65815 | PARACENTESIS, EYE, ANTERIOR CHAMBER (SEP PROC); W/ | X | X | X |
| 65820 | GONIOTOMY  | X | X | X |
| 65850 | TRABECULOTOMY AB EXTERNO                           | X | X | X |
| 65855 | TRABECULOPLASTY BY LASER SURGERY                   | X | X | X |
| 65860 | SEVERING ADHESIONS, ANTERIOR SEGMENT, LASER TECHNI | X | X | X |
| 65865 | SEVERING ADHESIONS, ANTERIOR SEGMENT, EYE, INCISIO | X | X | X |
| 65870 | SEVERING ADHESIONS, ANTERIOR SEGMENT, EYE, INCISIO | X | X | X |
| 65875 | SEVERING ADHESIONS, ANTERIOR SEGMENT, EYE, INCISIO | X | X | X |
| 65880 | SEVERING ADHESIONS, ANTERIOR SEGMENT, EYE, INCISIO | X | X | X |
| 65900 | REMOVAL, EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER,  | X | X | X |
| 65920 | REMOVAL, IMPLANTED MATERIAL, ANTERIOR SEGMENT, EYE | X | X | X |
| 65930 | REMOVAL, BLOOD CLOT, ANTERIOR SEGMENT, EYE         | X | X | X |
| 66020 | INJECTION, ANTERIOR CHAMBER, EYE (SEP PROC); AIR/L | X | X | X |
| 66030 | INJECTION, ANTERIOR CHAMBER, EYE (SEP PROC); MEDIC | X | X | X |
| 66130 | EXCISION, LESION, SCLERA                           | X | X | X |
| 66150 | FISTULIZATION, SCLERA, GLAUCOMA; TREPHINATION W/IR | X | X | X |
| 66155 | FISTULIZATION, SCLERA, GLAUCOMA; THERMOCAUTERIZATI | X | X | X |
| 66160 | FISTULIZATION, SCLERA, GLAUCOMA; SCLERECTOMY W/PUN | X | X | X |
| 66170 | FISTULIZATION, SCLERA, GLAUCOMA; TRABECULECTOMY AB | X | X | X |
| 66172 | FISTULIZATION, SCLERA, GLAUCOMA; TRABECULECTOMY AB | X | X | X |
| 66179 | AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT      | X | X | X |
| 66180 | AQUEOUS SHUNT EXTRAOC EQUAT PLATE RSVR W/GRAFT     | X | X | X |
| 66183 | INSERT ANTER DRAINAGE DEV W/O EXTRAOC RESERVOIR    | X | X | X |
| 66184 | REVJ SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT         | X | X | X |
| 66185 | REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT   | X | X | X |
| 66225 | REPAIR, SCLERAL STAPHYLOMA; W/GRAFT                | X | X | X |
| 66250 | REVISION/REPAIR, OPERATIVE WOUND, ANTERIOR SEGMENT | X | X | X |
| 66500 | IRIDOTOMY, STAB INCISION (SEP PROC); EXCEPT TRANSF | X | X | X |
| 66505 | IRIDOTOMY, STAB INCISION (SEP PROC); W/TRANSFIXION | X | X | X |
| 66600 | IRIDECTOMY, W/CORNEOSCLERAL/CORNEAL SECTION; REMOV | X | X | X |
| 66605 | IRIDECTOMY, W/CORNEOSCLERAL/CORNEAL SECTION; W/CYC | X | X | X |
| 66625 | IRIDECTOMY, W/CORNEOSCLERAL/CORNEAL SECTION; PERIP | X | X | X |
| 66630 | IRIDECTOMY, W/CORNEOSCLERAL/CORNEAL SECTION; SECTO | X | X | X |
| 66635 | IRIDECTOMY, W/CORNEOSCLERAL/CORNEAL SECTION; OPTIC | X | X | X |
| 66680 | REPAIR, IRIS, CILIARY BODY (AS, IRIDODIALYSIS)     | X | X | X |
| 66682 | SUTURE, IRIS, CILIARY BODY (SEP PROC) W/SUTURE RET | X | X | X |
| 66700 | CILIARY BODY DESTRUCTION; DIATHERMY                | X | X | X |
| 66710 | CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION    | X | X | X |
| 66711 | DESTRUCTION, CILIARY BODY                          | X | X | X |
| 66720 | CILIARY BODY DESTRUCTION; CRYOTHERAPY              | X | X | X |
| 66740 | CILIARY BODY DESTRUCTION; CYCLODIALYSIS            | X | X | X |
| 66761 | IRIDOTOMY/IRDEC LASER SURG PER SESSION             | X | X | X |
| 66762 | IRIDOPLASTY, PHOTOCOAGULATION (OVER 1 SESSIONS)    | X | X | X |
| 66770 | DESTRUCTION, CYST/LESION IRIS/CILIARY BODY (NONEXC | X | X | X |
| 66820 | DISCISSION, SECONDARY MEMBRANOUS CATARACT; STAB IN | X | X |   |
| 66821 | DISCISSION, SECONDARY MEMBRANOUS CATARACT; LASER ( | X | X |   |
| 66825 | REPOSITIONING, INTRAOCULAR LENS PROSTHESIS, REQUIR | X | X |   |
| 66830 | REMOVAL, SECONDARY MEMBRANOUS CATARACT W/CORNEO-SC | X | X |   |
| 66840 | REMOVAL, LENS MATERIAL; ASPIRATION TECHNIQUE, OVER | X | X |   |
| 66850 | REMOVAL, LENS MATERIAL; PHACOFAGMENTATION, W/ASPI  | X | X |   |
| 66852 | REMOVAL, LENS MATERIAL; PARS PLANA APPROACH, W/WO  | X | X |   |
| 66920 | REMOVAL, LENS MATERIAL; INTRACAPSULAR              | X | X |   |
| 66930 | REMOVAL, LENS MATERIAL; INTRACAPSULAR, DISLOCATED  | X | X |   |
| 66940 | REMOVAL, LENS MATERIAL; EXTRACAPSULAR (OTHER THAN  | X | X |   |
| 66982 | EXTRACAPSULAR CATARACT REMOVAL W/INSERTION, LENS P | X | X |   |
| 66983 | INTRACAPSULAR CATARACT EXTRACTION W/INSERTION, LEN | X | X |   |
| 66984 | EXTRACAPSULAR CATARACT REMOVAL W/INSERTION, LENS P | X | X |   |
| 66985 | INSERTION, INTRAOCULAR LENS PROSTHESIS (SECONDARY  | X | X |   |
| 66986 | EXCHANGE, INTRAOCULAR LENS                         | X | X |   |

|       |   |   |   |   |
|-------|---|---|---|---|
| 66987 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation   | x | x |   |
| 66988 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation  | x | 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 routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more |   | x |   |
| 66990 | OPHTHALMIC ENDOSCOPE USE  | x | 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, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more  |   | x |   |
| 66999 | UNLISTED PROC, ANTERIOR SEGMENT, EYE  | x | x | x |
| 67005 | REMOVAL, VITREOUS, ANTERIOR APPROACH; PARTIAL REMO  | x | x | x |
| 67010 | REMOVAL, VITREOUS, ANTERIOR APPROACH; SUBTOTAL REM  | x | x | x |
| 67015 | ASPIRATION/RELEASE, VITREOUS/SUBRETINAL/CHOROIDAL   | x | x | x |
| 67025 | INJECTION, VITREOUS SUBSTITUTE, PARS PLANA/LIMBAL   | x | x | x |
| 67027 | IMPLANT, INTRAVITREAL DRUG DELIVERY SYSTEM W/REMOV  | x | x | x |
| 67028 | INTRAVITREAL INJECTION, A PHARMACOLOGIC AGENT (SEP  | x | x | x |
| 67030 | DISCISSION, VITREOUS STRANDS (W/O REMOVAL), PARS P  | x | x | x |
| 67031 | SEVERING, VITREOUS STRANDS/FACE ADHESIONS/SHEETS/M  | x | x | x |
| 67036 | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH   | x | x | x |
| 67039 | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; W/FOC  | x | x | x |
| 67040 | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; W/END  | x | x | x |
| 67041 | VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE  | x | x | x |
| 67042 | VITRECTOMY PARS PLANA REMOVE INT MEMB RETINA  | x | x | x |
| 67043 | VITRECTOMY PARS PLANA REMOVE SUBRETINAL MEMBRANE  | x | x | x |
| 67101 | REPAIR OF RETINAL DETACHMENT, INCLUDING DRAINAGE OF SUBRETINAL FLUID WHEN PERFORMED; CRYOTHERAPY  | x | x | x |
| 67105 | REPAIR OF RETINAL DETACHMENT, INCLUDING DRAINAGE OF SUBRETINAL FLUID WHEN PERFORMED; PHOTOCOAGULATION   | x | x | x |
| 67107 | REPAIR RETINAL DETACHMENT SCLERAL BUCKLING  | x | x | x |
| 67108 | RPR RETINAL DTCHMNT W/VITRECTOMY ANY METH   | x | x | x |
| 67110 | REPAIR, RETINAL DETACHMENT; INJECTION, AIR/OTHER G  | x | x | x |
| 67113 | RPR COMPLEX RETINA DETACH VITRECT & MEMBRANE PEEL   | x | x | x |
| 67115 | RELEASE, ENCIRCLING MATL (POSTERIOR SEGMENT)  | x | x | x |
| 67120 | REMOVAL, IMPLANTED MATL, POSTERIOR SEGMENT; EXTRAO  | x | x | x |
| 67121 | REMOVAL, IMPLANTED MATL, POSTERIOR SEGMENT; INTRAO  | x | x | x |
| 67141 | PROPHYLAXIS, RETINAL DETACHMENT 1PLUS SESSIONS; CR  | x | x | x |
| 67145 | PROPHYLAXIS, RETINAL DETACHMENT 1PLUS SESSIONS; PH  | x | x | x |
| 67208 | DESTRUCTION, LOCALIZED RETINAL LESION, 1PLUS SESSI  | x | x | x |
| 67210 | DESTRUCTION OF LOCALIZED LESION OF RETINA, 1 OR MO  | x | x | x |
| 67218 | DESTRUCTION, LOCALIZED RETINAL LESION, 1PLUS SESSI  | x | x | x |
| 67220 | DESTRUCTION, LOCALIZED LESION, CHOROID; PHOTOCOAGU  | x | x | x |
| 67221 | DESTRUCTION, LOCALIZED LESION, CHOROID; PHOTODYNAM  | x | x | x |
| 67225 | DESTRUCTION, LOCALIZED LESION, CHOROID; PHOTODYNAM  | x | x | x |
| 67227 | DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY   | x | x | x |
| 67228 | TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION  | x | x | x |
| 67229 | TRMT EXTENSVE RETINOPATHY 1+ SESS PRETERM-1YR   | x | x | x |
| 67250 | SCLERAL REINFORCEMENT (SEP PROC); W/O GRAFT   | x | x | x |
| 67255 | SCLERAL REINFORCEMENT (SEP PROC); W/GRAFT   | x | x | x |
| 67299 | UNLISTED PROC, POSTERIOR SEGMENT  | x | x | x |
| 67311 | STRABISMUS SURGERY, RESECTION/RESECTION PROC; 1 HO  | x | x | x |
| 67312 | STRABISMUS SURGERY, RESECTION/RESECTION PROC; 2 HO  | x | x | x |
| 67314 | STRABISMUS SURGERY, RESECTION/RESECTION; 1 VERTICA  | x | x | x |
| 67316 | STRABISMUS SURGERY, RESECTION/RESECTION; 2 PLUS VE  | x | x | x |
| 67318 | STRABISMUS SURGERY, ANY PROC, SUPERIOR OBLIQUE MUS  | x | x | x |
| 67320 | TRANSPOSITION PROC, ANY EXTRAOCULAR MUSCLE  | x | x | x |
| 67331 | STRABISMUS SURGERY, PRIOR EYE SURGERY/INJURY NOT I  | x | x | x |
| 67332 | STRABISMUS SURGERY, PRIOR SCARRING, EXTRAOCULAR MU  | x | x | x |
| 67334 | STRABISMUS SURGERY, POSTERIOR FIXATION SUTURE, W/W  | x | x | x |
| 67335 | PLACEMENT, ADJUSTABLE SUTURES DURING STRABISMUS SU  | x | x | x |
| 67340 | STRABISMUS SURGERY, EXPLORATION AND/OR REPAIR, DET  | x | x | x |
| 67343 | RELEASE, EXTENSIVE SCAR TISSUE W/O DETACHING EXTRA  | x | x | x |
| 67345 | CHEMODENERVATION, EXTRAOCULAR MUSCLE  | x | x | x |
| 67346 | Biopsy, eye muscle  | x | x | x |
| 67399 | UNLISTED PROC, OCULAR MUSCLE  | x | x | x |
| 67400 | ORBITOTOMY W/O BONE FLAP; EXPLORATION, W/WO BX  | x | x | x |

|       |  |   |   |   |
|-------|--|---|---|---|
| 67405 | ORBITOTOMY W/O BONE FLAP; W/DRAINAGE ONLY          | X | X | X |
| 67412 | ORBITOTOMY W/O BONE FLAP; W/REMOVAL, LESION        | X | X | X |
| 67413 | ORBITOTOMY W/O BONE FLAP; W/REMOVAL, FB            | X | X | X |
| 67414 | ORBITOTOMY W/O BONE FLAP; W/REMOVAL, BONE, DECOMPR | X | X | X |
| 67415 | FINE NEEDLE ASPIRATION, ORBITAL CONTENTS           | X | X | X |
| 67420 | ORBITOTOMY W/BONE FLAP/WINDOW, LATERAL APPROACH; W | X | X | X |
| 67430 | ORBITOTOMY W/BONE FLAP/WINDOW, LATERAL APPROACH; W | X | X | X |
| 67440 | ORBITOTOMY W/BONE FLAP/WINDOW, LATERAL APPROACH; W | X | X | X |
| 67445 | ORBITOTOMY W/BONE FLAP/WINDOW, LATERAL APPROACH; W | X | X | X |
| 67450 | ORBITOTOMY W/BONE FLAP/WINDOW, LATERAL APPROACH; E | X | X | X |
| 67500 | RETROBULBAR INJECTION; MEDICATION (SEP PROC, MEDIC | X | X | X |
| 67505 | RETROBULBAR INJECTION; ALCOHOL                     | X | X | X |
| 67515 | INJECTION, THERAPEUTIC AGENT INTO TENONS CAPSULE   | X | X | X |
| 67550 | ORBITAL IMPLANT (OUTSIDE MUSCLE CONE); INSERTION   | X | X | X |
| 67560 | ORBITAL IMPLANT (OUTSIDE MUSCLE CONE); REMOVAL/REV | X | X | X |
| 67570 | OPTIC NERVE DECOMPRESSION                          | X | X | X |
| 67599 | UNLISTED PROC, ORBIT                               | X | X | X |
| 67700 | BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID          | X | X | X |
| 67710 | SEVERING, TARSORRHAPHY                             | X | X | X |
| 67715 | CANTHOTOMY (SEP PROC)                              | X | X | X |
| 67800 | EXCISION, CHALAZION; SINGLE                        | X | X | X |
| 67801 | EXCISION OF CHALAZION; MULTIPLE, SAME LID          | X | X | X |
| 67805 | EXCISION OF CHALAZION; MULTIPLE, DIFF LIDS         | X | X | X |
| 67808 | EXCISION, CHALAZION; W/ANESTHESIA/HOSPITALIZATION, | X | X | X |
| 67810 | INCISIONAL BIOPSY EYELID SKIN & LID MARGIN         | X | X | X |
| 67820 | CORRECTION, TRICHIASIS; EPILATION, FORCEPS ONLY    | X | X | X |
| 67825 | CORRECTION, TRICHIASIS; EPILATION, NON-FORCEPS     | X | X | X |
| 67830 | CORRECTION, TRICHIASIS; INCISION, LID MARGIN       | X | X | X |
| 67835 | CORRECTION, TRICHIASIS; INCISION, LID MARGIN, W/FR | X | X | X |
| 67840 | EXCISION, LESION, EYELID (EXCEPT CHALAZION) W/O CL | X | X | X |
| 67850 | DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)   | X | X | X |
| 67875 | TEMPORARY CLOSURE, EYELIDS, SUTURE                 | X | X | X |
| 67880 | CONSTRUCTION, INTERMARGINAL ADHESIONS, MEDIAN TARS | X | X | X |
| 67882 | CONSTRUCTION, INTERMARGINAL ADHESIONS/MEDIAN TARSO | X | X | X |
| 67900 | REPAIR, BROW PTOSIS, (SUPRACILIARY/MID-FOREHEAD/CO | X | X | X |
| 67901 | REPAIR, BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE | X | X | X |
| 67902 | REPAIR, BLEPHAROPTOSIS; FRONTALIS MUSCLE W/FASCIAL | X | X | X |
| 67903 | REPAIR, BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION/ | X | X | X |
| 67904 | REPAIR, BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION/ | X | X | X |
| 67906 | REPAIR, BLEPHAROPTOSIS; SUPERIOR RECTUS W/FASCIAL  | X | X | X |
| 67908 | REPAIR, BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLERS  | X | X | X |
| 67909 | REDUCTION, OVERCORRECTION, PTOSIS                  | X | X | X |
| 67911 | CORRECTION, LID RETRACTION                         | X | X | X |
| 67912 | CORRECTION, LAGOPHTHALMOS, W/IMPLANT, UPPER EYELID | X | X | X |
| 67914 | REPAIR, ECTROPION; SUTURE                          | X | X | X |
| 67915 | REPAIR, ECTROPION; THERMOCAUTERIZATION             | X | X | X |
| 67916 | REPAIR, ECTROPION; EXCISION TARSAL WEDGE           | X | X | X |
| 67917 | REPAIR, ECTROPION; EXTENSIVE                       | X | X | X |
| 67921 | REPAIR, ENTROPION; SUTURE                          | X | X | X |
| 67922 | REPAIR, ENTROPION; THERMOCAUTERIZATION             | X | X | X |
| 67923 | REPAIR, ENTROPION; EXCISION TARSAL WEDGE           | X | X | X |
| 67924 | REPAIR, ENTROPION; EXTENSIVE                       | X | X | X |
| 67930 | SUTURE, RECENT WOUND, EYELID; PARTIAL THICKNESS    | X | X | X |
| 67935 | SUTURE, RECENT WOUND, EYELID; FULL THICKNESS       | X | X | X |
| 67938 | REMOVAL, EMBEDDED FB, EYELID                       | X | X | X |
| 67950 | CANTHOPLASTY (RECONSTRUCTION, CANTHUS)             | X | X | X |
| 67961 | EXCISION/REPAIR, EYELID; UP TO ONE QUARTER, LID MA | X | X | X |
| 67966 | EXCISION/REPAIR, EYELID; OVER ONE QUARTER, LID MAR | X | X | X |
| 67971 | RECONSTRUCTION, EYELID, FULL THICKNESS; UP TO TWO  | X | X | X |
| 67973 | RECONSTRUCTION, EYELID, FULL THICKNESS; TOTAL LID, | X | X | X |
| 67974 | RECONSTRUCTION, EYELID, FULL THICKNESS; TOTAL LID, | X | X | X |
| 67975 | RECONSTRUCTION, EYELID, FULL THICKNESS; 2ND STAGE  | X | X | X |
| 67999 | UNLISTED PROC, EYELIDS                             | X | X | X |
| 68020 | INCISION, CONJUNCTIVA, DRAINAGE, CYST              | X | X | X |
| 68040 | EXPRESSION, CONJUNCTIVAL FOLLICLES                 | X | X | X |
| 68100 | BX, CONJUNCTIVA                                    | X | X | X |
| 68110 | EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM        | X | X | X |
| 68115 | EXCISION, LESION, CONJUNCTIVA; OVER 1 CM           | X | X | X |
| 68130 | EXCISION, LESION, CONJUNCTIVA; W/ADJACENT SCLERA   | X | X | X |
| 68135 | DESTRUCTION, LESION, CONJUNCTIVA                   | X | X | X |
| 68200 | SUBCONJUNCTIVAL INJECTION                          | X | X | X |
| 68320 | CONJUNCTIVOPLASTY; W/CONJUNCTIVAL GRAFT/EXTENSIVE  | X | X | X |
| 68325 | CONJUNCTIVOPLASTY; W/BUCCAL MUCOUS MEMBRANE GRAFT  | X | X | X |
| 68326 | CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; W/CO | X | X | X |
| 68328 | CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; W/BU | X | X | X |



|       |   |   |   |   |
|-------|---|---|---|---|
| 68330 | REPAIR, SYMBLEPHARON; CONJUNCTIVOPLASTY, W/O GRAFT  | X | X | X |
| 68335 | REPAIR, SYMBLEPHARON; W/FREE GRAFT CONJUNCTIVA/BUC  | X | X | X |
| 68340 | REPAIR, SYMBLEPHARON; DIVISION, SYMBLEPHARON  | X | X | X |
| 68360 | CONJUNCTIVAL FLAP; BRIDGE/PARTIAL (SEP PROC)  | X | X | X |
| 68362 | CONJUNCTIVAL FLAP; TOTAL, GUNDERSON THIN FLAP/PURS  | X | X | X |
| 68371 | HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR   | X | X | X |
| 68399 | UNLISTED PROC, CONJUNCTIVA  | X | X | X |
| 68400 | INCISION, DRAINAGE, LACRIMAL GLAND  | X | X | X |
| 68420 | INCISION, DRAINAGE, LACRIMAL SAC (DACRYOCYSTOTOMY/  | X | X | X |
| 68440 | SNIP INCISION, LACRIMAL PUNCTUM   | X | X | X |
| 68500 | EXCISION, LACRIMAL GLAND (DACRYOADENECTOMY), EXCEP  | X | X | X |
| 68505 | EXCISION, LACRIMAL GLAND (DACRYOADENECTOMY), EXCEP  | X | X | X |
| 68510 | BX, LACRIMAL GLAND  | X | X | X |
| 68520 | EXCISION, LACRIMAL SAC (DACRYOCYSTECTOMY)   | X | X | X |
| 68525 | BX, LACRIMAL SAC  | X | X | X |
| 68530 | REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PA  | X | X | X |
| 68540 | EXCISION, LACRIMAL GLAND TUMOR; FRONTAL APPROACH  | X | X | X |
| 68550 | EXCISION, LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOM  | X | X | X |
| 68700 | PLASTIC REPAIR, CANALICULI  | X | X | X |
| 68705 | CORRECTION, EVERTED PUNCTUM, CAUTERY  | X | X | X |
| 68720 | DACRYOCYSTORHINOSTOMY (FISTULIZATION, LACRIMAL SAC  | X | X | X |
| 68745 | CONJUNCTIVORHINOSTOMY; W/O TUBE   | X | X | X |
| 68750 | CONJUNCTIVORHINOSTOMY; W/INSERTION, TUBE/STENT  | X | X | X |
| 68760 | CLOSURE, LACRIMAL PUNCTUM; THERMOCAUTERIZATION/LIG  | X | X | X |
| 68761 | CLOSURE, LACRIMAL PUNCTUM; PLUG, EACH   | X | X | X |
| 68770 | CLOSURE, LACRIMAL FISTULA (SEP PROC)  | X | X | X |
| 68801 | DILATION, LACRIMAL PUNCTUM, W/WO IRRIGATION   | X | X | X |
| 68810 | PROBING, NASOLACRIMAL DUCT, W/WO IRRIGATION   | X | X | X |
| 68811 | PROBING, NASOLACRIMAL DUCT, W/WO IRRIGATION; REQUI  | X | X | X |
| 68815 | PROBING, NASOLACRIMAL DUCT, W/WO IRRIGATION; W/INS  | X | X | X |
| 68816 | PROBE NASOLACRIMAL DUCT WITH CATHETER DILATION  | X | X | X |
| 68840 | PROBING, LACRIMAL CANALICULI, W/WO IRRIGATION   | X | X | X |
| 68841 | Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each |   | X | X |
| 68850 | INJECTION, CONTRAST MEDIUM, DACRYOCYSTOGRAPHY   | X | X | X |
| 68899 | UNLISTED PROC, LACRIMAL SYSTEM  | X | X | X |
| 69000 | DRAINAGE EXT EAR, ABSCESS/HEMATOMA; SIMPLE  | X | X | X |
| 69005 | DRAINAGE EXT EAR, ABSCESS/HEMATOMA; COMPLICATED   | X | X | X |
| 69020 | DRAINAGE EXT AUDITORY CANAL, ABSCESS  | X | X | X |
| 69100 | BX EXT EAR  | X | X | X |
| 69105 | BX EXT AUDITORY CANAL   | X | X | X |
| 69110 | EXCISION EXT EAR; PARTIAL, SIMPLE REPAIR  | X | X | X |
| 69120 | EXCISION EXT EAR; COMPLETE AMPUTATION   | X | X | X |
| 69140 | EXCISION EXOSTOSIS(ES), EXT AUDITORY CANAL  | X | X | X |
| 69145 | EXCISION SOFT TISSUE LESION, EXT AUDITORY CANAL   | X | X | X |
| 69150 | RADICAL EXCISION EXT AUDITORY CANAL LESION; W/O NE  | X | X | X |
| 69155 | RADICAL EXCISION EXT AUDITORY CANAL LESION; W/NECK  | X | X | X |
| 69200 | REMOVAL FB, EXT AUDITORY CANAL; W/O GENERAL ANESTH  | X | X | X |
| 69205 | REMOVAL FB, EXT AUDITORY CANAL; W/GENERAL ANESTHES  | X | X | X |
| 69220 | DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE   | X | X | X |
| 69222 | DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, W/  | X | X | X |
| 69300 | OTOPLASTY, PROTRUDING EAR, W/WO SIZE REDUCTION  | X | X | X |
| 69310 | RECONSTRUCTION, EXT AUDITORY CANAL (SEP PROC)   | X | X | X |
| 69320 | RECONSTRUCTION, EXT AUDITORY CANAL, CONGENITAL ATR  | X | X | X |
| 69399 | UNLISTED PROC, EXT EAR  | X | X | X |
| 69440 | MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR/EAR C  | X | X | X |
| 69450 | TYMPANOLYSIS, TRANSCANAL  | X | X | X |
| 69501 | TRANSMASTOID ANTROTOMY (SIMPLE MASTOIDECTOMY)   | X | X | X |
| 69502 | MASTOIDECTOMY; COMPLETE   | X | X | X |
| 69505 | MASTOIDECTOMY; MODIFIED RADICAL   | X | X | X |
| 69511 | MASTOIDECTOMY; RADICAL  | X | X | X |
| 69530 | PETROUS APICECTOMY W/RADICAL MASTOIDECTOMY  | X | X | X |
| 69535 | RESECTION TEMPORAL BONE, EXT APPROACH   | X | X | X |
| 69540 | EXCISION AURAL POLYP  | X | X | X |
| 69550 | EXCISION AURAL GLOMUS TUMOR; TRANSCANAL   | X | X | X |
| 69552 | EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID   | X | X | X |
| 69554 | EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPOR  | X | X | X |
| 69601 | REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MAST  | X | X | X |
| 69602 | REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADI  | X | X | X |
| 69603 | REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTO  | X | X | X |
| 69604 | REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY  | X | X | X |
| 69605 | REVISION MASTOIDECTOMY; W/APICECTOMY  | X |   |   |
| 69610 | TYMPANIC MEMBRANE REPAIR, W/WO SITE PREPARATION/PE  | X | X | X |
| 69620 | MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DO  | X | X | X |
| 69631 | TYMPANOPLASTY W/O MASTOIDECTOMY INITIAL/REVISION;   | X | X | X |
| 69632 | TYMPANOPLASTY W/O MASTOIDECTOMY INITIAL/REVISION;   | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 69633 | TYMpanoplasty w/o mastoidectomy initial/revision;  | x | x | x |
| 69635 | TYMpanoplasty w/antrotomy/mastoidotomy; w/o ossicle  | x | x | x |
| 69636 | TYMpanoplasty w/antrotomy/mastoidotomy; w/ossicle  | x | x | x |
| 69637 | TYMpanoplasty w/antrotomy/mastoidotomy; w/ossicle  | x | x | x |
| 69641 | TYMpanoplasty w/mastoidectomy; w/o ossicle reconst   | x | x | x |
| 69642 | TYMpanoplasty w/mastoidectomy; w/ossicle reconst   | x | x | x |
| 69643 | TYMpanoplasty w/mastoidectomy; w/o ossicle reconst   | x | x | x |
| 69644 | TYMpanoplasty w/mastoidectomy; w/ossicle reconst   | x | x | x |
| 69645 | TYMpanoplasty w/mastoidectomy; w/o ossicle reconst   | x | x | x |
| 69646 | TYMpanoplasty w/mastoidectomy; w/ossicle reconst   | x | x | x |
| 69650 | STAPES MOBILIZATION  | x | x | x |
| 69660 | STAPEDECTOMY/STAPEDOTOMY, w/wo foreign matl  | x | x | x |
| 69661 | STAPEDECTOMY/STAPEDOTOMY, w/wo foreign matl; w/fo  | x | x | x |
| 69662 | REVISION, STAPEDECTOMY/STAPEDOTOMY   | x | x | x |
| 69666 | REPAIR OVAL WINDOW FISTULA   | x | x | x |
| 69667 | REPAIR ROUND WINDOW FISTULA  | x | x | x |
| 69670 | MASTOID OBLITERATION (SEP PROC)  | x | x | x |
| 69676 | TYMPANIC NEURECTOMY  | x | x | x |
| 69700 | CLOSURE POSTAURICULAR FISTULA, MASTOID (SEP PROC)  | x | x | x |
| 69710 | IMPLANTATION/REPLACEMENT, ELECTROMAGNETIC BONE CON   | x | x | x |
| 69711 | REMOVAL/REPAIR, ELECTROMAGNETIC BONE CONDUCTION HE   | x | x | x |
| 69714 | IMPLANTATION, OSSEOINTEGRATED IMPLANT TEMPORAL BON   | x | x | x |
| 69715 | IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BO   | x |   |   |
| 69716 | Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor   |   | x | x |
| 69717 | REPLACEMENT, OSSEOINTEGRATED IMPLANT, TEMPORAL BON   | x | x | x |
| 69718 | REPLACEMENT, OSSEOINTEGRATED IMPLANT, TEMPORAL BON   | x |   |   |
| 69719 | Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor   |   | x | x |
| 69720 | DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL   | x | x | x |
| 69725 | DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; W/MEDIA   | x | x | x |
| 69726 | Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor   |   | x | x |
| 69727 | Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor  |   | x | x |
| 69728 | Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex                                     |   |   | x |
| 69729 | Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex                                    |   |   | x |
| 69730 | Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex |   |   | x |
| 69740 | SUTURE FACIAL NERVE, INTRATEMPORAL; LATERAL TO GEN   | x | x | x |
| 69745 | SUTURE FACIAL NERVE, INTRATEMPORAL; MEDIAL TO GENI   | x | x | x |
| 69799 | UNLISTED PROC, MIDDLE EAR  | x | x | x |
| 69801 | LABYRINTHOTOMY TRANSCANAL  | x | x | x |
| 69805 | ENDOLYMPHATIC SAC OPERATION; W/O SHUNT   | x | x | x |
| 69806 | ENDOLYMPHATIC SAC OPERATION; W/SHUNT   | x | x | x |
| 69905 | LABYRINTHECTOMY; TRANSCANAL  | x | x | x |
| 69910 | LABYRINTHECTOMY; W/MASTOIDECTOMY   | x | x | x |
| 69915 | VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROA   | x | x | x |
| 69930 | COCHLEAR DEVICE IMPLANTATION, W/WO MASTOIDECTOMY   | x | x | x |
| 69949 | UNLISTED PROC, INNER EAR   | x | x | x |
| 69950 | VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH  | x | x | x |
| 69955 | TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR, (M   | x | x | x |
| 69960 | DECOMPRESSION INT AUDITORY CANAL   | x | x | x |
| 69970 | REMOVAL, TUMOR, TEMPORAL BONE  | x | x | x |
| 69979 | UNLISTED PROC, TEMPORAL BONE, MIDDLE FOSSA APPROAC   | x | x | x |
| 69990 | MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATI   | x | x | x |
| 70336 | MRI, TEMPOROMANDIBULAR JOINTS  | x | x | x |
| 70350 | X-RAY HEAD FOR ORTHODONTIA   | x | x | x |
| 70450 | CT SCAN, HEAD/BRAIN; W/O CONTRAST MATL   | x | x | x |
| 70460 | CT SCAN, HEAD/BRAIN; W/CONTRAST MATL(S)  | x | x | x |
| 70470 | CT SCAN, HEAD/BRAIN; W/O CONTRAST MATL, THEN W/CON   | x | x | x |
| 70480 | CT SCAN, ORBIT/SELLA/POSTERIOR FOSSA/OUTER, MIDDLE   | x | x | x |
| 70481 | CT SCAN, ORBIT/SELLA/POSTERIOR FOSSA/OUTER, MIDDLE   | x | x | x |
| 70482 | CT SCAN, ORBIT/SELLA/POSTERIOR FOSSA/OUTER, MIDDLE   | x | x | x |
| 70486 | CT SCAN, MAXILLOFACIAL AREA; W/O CONTRAST MATL   | x | x | x |
| 70487 | CT SCAN, MAXILLOFACIAL AREA; W/CONTRAST MATL(S)  | x | x | x |
| 70488 | CT SCAN, MAXILLOFACIAL AREA; W/O CONTRAST MATL, TH   | x | x | x |
| 70490 | CT SCAN, SOFT TISSUE NECK; W/O CONTRAST MATL   | x | x | x |
| 70491 | CT SCAN, SOFT TISSUE NECK; W/CONTRAST MATL(S)  | x | x | x |
| 70492 | CT SCAN, NECK TISSUE; W/O CONTRAST MATL, THEN W/CO   | x | x | x |
| 70496 | CT ANGIOGRAPHY, HEAD, W/O CONTRAST MATL(S), FOLLOW   | x | x | x |

|       |   |   |   |   |
|-------|---|---|---|---|
| 70498 | CT ANGIOGRAPHY, NECK, W/O CONTRAST MATL(S), FOLLOW  | x | x | x |
| 70540 | MRI, ORBIT, FACE, AND NECK; W/O CONTRAST MATL(S)  | x | x | x |
| 70542 | MRI, ORBIT, FACE, AND NECK; W/CONTRAST MATL(S)  | x | x | x |
| 70543 | MRI, ORBIT, FACE, AND NECK; W/O CONTRAST MATL(S),   | x | x | x |
| 70544 | MRA, HEAD; W/O CONTRAST MATL(S)   | x | x | x |
| 70545 | MRA, HEAD; W/CONTRAST MATL(S)   | x | x | x |
| 70546 | MRA, HEAD; W/O CONTRAST MATL(S), FOLLOWED BY CONTR  | x | x | x |
| 70547 | MRA, NECK; W/O CONTRAST MATL(S)   | x | x | x |
| 70548 | MRA, NECK; W/CONTRAST MATL(S)   | x | x | x |
| 70549 | MRA, NECK; W/O CONTRAST MATL(S), FOLLOWED BY CONTR  | x | x | x |
| 70551 | MRI, BRAIN; W/O CONTRAST MATL   | x | x | x |
| 70552 | MRI, BRAIN; W/CONTRAST MATL (S)   | x | x | x |
| 70553 | MRI, BRAIN; W/O CONTRAST MATL, THEN W/CONTRASTMATL  | x | x | x |
| 70554 | FMRI BRAIN BY TECH  | x | x | x |
| 70555 | Fmri brain by phys/psych  | x | x | x |
| 70557 | MRI, BRAIN, DURING INTRACRANIAL PROCEDURE; W/O CON  | x | x | x |
| 70558 | MRI, BRAIN, DURING INTRACRANIAL PROCEDURE; W/ CONT  | x | x | x |
| 70559 | MRI, BRAIN, DURING INTRACRANIAL PROC; W/O CONTRST   | x | x | x |
| 71250 | CT SCAN, THORAX; W/O CONTRAST MATL  | x | x | x |
| 71260 | CT SCAN, THORAX; W/CONTRAST MATL(S)   | x | x | x |
| 71270 | CT SCAN, THORAX; W/O CONTRAST MATL, THEN W/CONTRAS  | x | x | x |
| 71271 | Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | x |   |   |
| 71275 | CT ANGIOGRAPHY, CHEST, W/O CONTRAST MATL(S), FOLLO  | x | x | x |
| 71550 | MRI, CHEST; W/O CONTRAST MATL(S)  | x | x | x |
| 71551 | MRI, CHEST; W/CONTRAST MATL(S)  | x | x | x |
| 71552 | MRI, CHEST; W/O CONTRAST MATL(S), FOLLOWED BY CONT  | x | x | x |
| 71555 | MRA, CHEST (EXCLUDE MYOCARDIUM), W/WO CONTRAST MAT  | x | x | x |
| 72125 | CT SCAN, CERVICAL SPINE; W/O CONTRAST MATL  | x | x | x |
| 72126 | CT SCAN, CERVICAL SPINE; W/CONTRAST MATL  | x | x | x |
| 72127 | CT SCAN, CERVICAL SPINE; W/O CONTRAST MATL, THEN W  | x | x | x |
| 72128 | CT SCAN, THORACIC SPINE; W/O CONTRAST MATL  | x | x | x |
| 72129 | CT SCAN, THORACIC SPINE; W/CONTRAST MATL  | x | x | x |
| 72130 | CT SCAN, THORACIC SPINE; W/O CONTRAST MATL, THEN W  | x | x | x |
| 72131 | CT SCAN, LUMBAR SPINE; W/O CONTRAST MATL  | x | x | x |
| 72132 | CT SCAN, LUMBAR SPINE; W/CONTRAST MATL  | x | x | x |
| 72133 | CT SCAN, LUMBAR SPINE; W/O CONTRAST MATL, THEN W/C  | x | x | x |
| 72141 | MRI, CERVICAL SPINE; W/O CONTRAST MATL  | x | x | x |
| 72142 | MRI, CERVICAL SPINE; W/CONTRAST MATL(S)   | x | x | x |
| 72146 | MRI, THORACIC SPINE; W/O CONTRAST MATL  | x | x | x |
| 72147 | MRI, THORACIC SPINE; W/CONTRAST MATL(S)   | x | x | x |
| 72148 | MRI, LUMBAR SPINE; W/O CONTRAST MATL  | x | x | x |
| 72149 | MRI, LUMBAR SPINE; W/CONTRAST MATL(S)   | x | x | x |
| 72156 | MRI, SPINE W/O CONTRAST MATL, THEN W/CONTRAST MATL  | x | x | x |
| 72157 | MRI, SPINE W/O CONTRAST MATL, THEN W/CONTRAST MATL  | x | x | x |
| 72158 | MRI, SPINE W/O CONTRAST MATL, THEN W/CONTRAST MATL  | x | x | x |
| 72159 | MRA, SPINE W/WO CONTRAST MATL(S)  | x | x | x |
| 72191 | CT ANGIOGRAPHY, PELVIS, W/O CONTRAST MATL(S), FOLL  | x | x | x |
| 72192 | CT SCAN, PELVIS; W/O CONTRAST MATL  | x | x | x |
| 72193 | CT SCAN, PELVIS; W/CONTRAST MATL(S)   | x | x | x |
| 72194 | CT SCAN, PELVIS; W/O CONTRAST MATL, THEN W/CONTRAS  | x | x | x |
| 72195 | MRI, PELVIS; W/O CONTRAST MATL(S)   | x | x | x |
| 72196 | MRI, PELVIS; W/CONTRAST MATL(S)   | x | x | x |
| 72197 | MRI, PELVIS; W/O CONTRAST MATL(S), FOLLOWED BY CON  | x | x | x |
| 72198 | MRA, PELVIS, W/WO CONTRAST MATL   | x | x | x |
| 73200 | CT SCAN, UPPER EXTREMITY; W/O CONTRAST MATL   | x | x | x |
| 73201 | CT SCAN, UPPER EXTREMITY; W/CONTRAST MATL(S)  | x | x | x |
| 73202 | CT SCAN, UPPER EXTREMITY; W/O CONTRAST MATL, THEN   | x | x | x |
| 73206 | CT ANGIOGRAPHY, UPPR EXTREM, W/O CONTRAST MATL(S),  | x | x | x |
| 73218 | MRI, UPPER EXTREMITY, OTHER THAN JOINT; W/O CONTRA  | x | x | x |
| 73219 | MRI, UPPER EXTREMITY, OTHER THAN JOINT; W/CONTRAST  | x | x | x |
| 73220 | MRI, UPPER EXTREMITY, OTHER THAN JOINT; W/O CONTRA  | x | x | x |
| 73221 | MRI, ANY JOINT, UPPER EXTREMITY; W/O CONTRAST MATL  | x | x | x |
| 73222 | MRI, ANY JOINT, UPPER EXTREMITY; W/CONTRAST MATL(S  | x | x | x |
| 73223 | MRI, ANY JOINT OF UPPER EXTREMITY; W/O CONTRAST MA  | x | x | x |
| 73225 | MRA, UPPER EXTREMITY, W/WO CONTRAST MATL(S)   | x | x | x |
| 73700 | CT SCAN, LOWER EXTREMITY; W/O CONTRAST MATL   | x | x | x |
| 73701 | CT SCAN, LOWER EXTREMITY; W/CONTRAST MATL(S)  | x | x | x |
| 73702 | CT SCAN, LOWER EXTREMITY; W/O CONTRAST MATL, THEN   | x | x | x |
| 73706 | CT ANGIOGRAPHY, LOWER EXTREMITY, W/O CONTRAST MATL  | x | x | x |
| 73718 | MRI, LOWER EXTREMITY OTHER THAN JOINT; W/O CONTRAS  | x | x | x |
| 73719 | MRI, LOWER EXTREMITY OTHER THAN JOINT; W/CONTRAST   | x | x | x |
| 73720 | MRI, LOWER EXTREMITY OTHER THAN JOINT; W/O CONTRAS  | x | x | x |
| 73721 | MRI, ANY JOINT, LOWER EXTREMITY; W/O CONTRAST MATL  | x | x | x |
| 73722 | MRI, ANY JOINT, LOWER EXTREMITY; W/CONTRAST MATL(S  | x | x | x |
| 73723 | MRI, ANY JOINT, LOWER EXTREMITY; W/O CONTRAST MATL  | x | x | x |

|       |   |   |   |   |
|-------|---|---|---|---|
| 73725 | MRA, LOWER EXTREMITY, W/WO CONTRAST MATL(S)   | X | X | X |
| 74150 | CT SCAN, ABDOMEN; W/O CONTRAST MATL   | X | X | X |
| 74160 | CT SCAN, ABDOMEN; W/CONTRAST MATL(S)  | X | X | X |
| 74170 | CT SCAN, ABDOMEN; W/O CONTRAST MATL, THEN W/CONTRA  | X | X | X |
| 74174 | CT ANGIO ABD&PLVIS CNTRST MTRL W/WO CNTRST IMGES  | X | X | X |
| 74175 | CT ANGIOGRAPHY, ABDOMEN, W/O CONTRAST MATL(S), FOL  | X | X | X |
| 74176 | CT ABD & PELVIS W/O CONTRAST  | X | X | X |
| 74177 | CT ABD & PELVIS W/CONTRAST  | X | X | X |
| 74178 | CT ABD & PELVIS W/O CONTRAST 1+ BODY REGNS  | X | X | X |
| 74181 | MRI, ABDOMEN; W/O CONTRAST MATL(S)  | X | X | X |
| 74182 | MRI, ABDOMEN; W/CONTRAST MATL(S)  | X | X | X |
| 74183 | MRI, ABDOMEN; W/O CONTRAST MATL(S) FOLLOWED BY CON  | X | X | X |
| 74185 | MRA, ABDOMEN, W/WO CONTRAST MATL(S)   | X | X | X |
| 74261 | CT COLONOGRPHY DX IMAGE POSTPROCESS NO CONTRAST   | X | X | X |
| 74262 | CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST  | X | X | X |
| 74263 | CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING  | X | X | X |
| 74712 | Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation   | X | X | X |
| 74713 | Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure) | X | X | X |
| 75557 | CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST  | X | X | X |
| 75559 | CARDIAC MRI W/O CONTRAST W STRESS IMAGING   | X | X | X |
| 75561 | CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ  | X | X | X |
| 75563 | CARDIAC MRI W/W/O CONTRAST W STRESS   | X | X | X |
| 75565 | CARDIAC MRI FOR VELOCITY FLOW MAPPING   | X | X | X |
| 75571 | CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM   | X | X | X |
| 75572 | CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH  | X | X | X |
| 75573 | CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT DX   | X | X | X |
| 75574 | CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST   | X | X | X |
| 75635 | CT ANGIO, ABD AORTA AND BILAT ILIOFEM LOWR EXTREM   | X | X | X |
| 76120 | CINERADIOGRAPHY/VIDEORADIOLOGY, EXCEPT WHERE SPECI  | X | X | X |
| 76125 | CINERADIOGRAPHY/VIDEORADIOGRAPHY W/ROUTINE EXAM   | X | X | X |
| 76145 | Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report  | X | X | X |
| 76376 | 3D RENDERING W/INTERP & POSTPROCESS SUPERVISION   | X | X | X |
| 76377 | 3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION  | X | X | X |
| 76380 | CT SCAN, LIMITED/LOCALIZED FOLLOW-UP STUDY  | X | X | X |
| 76390 | MR SPECTROSCOPY   | X | X | X |
| 76391 | Magnetic resonance (eg, vibration) elastography   | X | X | X |
| 76496 | UNLISTED FLUOROSCOPIC PROCEDURE   | X | X | X |
| 76497 | UNLISTED CT PROCEDURE   | X | X | X |
| 76498 | UNLISTED MR PROCEDURE   | X | X | X |
| 76499 | UNLISTED DX RADIOGRAPHIC PROCEDURE  | X | X | X |
| 76506 | ECHO EXAM OF HEAD   | X | X | X |
| 76536 | US EXAM OF HEAD AND NECK  | X | X | X |
| 76604 | US EXAM CHEST   | X | X | X |
| 76641 | ULTRASOUND BREAST COMPLETE  | X | X | X |
| 76642 | ULTRASOUND BREAST LIMITED   | X | X | X |
| 76700 | US EXAM ABDOM COMPLETE  | X | X | X |
| 76705 | ECHO EXAM OF ABDOMEN  | X | X | X |
| 76706 | US ABDL AORTA SCREEN AAA  | X | X | X |
| 76770 | US EXAM ABDO BACK WALL COMP   | X | X | X |
| 76775 | US EXAM ABDO BACK WALL LIM  | X | X | X |
| 76776 | US EXAM K TRANSPL W/DOPPLER   | X | X | X |
| 76800 | US EXAM SPINAL CANAL  | X | X | X |
| 76801 | OB US < 14 WKS SINGLE FETUS   | X | X | X |
| 76802 | OB US < 14 WKS ADDL FETUS   | X | X | X |
| 76805 | OB US >= 14 WKS SNGL FETUS  | X | X | X |
| 76810 | OB US >= 14 WKS ADDL FETUS  | X | X | X |
| 76811 | OB US DETAILED SNGL FETUS   | X | X | X |
| 76812 | OB US DETAILED ADDL FETUS   | X | X | X |
| 76813 | OB US NUCHAL MEAS 1 GEST  | X | X | X |
| 76814 | OB US NUCHAL MEAS ADD-ON  | X | X | X |
| 76815 | OB US LIMITED FETUS(S)  | X | X | X |
| 76816 | OB US FOLLOW-UP PER FETUS   | X | X | X |
| 76817 | TRANSVAGINAL US OBSTETRIC   | X | X | X |
| 76818 | FETAL BIOPHYS PROFILE W/NST   | X | X | X |
| 76819 | FETAL BIOPHYS PROFIL W/O NST  | X | X | X |
| 76820 | UMBILICAL ARTERY ECHO   | X | X | X |
| 76821 | MIDDLE CEREBRAL ARTERY ECHO   | X | X | X |
| 76825 | ECHO EXAM OF FETAL HEART  | X | X | X |
| 76826 | ECHO EXAM OF FETAL HEART  | X | X | X |
| 76827 | ECHO EXAM OF FETAL HEART  | X | X | X |
| 76828 | ECHO EXAM OF FETAL HEART  | X | X | X |
| 76830 | TRANSVAGINAL US NON-OB  | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 76831 | ECHO EXAM UTERUS   | X | X | X |
| 76856 | US EXAM PELVIC COMPLETE  | X | X | X |
| 76857 | US EXAM PELVIC LIMITED   | X | X | X |
| 76870 | US EXAM SCROTUM  | X | X | X |
| 76872 | US TRANSRECTAL   | X | X | X |
| 76881 | US XTR NON-VASC COMPLETE   | X | X | X |
| 76882 | US XTR NON-VASC LMTD   | X | X | X |
| 76883 | Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity                                 |   |   | X |
| 76885 | US EXAM INFANT HIPS DYNAMIC  | X | X | X |
| 76886 | US EXAM INFANT HIPS STATIC   | X | X | X |
| 76970 | ULTRASOUND EXAM FOLLOW-UP  | X |   |   |
| 76975 | GI ENDOSCOPIC US, S AND I  | X | X | X |
| 76978 | Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion   | X | X | X |
| 76979 | Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)                           | X | X | X |
| 76981 | Ultrasound, elastography; parenchyma (eg, organ)   | X | X | X |
| 76982 | Ultrasound, elastography; first target lesion  | X | X | X |
| 76983 | Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)  | X | X | X |
| 76999 | ECHO EXAMINATION PROCEDURE   | X | X | X |
| 77011 | Ct scan for localization   | X | X | X |
| 77012 | Ct scan for needle biopsy  | X | X | X |
| 77013 | Ct guide for tissue ablation   | X | X | X |
| 77014 | CT SCAN FOR THERAPY GUIDE  | X | X | X |
| 77021 | Mr guidance for needle place   | X | X | X |
| 77022 | Mri for tissue ablation  | X | X | X |
| 77046 | Magnetic resonance imaging, breast, without contrast material; unilateral  | X | X | X |
| 77047 | Magnetic resonance imaging, breast, without contrast material; bilateral   | X | X | X |
| 77048 | Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral          | X | X | X |
| 77049 | Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral           | X | X | X |
| 77078 | CT BONE DENSITY AXIAL  | X | X | X |
| 77084 | Magnetic image, bone marrow  | X | X | X |
| 77089 | Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk |   | X | X |
| 77090 | Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere   |   | X | X |
| 77091 | Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only  |   | X | X |
| 77092 | Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional   |   | X | X |
| 77261 | THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE   | X | X | X |
| 77262 | THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMED   | X | X | X |
| 77263 | THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX  | X | X | X |
| 77280 | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTI   | X | X | X |
| 77285 | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTI   | X | X | X |
| 77290 | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTI   | X | X | X |
| 77293 | RESPIRATORY MOTION MANAGEMENT SIMULATION   | X | X | X |
| 77295 | RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS   | X | X | X |
| 77299 | UNLISTED PROC, THERAPEUTIC RADIOLOGY CLINICAL TREA   | X | X | X |
| 77300 | RADIATION THERAPY, DOSIMETRY PLAN  | X | X | X |
| 77301 | INTENSITY MODULATED RADIOTHERAPY PLAN W/DOSE VOLUM   | X | X | X |
| 77306 | TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION   | X | X | X |
| 77307 | TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY   | X | X | X |
| 77317 | BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL  | X | X | X |
| 77318 | BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL  | X | X | X |
| 77321 | SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI BODY  | X | X | X |
| 77331 | RADIATION THERAPY, SPECIAL DOSIMETRY   | X | X | X |
| 77332 | TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE   | X | X | X |
| 77333 | TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERM   | X | X | X |
| 77334 | TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLE   | X | X | X |
| 77336 | CONTINUING MEDICAL PHYSICS CONSULTATION, PER WEEK  | X | X | X |
| 77338 | MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN   | X | X | X |
| 77370 | SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION   | X | X | X |
| 77371 | Srs, multisource   | X | X | X |
| 77372 | Srs, linear based  | X | X | X |
| 77373 | Sbrt delivery  | X | X | X |
| 77385 | INTENSITY MODULATED RADIATION TX DLVR SIMPLE   | X | X | X |
| 77386 | INTENSITY MODULATED RADIATION TX DLVR COMPLEX  | X | X | X |
| 77387 | GUIDANCE FOR LOC OF TARGET VOL RADIAI TX DLVR  | X | X | X |
| 77399 | UNLISTED PROC, RADIATION/PHYSICS/DOSIMETRY AND TRE   | X | X | X |

|       |   |   |   |   |
|-------|---|---|---|---|
| 77401 | RADIATION TX DELIVERY SUPERFICIAL&/ORTHO VOLTA  | x | x | x |
| 77402 | RADIATION TREATMENT DELIVERY, >=1 MEV; SIMPLE   | x | x | x |
| 77407 | RADIATION TREATMENT DELIVERY, >=1 MEV; INTERMEDIATE   | x | x | x |
| 77412 | RADIATION TREATMENT DELIVERY, >=1 MEV; COMPLEX  | x | x | x |
| 77417 | THERAPEUTIC RADIOLOGY PORT FILMS  | x | x | x |
| 77423 | HIGH ENERGY NEUTRON RAD TX DELIVERY; 1 OR MORE ISO  | x | x | x |
| 77424 | INTRAOP RADIAJ TX DELIVER XRAY SINGLE TX SESSION  | x | x | x |
| 77425 | INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS  | x | x | x |
| 77427 | RADIATION TREATMENT MANAGEMENT, 5 TREATMENTS  | x | x | x |
| 77431 | RADIATION THERAPY MANAGEMENT, COMPLETE, 1 TO 2 FRA  | x | x | x |
| 77432 | RADIATION TREATMENT MANAGEMENT, STEREOTACTIC, CERE  | x | x | x |
| 77435 | Sbrt management   | x | x | x |
| 77469 | INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT   | x | x | x |
| 77470 | SPECIAL TREATMENT PROC  | x | x | x |
| 77499 | UNLISTED PROC, THERAPEUTIC RADIOLOGY TREATMENT MAN  | x | x | x |
| 77520 | PROTON TREATMENT DELIVERY; SIMPLE W/O COMPENSATION  | x | x | x |
| 77522 | PROTON TREATMENT DELIVERY; SIMPLE W/COMPENSATION  | x | x | x |
| 77523 | PROTON TREATMENT DELIVERY; INTERMEDIATE   | x | x | x |
| 77525 | PROTON TREATMENT DELIVERY; COMPLEX  | x | x | x |
| 77761 | INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE  | x | x | x |
| 77762 | INTRACAVITARY RADIATION SOURCE APPLICATION; INTERM  | x | x | x |
| 77763 | INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLE  | x | x | x |
| 77767 | Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel                               | x | x | x |
| 77768 | Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions | x | x | x |
| 77770 | Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel  | x | x | x |
| 77771 | Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels  | x | x | x |
| 77772 | Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels                                       | x | x | x |
| 77778 | INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX  | x | x | x |
| 77789 | SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE  | x | x | x |
| 77790 | SUPERVISION, HANDLING, LOADING, RADIATION SOURCE  | x | x | x |
| 77799 | UNLISTED PROC, CLINICAL BRACHYTHERAPY   | x | x | x |
| 78012 | THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT  | x | x | x |
| 78013 | THYROID IMAGING WITH VASCULAR FLOW  | x | x | x |
| 78014 | THYROID UPTAKE W/BLOOD FLOW SINGLE/MULT QUAN MEAS   | x | x | x |
| 78015 | THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA  | x | x | x |
| 78016 | THYROID CARCINOMA METASTASES IMAGING; W/ADDL STUDI  | x | x | x |
| 78018 | THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY  | x | x | x |
| 78020 | THYROID CARCINOMA METASTASES UPTAKE   | x | x | x |
| 78070 | PARATHYROID PLANAR IMAGING  | x | x | x |
| 78071 | PARATHYROID PLANAR IMAGING W/WO SUBTRACTION   | x | x | x |
| 78072 | PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT  | x | x | x |
| 78075 | ADRENAL IMAGING, CORTEX AND/OR MEDULLA  | x | x | x |
| 78099 | UNLISTED ENDOCRINE PROC, DX NUCLEAR MEDICINE  | x | x | x |
| 78102 | BONE MARROW IMAGING; LIMITED AREA   | x | x | x |
| 78103 | BONE MARROW IMAGING; MULTIPLE AREAS   | x | x | x |
| 78104 | BONE MARROW IMAGING; WHOLE BODY   | x | x | x |
| 78110 | PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION  | x | x | x |
| 78111 | PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION  | x | x | x |
| 78120 | RED CELL VOLUME DETERMINATION (SEP PROC); SINGLE S  | x | x | x |
| 78121 | RED CELL VOLUME DETERMINATION (SEP PROC); MULTIPLE  | x | x | x |
| 78122 | WHOLE BLOOD VOLUME DETERMINATION, RADIOPHARMACEUTI  | x | x | x |
| 78130 | RED CELL SURVIVAL STUDY   | x | x | x |
| 78135 | RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE  | x |   |   |
| 78140 | RED CELL SEQUESTRATION  | x | x | x |
| 78185 | SPLEEN IMAGING ONLY, W/WO VASCULAR FLOW   | x | x | x |
| 78191 | Platelet Survival   | x | x | x |
| 78195 | LYMPHATICS AND LYMPH GLANDS IMAGING   | x | x |   |
| 78199 | UNLISTED HEMATOPOIETIC/RETICULOENDOTHELIAL/LYMPHAT  | x | x | x |
| 78201 | LIVER IMAGING; STATIC ONLY  | x | x | x |
| 78202 | LIVER IMAGING; W/VASCULAR FLOW  | x | x | x |
| 78215 | LIVER AND SPLEEN IMAGING; STATIC ONLY   | x | x | x |
| 78216 | LIVER AND SPLEEN IMAGING; W/VASCULAR FLOW   | x | x | x |
| 78226 | HEPATOBIILIARY SYST IMAGING INCLUDING GALLBLADDER   | x | x | x |
| 78227 | HEPATOBIOL SYST IMAG INC GB W/PHARMA INTERVENJ  | x | x | x |
| 78230 | SALIVARY GLAND IMAGING  | x | x | x |
| 78231 | SALIVARY GLAND IMAGING; W/SERIAL IMAGES   | x | x | x |
| 78232 | SALIVARY GLAND FUNCTION STUDY   | x | x | x |
| 78258 | ESOPHAGEAL MOTILITY   | x | x | x |
| 78261 | GASTRIC MUCOSA IMAGING  | x | x | x |
| 78262 | GASTROESOPHAGEAL REFLUX STUDY   | x | x | x |

|       |  |   |   |   |
|-------|--|---|---|---|
| 78264 | GASTRIC EMPTYING IMAGING STUDY   | X | X | X |
| 78265 | Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit  | X | X | X |
| 78266 | Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days   | X | X | X |
| 78278 | ACUTE GI BLOOD LOSS IMAGING  | X | X | X |
| 78290 | BOWEL IMAGING  | X | X | X |
| 78291 | PERITONEAL-VEINUS SHUNT PATENCY TEST   | X | X | X |
| 78299 | UNLISTED GI PROC, DX NUCLEAR MEDICINE  | X | X | X |
| 78300 | BONE AND/OR JOINT IMAGING; LIMITED AREA  | X | X | X |
| 78305 | BONE AND/OR JOINT IMAGING; MULTIPLE AREAS  | X | X | X |
| 78306 | BONE AND/OR JOINT IMAGING; WHOLE BODY  | X | X | X |
| 78315 | BONE AND/OR JOINT IMAGING; THREE PHASE STUDY   | X | X | X |
| 78399 | UNLISTED MUSCULOSKELETAL PROC, DX NUCLEAR MEDICINE   | X | X | X |
| 78414 | DETERMINATION, CENTRAL C-V HEMODYNAMICS, NON-IMAGI   | X | X | X |
| 78428 | CARDIAC SHUNT DETECTION  | X | X | X |
| 78429 | Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan  | X | X | X |
| 78430 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan                    | X | X | X |
| 78431 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan                | X | X | X |
| 78432 | Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);  | X | X | X |
| 78433 | Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan | X | X | X |
| 78434 | Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)  | X | X | X |
| 78445 | NON-CARDIAC VASCULAR FLOW IMAGING  | X | X | X |
| 78451 | MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS  | X | X | X |
| 78452 | MYOCARDIAL SPECT MULTIPLE STUDIES  | X | X | X |
| 78453 | MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS  | X | X | X |
| 78454 | MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES   | X | X | X |
| 78456 | IMAGING, PEPTIDE, ACUTE VENOUS THROMBOSIS  | X | X | X |
| 78457 | VENOUS THROMBOSIS, IMAGING, VENOGRAM; UNILAT   | X | X | X |
| 78458 | VENOUS THROMBOSIS, IMAGING, VENOGRAM; BILAT  | X | X | X |
| 78459 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (   | X | X | X |
| 78466 | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITAT   | X | X | X |
| 78468 | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; W/EJECTI   | X | X | X |
| 78469 | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAP   | X | X | X |
| 78472 | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLA   | X | X | X |
| 78473 | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLA   | X | X | X |
| 78481 | CARDIAC BLOOD POOL IMAGING, PLANAR, 1ST PASS; SING   | X | X | X |
| 78483 | CARDIAC BLOOD POOL IMAGING, PLANAR, 1ST PASS; MULT   | X | X | X |
| 78491 | MYOCARDIAL PET; SINGLE STUDY, REST/STRESS  | X | X | X |
| 78492 | MYOCARDIAL PET; MULTIPLE STUDIES, REST AND/OR STRE   | X | X | X |
| 78494 | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, RES   | X | X | X |
| 78496 | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SIN   | X | X | X |
| 78499 | UNLISTED CARDIOVASCULAR PROC, DX NUCLEAR MEDICINE  | X | X | X |
| 78579 | PULMONARY VENTILATION IMAGING  | X | X | X |
| 78580 | LUNG PERFUSION IMAGING   | X | X | X |
| 78582 | LUNG VENTILAT&PERFUS IMAGING   | X | X | X |
| 78597 | LUNG PERFUSION DIFFERENTIAL  | X | X | X |
| 78598 | LUNG PERF&VENTILAT DIFERENTL   | X | X | X |
| 78599 | UNLISTED RESPIRATORY PROC, DX NUCLEAR MEDICINE   | X | X | X |
| 78600 | BRAIN IMAGING, LIMITED PROC; STATIC  | X | X | X |
| 78601 | BRAIN IMAGING, LIMITED PROC; W/VASCULAR FLOW   | X | X | X |
| 78605 | BRAIN IMAGING, COMPLETE STUDY; STATIC  | X | X | X |
| 78606 | BRAIN IMAGING, COMPLETE STUDY; W/VASCULAR FLOW   | X | X | X |
| 78608 | BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET);   | X | X | X |
| 78609 | BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET);   | X | X | X |
| 78610 | BRAIN IMAGING, VASCULAR FLOW ONLY  | X | X | X |
| 78630 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT W/INTRODUCT   | X | X | X |
| 78635 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT W/INTRODUCT   | X | X | X |
| 78645 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT W/INTRODUCT   | X | X | X |
| 78650 | CSF LEAKAGE DETECTION AND LOCALIZATION   | X | X | X |
| 78660 | RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY  | X | X | X |
| 78699 | UNLISTED NERVOUS SYSTEM PROC, DX NUCLEAR MEDICINE  | X | X | X |
| 78700 | KIDNEY IMAGING; STATIC ONLY  | X | X | X |
| 78701 | KIDNEY IMAGING WITH FLOW   | X | X | X |
| 78707 | K FLOW/FUNCT IMAGE W/O DRUG  | X | X | X |
| 78708 | K FLOW/FUNCT IMAGE W/DRUG  | X | X | X |



|       |   |   |   |   |
|-------|---|---|---|---|
| 78709 | K FLOW/FUNCT IMAGE MULTIPLE   | X | X | X |
| 78725 | KIDNEY FUNCTION STUDY   | X | X | X |
| 78730 | URINARY BLADDER RESIDUAL STUDY  | X | X | X |
| 78740 | URETERAL REFLUX STUDY   | X | X | X |
| 78761 | TESTICULAR IMAGING W/FLOW   | X | X | X |
| 78799 | UNLISTED GENITOURINARY PROC, DX NUCLEAR MEDICINE  | X | X | X |
| 78800 | RADIOPHARMACEUTICAL LOCALIZATION, TUMOR, AGENT(S)   | X | X | X |
| 78801 | TUMOR IMAGING MULT AREAS  | X | X | X |
| 78802 | TUMOR IMAGING WHOLE BODY  | X | X | X |
| 78803 | RADIOPHARMACEUTICAL LOCALIZATION, TUMOR; TOMOGRAPH  | X | X | X |
| 78804 | RADIOPHARMACEUTICAL LOCALIZATION, TUMOR; WHOLE BOD  | X | X | X |
| 78811 | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET),  | X | X | X |
| 78812 | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET),  | X | X | X |
| 78813 | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET),  | X | X | X |
| 78814 | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET)   | X | X | X |
| 78815 | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET)   | X | X | X |
| 78816 | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET)   | X | X | X |
| 78830 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging  | X | X | X |
| 78831 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days  | X | X | X |
| 78832 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days | X | X | X |
| 78999 | UNLISTED MISCELLANEOUS PROC, DX NUCLEAR MEDICINE  | X | X | X |
| 79005 | RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATIO  | X | X | X |
| 79403 | RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLON  | X | X | X |
| 79440 | INTRA-ARTICULAR RADIOPHARMACEUTICAL THERAPY   | X | X | X |
| 79445 | RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PAR  | X | X | X |
| 79999 | UNLISTED RADIOPHARMACEUTICAL THERAPEUTIC PROC   | X | X | X |
| 80220 | Drug Assay Hydroxychloroquine   |   | X | X |
| 80230 | Infliximab  | X | X | X |
| 80235 | Lacosamide  |   |   | X |
| 80299 | QUANTITATION DRUG NOT ELSEWHERE SPECIFIED   | X | X | X |
| 80305 | DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES (EG, IMMUNOASSAY); CAPABLE OF BEING READ BY DIRECT OPTICAL OBSERVATION ONLY (EG, DIPSTICKS, CUPS, CARDS, CARTRIDGES) INCLUDES SAMPLE VALIDATION WHEN PERFORMED, PER DATE OF SERVICE  | X | X | X |
| 80306 | DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES (EG, IMMUNOASSAY); READ BY INSTRUMENT ASSISTED DIRECT OPTICAL OBSERVATION (EG, DIPSTICKS, CUPS, CARDS, CARTRIDGES), INCLUDES SAMPLE VALIDATION WHEN PERFORMED, PER DATE OF SERVICE   | X | X | X |
| 80307 | DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES, BY INSTRUMENT CHEMISTRY ANALYZERS (EG, UTILIZING IMMUNOASSAY [EG, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), CHROMATOGRAPHY (EG, GC, HPLC), AND MASS SPECTROMETRY EITHER WITH OR WITHOUT CHROMATOGRAPHY, (EG, DART  | X | X | X |
| 80320 | DRUG SCREEN QUANTALCOHOLS   | X |   |   |
| 80321 | ALCOHOLS BIOMARKERS 1OR 2   | X |   |   |
| 80322 | ALCOHOLS BIOMARKERS 3/MORE  | X |   |   |
| 80323 | ALKALOIDS NOS   | X |   |   |
| 80324 | DRUG SCREEN AMPHETAMINES 1/2  | X |   |   |
| 80325 | AMPHETAMINES 3OR 4  | X |   |   |
| 80326 | AMPHETAMINES 5 OR MORE  | X |   |   |
| 80327 | ANABOLIC STEROID 1 OR 2   | X |   |   |
| 80328 | ANABOLIC STEROID 3 OR MORE  | X |   |   |
| 80329 | DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2  | X |   |   |
| 80330 | DRUG SCREEN ANALGESICS NON-OPIOID 3-5   | X |   |   |
| 80331 | DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE   | X |   |   |
| 80332 | ANTIDEPRESSANTS CLASS 1 OR 2  | X |   |   |
| 80333 | ANTIDEPRESSANTS CLASS 3-5   | X |   |   |
| 80334 | ANTIDEPRESSANTS CLASS 6/MORE  | X |   |   |
| 80335 | ANTIDEPRESSANT TRICYCLIC 1/2  | X |   |   |
| 80336 | ANTIDEPRESSANT TRICYCLIC 3-5  | X |   |   |
| 80337 | TRICYCLIC & CYCLICALS 6/MORE  | X |   |   |
| 80338 | ANTIDEPRESSANT NOT SPECIFIED  | X |   |   |
| 80342 | ANTIPSYCHOTICS NOS 1-3  | X |   |   |
| 80343 | ANTIPSYCHOTICS NOS 4-6  | X |   |   |
| 80344 | ANTIPSYCHOTICS NOS 7/MORE   | X |   |   |
| 80345 | DRUG SCREENING BARBITURATES   | X |   |   |

|       |  |   |   |   |
|-------|--|---|---|---|
| 80346 | BENZODIAZEPINES1-12  | x |   |   |
| 80347 | BENZODIAZEPINES 13 OR MORE   | x |   |   |
| 80348 | DRUG SCREENING BUPRENORPHINE   | x |   |   |
| 80349 | CANNABINOIDS NATURAL   | x |   |   |
| 80350 | CANNABINOIDS SYNTHETIC 1-3   | x |   |   |
| 80351 | CANNABINOIDS SYNTHETIC 4-6   | x |   |   |
| 80352 | CANNABINOID SYNTHETIC 7/MORE   | x |   |   |
| 80353 | DRUG SCREENING COCAINE   | x |   |   |
| 80354 | DRUG SCREENING FENTANYL  | x |   |   |
| 80355 | GABAPENTIN NON-BLOOD   | x |   |   |
| 80356 | HEROIN METABOLITE  | x |   |   |
| 80357 | KETAMINE AND NORKETAMINE   | x |   |   |
| 80358 | DRUG SCREENING METHADONE   | x |   |   |
| 80359 | METHYLENEDIOXYAMPHETAMINES   | x |   |   |
| 80360 | METHYLPHENIDATE  | x |   |   |
| 80361 | OPIATES 1 OR MORE  | x |   |   |
| 80362 | OPIOIDS & OPIATE ANALOGS 1/2   | x |   |   |
| 80363 | OPIOIDS & OPIATE ANALOGS 3/4   | x |   |   |
| 80364 | OPIOID & OPIATE ANALOG 5/MORE  | x |   |   |
| 80365 | DRUG SCREENING OXYCODONE   | x |   |   |
| 80366 | DRUG SCREENING PREGABALIN  | x |   |   |
| 80367 | DRUG SCREENING PROPOXYPHENE  | x |   |   |
| 80368 | SEDATIVE HYPNOTICS   | x |   |   |
| 80369 | SKELETAL MUSCLE RELAXANT 1/2   | x |   |   |
| 80370 | SKEL MUSC RELAXANT 3 OR MORE   | x |   |   |
| 80371 | STIMULANTS SYNTHETIC   | x |   |   |
| 80372 | DRUG SCREENING TAPENTADOL  | x |   |   |
| 80373 | DRUG SCREENING TRAMADOL  | x |   |   |
| 80374 | STEREOISOMER ANALYSIS  | x |   |   |
| 80375 | DRUG/SUBSTANCE NOS 1-3   | x |   |   |
| 80376 | DRUG/SUBSTANCE NOS 4-6   | x |   |   |
| 80377 | DRUG/SUBSTANCE NOS 7/MORE  | x |   |   |
| 80420 | DEXAMETHASONE SUPPRESSION PANEL, 48 HR   | x | x | x |
| 81105 | Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)                        | x | x | x |
| 81106 | Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)                                      | x | x | x |
| 81107 | Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)  | x | x | x |
| 81108 | Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R143Q)                       | x | x | x |
| 81109 | Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K505E))                   | x | x | x |
| 81110 | Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)                      | x | x | x |
| 81111 | Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M) | x | x | x |
| 81112 | Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)  | x | x | x |
| 81120 | IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)  | x | x | x |
| 81121 | IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)  | x | x | x |
| 81161 | DMD DUPLICATION/DELETION ANALYSIS  | x | x | x |
| 81162 | BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis   | x | x | 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 | x |
| 81164 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)   | x | x | x |
| 81165 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis  | x | x | x |
| 81166 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)   | x | x | x |
| 81167 | BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)   | x | x | x |
| 81168 | CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed   | x | x | x |

|       |   |   |   |   |
|-------|---|---|---|---|
| 81170 | ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain  | x | x | x |
| 81171 | AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles  | x | x | x |
| 81172 | AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)  | x | x | x |
| 81173 | AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence   | x | x | x |
| 81174 | AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant   | x | x | x |
| 81175 | ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence                       | x | x | x |
| 81176 | ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12) | x | x | x |
| 81177 | ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles  | x | x | x |
| 81178 | ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles   | x | x | x |
| 81179 | ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles   | x | x | x |
| 81180 | ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles   | x | x | x |
| 81181 | ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles   | x | x | x |
| 81182 | ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles   | x | x | x |
| 81183 | ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles   | x | x | x |
| 81184 | CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles   | x | x | x |
| 81185 | CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence   | x | x | x |
| 81186 | CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant   | x | x | x |
| 81187 | CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles   | x | x | x |
| 81188 | CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles   | x | x | x |
| 81189 | CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence   | x | x | x |
| 81190 | CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)  | x | x | x |
| 81191 | NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis   | x | x | x |
| 81192 | NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis   | x | x | x |
| 81193 | NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis   | x | x | x |
| 81194 | NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis  | x | x | x |
| 81200 | ASPA GENE ANALYSIS COMMON VARIANTS  | x | x | x |
| 81201 | APC GENE ANALYSIS FULL GENE SEQUENCE  | x | x | x |
| 81202 | APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS   | x | x | x |
| 81203 | APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS   | x | x | x |
| 81204 | AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)                      | x | x | x |
| 81205 | BCKDHB GENE ANALYSIS COMMON VARIANTS  | x | x | x |
| 81206 | BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE  | x | x | x |
| 81207 | BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE  | x | x | x |
| 81208 | BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE  | x | x | x |
| 81209 | BLM GENE ANALYSIS 2281DEL6INS7 VARIANT  | x | x | x |
| 81210 | BRAF GENE ANALYSIS V600 VARIANT(S)  | x | x | x |
| 81212 | BRCA1&BRCA2 ANAL 185DELAG5385INSC/6174DELT  | x | x | x |
| 81215 | BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT  | x | x | x |
| 81216 | BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS  | x | x | x |
| 81217 | BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT  | x | x | x |
| 81218 | CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence   | x | x | x |
| 81219 | CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9  | x | x | x |
| 81220 | CFTR GENE ANALYSIS COMMON VARIANTS  | x | x | x |
| 81221 | CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS  | x | x | x |
| 81222 | CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS  | x | x | x |
| 81223 | CFTR GENE ANALYSIS FULL GENE SEQUENCE   | x | x | x |
| 81224 | CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS   | x | x | x |
| 81225 | CYP2C19 GENE ANALYSIS COMMON VARIANTS   | x | x | x |
| 81226 | CYP2D6 GENE COM VARIANTS  | x | x | x |
| 81227 | CYP2C9 GENE ANALYSIS COMMON VARIANTS  | x | x | x |
| 81228 | CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS   | x | x | x |
| 81229 | CYTOGENOM CONST MICROARRAY COPY NUMBER&SNP VAR  | x | x | x |

|       |  |   |   |   |
|-------|--|---|---|---|
| 81230 | CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)   |   |   | x |
| 81231 | CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)  |   |   | x |
| 81232 | DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)  |   |   | x |
| 81233 | BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)   | x | x | x |
| 81234 | DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles  | x | x | x |
| 81235 | EGFR GENE ANALYSIS COMMON VARIANTS   | x | x | x |
| 81236 | EZH2 GENE ANALYSIS FULL GENE SEQUENCE  |   |   | x |
| 81237 | EZH2 GENE ANALYSIS COMMON VARIANTS   |   |   | x |
| 81238 | F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence  | x | x | x |
| 81239 | DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)   | x | x | x |
| 81240 | F2 GENE ANALYSIS 20210G >A VARIANT   | x | x | x |
| 81241 | F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT  | x | x | x |
| 81242 | FANCC GENE ANALYSIS COMMON VARIANT   | x | x | x |
| 81243 | FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES  | x | x | x |
| 81244 | FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES   | x | x | x |
| 81245 | FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS  | x | x | x |
| 81246 | FLT3 GENE ANALYSIS   | x | x | x |
| 81247 | G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)  | x | x | x |
| 81248 | G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)  | x | x | x |
| 81249 | G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence   | x | x | x |
| 81250 | G6PC GENE ANALYSIS COMMON VARIANTS   | x | x | x |
| 81251 | GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS   | x | x | x |
| 81252 | GJB2 GENE ANALYSIS FULL GENE SEQUENCE  | x | x | x |
| 81253 | GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS   | x | x | x |
| 81254 | GJB6 GENE ANALYSIS COMMON VARIANTS   | x | x | x |
| 81255 | HEXA GENE ANALYSIS COMMON VARIANTS   | x | x | x |
| 81256 | HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS  | x | x | x |
| 81257 | HBA1/HBA2 ANALYSIS FOR COMMON DELETIONS/VARIANT  | x | x | x |
| 81258 | HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant  | x | x | x |
| 81259 | HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence  | x | x | x |
| 81260 | IKBKAP GENE ANALYSIS COMMON VARIANTS   | x | x | x |
| 81261 | IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED   | x | x | x |
| 81262 | IGH@ REARRANGE ABNORMAL CLONAL POP DIRECT PROBE  | x | x | x |
| 81263 | IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS   | x | x | x |
| 81264 | IGK@ GENE REARRANGE DETECT ABNORMAL CLONAL POP   | x | x | x |
| 81265 | COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC   | x | x | x |
| 81266 | COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN  | x | x | x |
| 81267 | CHIMERISM W/COMP TO BASELINE W/O CELL SELECTION  | x | x | x |
| 81268 | CHIMERISM W/COMP TO BASELINE W/CELL SELECTION EA   | x | x | x |
| 81269 | HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants   | x | x | x |
| 81270 | JAK2 GENE ANALYSIS P.VAL617PHE VARIANT   | x | x | x |
| 81271 | HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles  | x | x | x |
| 81272 | KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18) | x | x | x |
| 81273 | KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)   | x | x | x |
| 81274 | HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)   | x | x | x |
| 81275 | KRAS GENE ANALYSIS VARIANTS IN EXON 2  | x | x | x |
| 81276 | KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)   | x | x | x |
| 81278 | IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative   | x | x | x |
| 81279 | JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)   | x | x | x |
| 81284 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles   | x | x | x |
| 81285 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)  | x | x | x |
| 81286 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence   | x | x | x |
| 81287 | MGMT METHYLATION ANALYSIS  | x | x | x |
| 81288 | MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS   | x | x | x |
| 81289 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)  | x | x | x |
| 81290 | MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS  | x | x | x |
| 81291 | MTHFR GENE ANALYSIS COMMON VARIANTS  | x | x | x |
| 81292 | MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS  | x | x | x |

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|-------|--|---|---|---|
| 81293 | MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS   | x | x | x |
| 81294 | MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS   | x | x | x |
| 81295 | MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS  | x | x | x |
| 81296 | MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS   | x | x | x |
| 81297 | MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS   | x | x | x |
| 81298 | MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS  | x | x | x |
| 81299 | MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS   | x | x | x |
| 81300 | MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIANTS   | x | x | x |
| 81301 | MICROSATELLITE INSTABILITY ANALYSIS MISMATCH REPAIR DEFECT   | x | x | x |
| 81302 | MECP2 GENE ANALYSIS FULL SEQUENCE  | x | x | x |
| 81303 | MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT   | x | x | x |
| 81304 | MECP2 GENE ANALYSIS DUPLICATION/DELETION VARIANT   | x | x | x |
| 81305 | MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant   | x | x | x |
| 81306 | NUDT15 GENE ANALYSIS COMMON VARIANTS   |   |   | x |
| 81307 | PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence  |   | x | x |
| 81308 | PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant  |   | x | x |
| 81309 | PIK3CA (phosphatidylinositol-4, 5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)                                      | x | x | x |
| 81310 | NPM1 NUCLEOPHOSMIN GENE ANALYSIS EXON 12 VARIANTS  | x | x | x |
| 81311 | NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)   | x | x | x |
| 81312 | PABPN1 GENE ANALYSIS EVALUATION DETECT ABNORMAL ALLELES  |   |   | x |
| 81313 | PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO  | x | x | x |
| 81314 | PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)  | x | x | x |
| 81315 | PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT   | x | x | x |
| 81316 | PML/RARALPHA SINGLE BREAKPOINT QUAL/QUANT  | x | x | x |
| 81317 | PMS2 GENE ANALYSIS FULL SEQUENCE   | x | x | x |
| 81318 | PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS   | x | x | x |
| 81319 | PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS   | x | x | x |
| 81320 | PLCG2 GENE ANALYSIS COMMON VARIANTS  |   |   | x |
| 81321 | PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS  | x | x | x |
| 81322 | PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT  | x | x | x |
| 81323 | PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT  | x | x | x |
| 81324 | PMP22 GENE ANALYSIS DUPLICATION/DELETION ANALYSIS  | x | x | x |
| 81325 | PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS   | x | x | x |
| 81326 | PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT   | x | x | x |
| 81327 | SEPT9 (SEPTIN9) (EG, COLORECTAL CANCER) METHYLATION ANALYSIS   | x | x | x |
| 81329 | SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed | x | x | x |
| 81330 | SMPD1 GENE ANALYSIS COMMON VARIANTS  | x | x | x |
| 81331 | SNRPN/UBE3A METHYLATION ANALYSIS   | x | x | x |
| 81332 | SERPINA1 GENE ANALYSIS COMMON VARIANTS   | x | x | x |
| 81334 | RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)                       | x | x | x |
| 81335 | TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)   | x | x | x |
| 81336 | SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence   | x | x | x |
| 81337 | SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)   | x | x | x |
| 81338 | MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)  | x | x | x |
| 81339 | MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10  | x | x | x |
| 81340 | TRB@ REARRANGEMENT ANALYSIS AMPLIFICATION METHOD   | x | x | x |
| 81341 | TRB@ REARRANGEMENT ANALYSIS DIRECT PROBE METHODOLOGY   | x | x | x |
| 81342 | TRG@ GENE REARRANGEMENT ANALYSIS   | x | x | x |
| 81343 | PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles  | x | x | x |
| 81344 | TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles  | x | x | x |
| 81345 | TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS  |   |   | x |
| 81346 | TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)  | x | x | x |
| 81347 | SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)   | x | x | x |
| 81348 | SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)  | x | x | x |
| 81349 | Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis                      |   | x | x |
| 81350 | UGT1A1 GENE ANALYSIS COMMON VARIANTS   | x | x | x |
| 81351 | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence   | x | x | x |
| 81352 | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)  | x | x | x |

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| 81353 | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant   | x | x | x |
| 81355 | VKORC1 GENE ANALYSIS COMMON VARIANTS   | x | x | x |
| 81357 | U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis; common variants (eg, S34F, S34Y, Q157R, Q157P)   | x | x | x |
| 81360 | ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis; common variant(s) (eg, E65fs, E122fs, R448fs)  | x | x | x |
| 81361 | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)   | x | x | x |
| 81362 | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)   | x | x | x |
| 81363 | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)   | x | x | x |
| 81364 | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence  | x | x | x |
| 81370 | HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&-DQB1   | x | x | x |
| 81371 | HLA I&II LOW RESOLUTION HLA-A -B&-DRB1   | x | x | x |
| 81372 | HLA CLASS I TYPING LOW RESOLUTION COMPLETE   | x | x | x |
| 81373 | HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH   | x | x | x |
| 81374 | HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH   | x | x | x |
| 81375 | HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1   | x | x | x |
| 81376 | HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA  | x | x | x |
| 81377 | HLA II LOW RESOLUTION ONE ANTIGEN EQUIVALENT EA  | x | x | x |
| 81378 | HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1   | x | x | x |
| 81379 | HLA CLASS I TYPING HIGH RESOLUTION COMPLETE  | x | x | x |
| 81380 | HLA CLASS I TYPING HIGH RESOLUTION ONE LOCUS EA  | x | x | x |
| 81381 | HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP   | x | x | x |
| 81382 | HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA   | x | x | x |
| 81383 | HLA II HIGH RESOLUTION 1 ALLELE/ALLELE GROUP   | x | x | x |
| 81400 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 1  | x | x | x |
| 81401 | MOLECULAR PATHOLOGY PROCEDURE, LEVEL 2 (EG, 2-10 SNPS, 1 METHYLATED VARIANT, OR 1 SOMATIC VARIANT [TYPICALLY USING NONSEQUENCING TARGET VARIANT ANALYSIS], OR DETECTION OF A DYNAMIC MUTATION DISORDER/TRIPLET REPEAT) ABCC8 (ATP-BINDING CASSETTE, SUB-FAMILY C [CFTR/MRP], MEMBER 8) (EG, FAMILIAL HYPERIN | x | x | x |
| 81402 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 3  | x | x | x |
| 81403 | MOLECULAR PATHOLOGY PROCEDURE, LEVEL 4 (EG, ANALYSIS OF SINGLE EXON BY DNA SEQUENCE ANALYSIS, ANALYSIS OF >10 AMPLICONS USING MULTIPLEX PCR IN 2 OR MORE INDEPENDENT REACTIONS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 2-5 EXONS) ANG (ANGIOGENIN, RIBONUCLEASE, RNASE A FAMILY, 5) (EG, AMYO | x | x | x |
| 81404 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 5  | x | x | x |
| 81405 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 6  | x | x | 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, CYTOGENOMIC ARRAY ANALYSIS FOR NEOPLASIA) ACADVL (ACYL-COA DEHYDROGENASE, VERY LONG CHAIN) (EG, VERY LONG CHAIN ACYL-COENZYME A DEHYDROGENA | x | x | x |
| 81407 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 8  | x | x | x |
| 81408 | MOLECULAR PATHOLOGY PROCEDURE LEVEL 9  | x | x | x |
| 81410 | AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS   | x | x | x |
| 81411 | AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS   | x | x | x |
| 81412 | Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA,  | x | x | x |
| 81413 | CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, INCLUDING ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, AND SCN | x | x | x |
| 81414 | CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA); DUPLICATION/DELETION GENE ANALYSIS PANEL, MUST INCLUDE ANALYSIS OF AT LEAST 2 GENES, INCLUDING KCNH2 AND KCNQ1   | x | x | x |
| 81415 | EXOME SEQUENCE ANALYSIS  | x | x | x |
| 81416 | EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME  | x | x | x |
| 81417 | EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ   | x | x | x |
| 81418 | Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis  |   |   | x |
| 81419 | Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2  | x | x | x |
| 81420 | FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS  | x | x | x |
| 81422 | FETAL CHROMOSOMAL MICRODELETION(S) GENOMIC SEQUENCE ANALYSIS (EG, DIGEORGE SYNDROME, CRI-DU-CHAT SYNDROME), CIRCULATING CELL-FREE FETAL DNA IN MATERNAL BLOOD  | x | x | x |
| 81425 | GENOME SEQUENCE ANALYSIS   | x | x | x |
| 81426 | GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME  | x | x | x |
| 81427 | GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ   | x | x | x |
| 81430 | HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES  | x | x | x |
| 81431 | HEARING LOSS DUP/DEL ANALYSIS  | x | x | x |



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| 81432 | Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 14 genes, including ATM, BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, ST   | x | x | x |
| 81433 | Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11  | x | x | x |
| 81434 | Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A   | x | x | x |
| 81435 | HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN   | x | x | x |
| 81436 | HEREDITARY COLON CA DSRDRS DUP/DEL ANALYS 5 GEN  | x | x | x |
| 81437 | Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL   | x | x | x |
| 81438 | Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL  | x | x | x |
| 81439 | INHERITED CARDIOMYOPATHY (EG, HYPERTROPHIC CARDIOMYOPATHY, DILATED CARDIOMYOPATHY, ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY) GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 5 GENES, INCLUDING DSG2, MYBPC3, MYH7, PKP2, AND TTN  | x | x | x |
| 81440 | NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ   | x | x | x |
| 81441 | Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDs, TERT, and TINF2 |   |   | x |
| 81442 | Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2   | x | x | x |
| 81443 | GENETIC TESTING FOR SEVERE INHERITED CONDITIONS  |   |   | x |
| 81445 | TARGETED GENOMIC SEQ ANALYS DNA ANALYS 5-50 GENE   | x | x | x |
| 81448 | Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)   | x | x | x |
| 81449 | Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis  |   |   | x |
| 81450 | GENOMIC SEQ ANALYS DNA&RNA ANALYS 5-50 GENE  | x | x | x |
| 81451 | Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis  |   |   | x |
| 81455 | GENOMIC SEQ ANALYS DNA&RNA ANALYS 51/MORE GENES  |   |   | x |
| 81456 | Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis  |   |   | x |
| 81460 | WHOLE MITOCHONDRIAL GENOME   | x | x | x |
| 81465 | WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL  | x | x | x |
| 81470 | X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS  | x | x | x |
| 81471 | X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS   | x | x | x |
| 81479 | UNLISTED MOLECULAR PATHOLOGY PROCEDURE   | x | x | x |
| 81490 | Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score  | x | x | x |
| 81493 | Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score   | x | x | x |
| 81500 | ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS  | x | x | x |
| 81503 | ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS   | x | x | x |
| 81504 | ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM   | x | x | x |
| 81506 | ENDOCRINOLOGY BIOCHEMICAL ASSAY SEVEN ANAL   | x | x | x |
| 81507 | FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK  | x | x | x |
| 81508 | FETAL CONGENITAL ABNOR ASSAY TWO PROTEINS  | x | x | x |
| 81509 | FETAL CONGENITAL ABNOR ASSAY 3 PROTEINS  | x | x | x |
| 81510 | FETAL CONGENITAL ABNOR ASSAY THREE ANAL  | x | x | x |
| 81511 | FETAL CONGENITAL ABNOR ASSAY FOUR ANAL   | x | x | x |
| 81512 | FETAL CONGENITAL ABNOR ASSAY FIVE ANAL   | x | x | x |
| 81513 | Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis   | x | x | x |



|       |  |   |   |   |
|-------|--|---|---|---|
| 81514 | Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for Gardnerella vaginalis, Atopobium vaginae, Megaspheara type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and Lactobacillus species (L. crispatus and L. jensenii), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and/or Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata, Candida krusei, when reported | x | x | x |
| 81518 | Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy   | x | x | x |
| 81519 | ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES  | x | x | x |
| 81520 | Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score  | x | x | x |
| 81521 | Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis   | x | x | x |
| 81522 | Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score  | x | x | x |
| 81523 | Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis  |   | x | x |
| 81525 | Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score  | x | x | x |
| 81529 | Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis   | x | x | x |
| 81535 | Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination  | x | x | x |
| 81536 | Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)  | x | x | x |
| 81538 | Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival   | x | x | x |
| 81539 | ONCOLOGY (HIGH-GRADE PROSTATE CANCER), BIOCHEMICAL ASSAY OF FOUR PROTEINS (TOTAL PSA, FREE PSA, INTACT PSA, AND HUMAN KALLIKREIN-2 [HK2]), UTILIZING PLASMA OR SERUM, PROGNOSTIC ALGORITHM REPORTED AS A PROBABILITY SCORE   | x | x | x |
| 81540 | Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer t   | x | x | x |
| 81541 | Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score   | x | x | x |
| 81542 | Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score  |   |   | x |
| 81545 | Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)   | x |   |   |
| 81546 | Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)  | x | x | x |
| 81552 | Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis  |   |   | x |
| 81554 | Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])   | x | x | x |
| 81560 | Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score   |   | x | x |
| 81595 | Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score  | x | x | x |
| 81599 | UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS   | x | x | x |
| 82077 | Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)   | x | x | x |
| 82397 | CHEMILUMINESCENT ASSAY   | x | x | x |
| 82642 | DIHYDROTESTOSTERONE (DHT)  |   |   | x |
| 82726 | VERY LONG CHAIN FATTY ACIDS  | x | x | x |
| 82777 | GALECTIN 3   | x | x | x |
| 83006 | GROWTH STIMULATION EXPRESSED GENE 2  | x | x | x |
| 83695 | LIPOPROTEIN (A)  | x | x | x |
| 83701 | LIPOPROTEIN BLD HR FRACTION  | x | x | x |
| 83704 | LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBER(S) (EG, BY NUCLEAR MAGNETIC RESONANCE SPECTROSCOPY), INCLUDES LIPOPROTEIN PARTICLE SUBCLASS(ES), WHEN PERFORMED  | x | x | x |
| 83727 | LUTEINIZING RELEASING FACTOR (LRH)   | x | x | x |
| 83951 | ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP  | x | x | x |

|       |  |   |   |   |
|-------|--|---|---|---|
| 83987 | PH EXHALED BREATH CONDENSATE   | X | X | X |
| 83992 | ASSAY FOR PHENCYCLIDINE  | X |   |   |
| 84145 | PROCALCITONIN (PCT)  | X | X | X |
| 84410 | TESTOSTERONE; BIOAVAILABLE, DIRECT MEASUREMENT (EG, DIFFERENTIAL PRECIPITATION)  | X | X | X |
| 84431 | THROMBOXANE METABOLITE W/WO THROMBOXANE URINE  | X | X | X |
| 84999 | UNLISTED CHEMISTRY PROC  | X | X | X |
| 85999 | HEMATOLOGY PROCEDURE   | X | X | X |
| 86001 | ALLERGEN SPECIFIC IGG QUANTITATIVE/SEMIQUANTITATIV   | X | X | X |
| 86003 | ALLERGEN SPECIFIC IGE; QUANTITATIVE/SEMIQUANTITATI   | X | X | X |
| 86005 | ALLERGEN SPECIFIC IGE; QUALITATIVE, MULTIALLERGEN  | X | X | X |
| 86008 | Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each   | X | X | X |
| 86152 | CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC  | X | X | X |
| 86153 | CELL ENUMERATION IMMUNE SELECTJ & ID PHYS INTERP   | X | X | X |
| 86305 | HUMAN EPIDIDYMIS PROTEIN 4 (HE4)   | X | X | X |
| 86343 | LEUKOCYTE HISTAMINE RELEASE TEST (LHR)   | X | X | X |
| 86352 | CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKER  | X | X | X |
| 86356 | MONONUCLEAR CELL ANTIGEN   | X | X | X |
| 86486 | SKIN TEST UNLISTED ANTIGEN EACH  | X | X | X |
| 86849 | UNLISTED IMMUNOLOGY PROC   | X | X | X |
| 86999 | TRANSFUSION PROCEDURE  | X | X | X |
| 87483 | INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CENTRAL NERVOUS SYSTEM PATHOGEN (EG, NEISSERIA MENINGITIDIS, STREPTOCOCCUS PNEUMONIAE, LISTERIA, HAEMOPHILUS INFLUENZAE, E. COLI, STREPTOCOCCUS AGALACTIAE, ENTEROVIRUS, HUMAN PARECHOVIRUS, HERPES SIMPLEX VIRUS TYPE 1 AND 2, HUMAN HERPESVIRUS 6 | X | X | X |
| 87563 | Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique  |   |   | X |
| 87999 | UNLISTED MICROBIOLOGY PROC   | X | X | X |
| 88000 | NECROPSY (AUTOPSY), GROSS EXAM ONLY; W/O CNS   | X | X | X |
| 88005 | NECROPSY (AUTOPSY), GROSS EXAM ONLY; W/BRAIN   | X | X | X |
| 88007 | NECROPSY (AUTOPSY), GROSS EXAM ONLY; W/BRAIN AND S   | X | X | X |
| 88012 | NECROPSY (AUTOPSY), GROSS EXAM ONLY; INFANT W/BRAI   | X | X | X |
| 88014 | NECROPSY (AUTOPSY), GROSS EXAM ONLY; STILLBORN/NEW   | X | X | X |
| 88016 | NECROPSY (AUTOPSY), GROSS EXAM ONLY; MACERATED STI   | X | X | X |
| 88020 | NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; W/O CNS   | X | X | X |
| 88025 | NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; W/BRAIN   | X | X | X |
| 88027 | NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; W/BRAIN   | X | X | X |
| 88028 | NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; INFANT  | X | X | X |
| 88029 | NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; STILLBO   | X | X | X |
| 88036 | NECROPSY (AUTOPSY), LIMITED, GROSS AND/OR MICROSCO   | X | X | X |
| 88037 | NECROPSY (AUTOPSY), LIMITED, GROSS AND/OR MICROSCO   | X | X | X |
| 88040 | NECROPSY (AUTOPSY); FORENSIC EXAM  | X | X | X |
| 88045 | NECROPSY (AUTOPSY); CORONERS CALL  | X | X | X |
| 88099 | UNLISTED NECROPSY (AUTOPSY) PROC   | X | X | X |
| 88199 | UNLISTED CYTOPATHOLOGY PROC  | X | X | X |
| 88375 | OPTICAL ENDOMICROSCOPIC IMAGE INTERP & REPORT  | X | X | X |
| 88399 | SURGICAL PATHOLOGY PROCEDURE   | X | X | X |
| 90283 | Immune globulin (IgIV), human, for intravenous use   | X | X | X |
| 90284 | Immune globulin (SCig), human, for use in subcutaneous infusions, 100 mg, each   | X | X | X |
| 90291 | CMV IG IV  |   | X | X |
| 90378 | RSV MAB IM 50MG  | X | X | X |
| 90399 | UNLISTED IMMUNE GLOBULIN   | X | X | X |
| 90584 | Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use  |   | X | X |
| 90587 | DENGUE VACCINE, QUADRIVALENT, LIVE, 3 DOSE SCHEDULE, FOR SUBCUTANEOUS USE  | X | X | X |
| 90839 | PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES  | X | X | X |
| 90840 | PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES  | X | X | X |
| 90867 | TCRANIAL MAGN STIM TX PLAN   | X | X | X |
| 90868 | TCRANIAL MAGN STIM TX DELI   | X | X | X |
| 90869 | TCRAN MAGN STIM REDETERMINE  | X | X | X |
| 90870 | ELECTROCONVULSIVE THERAPY (INCL NECESSARY MONITORI   | X | X | X |
| 90899 | UNLISTED PSYCHIATRIC SERVICE/PROC  | X | X | X |
| 90935 | HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION  | X | X | X |
| 90937 | HEMODIALYSIS, REPEATED EVAL, W/WO REVISION DIALYSI   | X | X | X |
| 90940 | HEMODIALYSIS ACCESS FLOW STUDY, BY INDICATOR DILUT   | X | X | X |
| 90945 | DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL   | X | X | X |
| 90947 | DIALYSIS OTH/THN HEMODIALY REPEAT PHYS/QHP EVALS   | X | X | X |
| 90951 | ESRD RELATED SVC MONTHLY & <2 YR OLD 4/> VISITS  | X | X | X |
| 90952 | ESRD RELATED SVC MONTHLY <2 YR OLD 2/3 VISITS  | X | X | X |
| 90953 | ESRD RELATED SVC MONTHLY <2 YR OLD 1 VISIT   | X | X | X |
| 90954 | ESRD RELATED SVC MONTHLY 2-11 YR OLD 4/> VISITS  | X | X | X |
| 90955 | ESRD RELATED SVC MONTHLY 2-11 YR OLD 2/3 VISITS  | X | X | X |
| 90956 | ESRD RELATED SVC MONTHLY 2-11 YR OLD 1 VISIT   | X | X | X |
| 90957 | ESRD RELATED SVC MONTHLY 12-19 YR OLD 4/>VISITS  | X | X | X |
| 90958 | ESRD RELATED SVC MONTHLY 12-19 YR OLD 2/3 VISITS   | X | X | X |
| 90959 | ESRD RELATED SVC MONTHLY 12-19 YR OLD 1 VISIT  | X | X | X |
| 90960 | ESRD RELATED SVC MONTHLY 20&/> YR OLD 4/> VISITS   | X | X | X |
| 90961 | ESRD RELATED SVC MONTHLY 20/>YR OLD 2/3 VISITS   | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 90962 | ESRD RELATED SVC MONTHLY 20&/>YR OLD 1 VISIT   | X | X | X |
| 90963 | ESRD SVC HOME DIALYSIS FULL MONTH <2YR OLD   | X | X | X |
| 90964 | ESRD SVC HOME DIALYSIS FULL MONTH 2-11 YR OLD  | X | X | X |
| 90965 | ESRD SVC HOME DIALYSIS FULL MONTH 12-19 YR OLD   | X | X | X |
| 90966 | ESRD SVC HOME DIALYSIS FULL MONTH 20 YR OLD  | X | X | X |
| 90967 | ESRD RELATED SVC <FULL MONTH < 2 YR OLD  | X | X | X |
| 90968 | ESRD RELATED SVC <FULL MONTH 2-11 YR OLD   | X | X | X |
| 90969 | ESRD RELATED SVC <FULL MONTH 12-19 YR OLD  | X | X | X |
| 90970 | ESRD RELATED SVC <FULL MONTH 20&> YR OLD   | X | X | X |
| 90989 | DIALYSIS TRAINING, PATIENT, W/HELPER WHERE APPLICA   | X | X | X |
| 90993 | DIALYSIS TRAINING, PATIENT, W/HELPER WHERE APPLICA   | X | X | X |
| 90997 | HEMOPERFUSION  | X | X | X |
| 90999 | UNLISTED DIALYSIS PROC, INPATIENT/OUTPATIENT   | X | X | X |
| 91013 | ESOPHAGEAL MOTILITY STD W/I&R STIM/PERFUSION   | X | X | X |
| 91020 | GASTRIC MOTILITY (MANOMETRIC) STUDIES  | X | X | X |
| 91022 | DUODENAL MOTILITY STUDY  | X | X | X |
| 91030 | ESOPHAGUS, ACID PERFUSION TEST, ESOPHAGITIS  | X | X | X |
| 91040 | ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY  | X | X | X |
| 91110 | GI IMAG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R   | X | X | X |
| 91111 | GASTROINTESTINAL TRACT IMAGING ESOPHAGUS W/I&R   | X | X | X |
| 91112 | GI TRANSIT & PRES MEAS WIRELESS CAPSULE W/INTERP   | X | X | X |
| 91113 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report                                      |   | X | X |
| 91117 | COLON MOTILITY STDY MIN 6 HR CONT RECORD W/I&R   | X | X | X |
| 91132 | ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS  | X | X | X |
| 91133 | ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS; W   | X | X | X |
| 91299 | UNLISTED DX GASTROENTEROLOGY PROC  | X | X | X |
| 92132 | CMPTR OPTHALMIC DX IMG ANT SEGMT W/I&R UNI/BI  | X | X | X |
| 92230 | FLUORESCEIN ANGIOSCOPY W/INTERPRETATION AND REPORT   | X | X | X |
| 92235 | FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL                                    | X | X | X |
| 92270 | ELECTRO-OCULOGRAPHY W/INTERPRETATION AND REPORT  | X | X | X |
| 92273 | FULL FIELD ELECTRORETINOGRAPHY W/I&R   |   |   | X |
| 92499 | EYE SERVICE OR PROCEDURE   | X | X | X |
| 92511 | NASOPHARYNGOSCOPY  | X | X | X |
| 92512 | NASAL FUNCTION STUDIES   | X | X | X |
| 92517 | Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)  | X | X | X |
| 92518 | Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)  | X | X | X |
| 92519 | Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)                         | X | X | X |
| 92520 | LARYNGEAL FUNCTION STUDIES   | X | X | X |
| 92524 | BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE   | X |   |   |
| 92526 | TREATMENT, SWALLOWING DYSFUNCTION AND/OR ORAL FUNC   | X |   |   |
| 92548 | COMPUTERIZED DYNAMIC POSTUROGRAPHY   | X | X | X |
| 92597 | EVAL FOR USE AND/OR FITTING VOICE PROSTHETIC DEVIC   | X |   |   |
| 92605 | EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV F2F 1ST HR   | X |   |   |
| 92606 | THERAPEUTIC SERVICE(S), USE NON-SPEECH GENERATIING   | X |   |   |
| 92607 | EVAL, PRESCRIPTION, SPEECH-GENERATING AUGMENTATIVE   | X |   |   |
| 92608 | EVAL, PRESCRIP, SPEECH-GENERATING AUGMENTATIVE AND   | X |   |   |
| 92609 | THERAPEUTIC SERVICES, NON-SPEECH GENERATIVE DEVICE   | X |   |   |
| 92610 | EVALUATE SWALLOWING FUNCTION   | X |   |   |
| 92611 | MOTION FLUOROSCOPY/SWALLOW   | X |   |   |
| 92612 | ENDOSCOPY SWALLOW (FEES) VID   | X |   |   |
| 92613 | ENDOSCOPY SWALLOW (FEES) I&R   | X |   |   |
| 92614 | LARYNGOSCOPIC SENSORY VID  | X |   |   |
| 92615 | LARYNGOSCOPIC SENSORY I&R  | X |   |   |
| 92616 | FEES W/LARYNGEAL SENSE TEST  | X |   |   |
| 92617 | FEES W/LARYNGEAL SENSE I&R   | X |   |   |
| 92618 | EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV ADD 30 MIN   | X |   |   |
| 92626 | EVAL OF AUDITORY REHABILITATION STATUS; FIRST HOUR   | X | X | X |
| 92627 | EVAL OF AUDITORY REHABILITATION STATUS; EACH ADD'L   | X | X | X |
| 92700 | ENT PROCEDURE/SERVICE  | X | X | X |
| 92920 | Percutaneous transluminal coronary angioplasty; single major coronary artery or branch   | X | X | X |
| 92921 | PRQ CARDIAC ANGIO ADDL ART   | X | X | X |
| 92924 | PRQ CARD ANGIO/ATHRECT 1 ART   | X | X | X |
| 92925 | PRQ CARD ANGIO/ATHRECT ADDL  | X | X | X |
| 92928 | Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch | X | X | X |
| 92929 | PRQ CARD STENT W/ANGIO ADDL  | X | X | X |
| 92933 | PRQ CARD STENT/ATH/ANGIO   | X | X | X |
| 92934 | PRQ CARD STENT/ATH/ANGIO   | X | X | X |
| 92937 | PRQ REVASC BYP GRAFT 1 VSL   | X | X | X |
| 92938 | PRQ REVASC BYP GRAFT ADDL  | X | X | X |
| 92941 | PRQ CARD REVASC MI 1 VSL   | X | X | X |
| 92943 | PRQ CARD REVASC CHRONIC 1VSL   | X | X | X |
| 92944 | PRQ CARD REVASC CHRONIC ADDL   | X | X | X |

|       |   |   |   |   |
|-------|---|---|---|---|
| 92973 | PRQ CORONARY MECH THROMBECT   | X | X | X |
| 92974 | CATH PLACE CARDIO BRACHYTX  | X | X | X |
| 92975 | DISSOLVE CLOT HEART VESSEL  | X | X | X |
| 92977 | DISSOLVE CLOT HEART VESSEL  | X | X | X |
| 92978 | ENDOLUMINL IVUS OCT C 1ST   | X | X | X |
| 92979 | ENDOLUMINL IVUS OCT C EA  | X | X | X |
| 92986 | REVISION OF AORTIC VALVE  | X | X | X |
| 92987 | REVISION OF MITRAL VALVE  | X | X | X |
| 92990 | REVISION OF PULMONARY VALVE   | X | X | X |
| 92992 | REVISION OF HEART CHAMBER   | X |   |   |
| 92993 | REVISION OF HEART CHAMBER   | X |   |   |
| 92997 | PUL ART BALLOON REPR PERCUT   | X | X | X |
| 92998 | PUL ART BALLOON REPR PERCUT   | X | X | X |
| 93050 | Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity art  | X | X | X |
| 93245 | External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation   | X | X | X |
| 93246 | External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)  | X | X | X |
| 93247 | External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report  | X | X | X |
| 93248 | External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation  | X | X | X |
| 93260 | PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM  | X | X | X |
| 93261 | INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB  | X | X | X |
| 93264 | Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional  | X |   |   |
| 93278 | SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), W/WO   | X | X | X |
| 93290 | INTERROGATION EVAL F2F IMPLANTABLE CV MNTR SYS  | X | X | X |
| 93291 | INTERROGATION EVALUATION IN PERSON ILR SYSTEM   | X | X | X |
| 93292 | INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR   | X | X | X |
| 93303 | ECHO TRANSTHORACIC  | X | X | X |
| 93304 | ECHO TRANSTHORACIC  | X | X | X |
| 93306 | TTE W/DOPPLER COMPLETE  | X | X | X |
| 93307 | TTE W/O DOPPLER COMPLETE  | X | X | X |
| 93308 | TTE F-UP OR LMTD  | X | X | X |
| 93312 | ECHO TRANSESOPHAGEAL  | X | X | X |
| 93313 | ECHO TRANSESOPHAGEAL  | X | X | X |
| 93314 | ECHO TRANSESOPHAGEAL  | X | X | X |
| 93315 | ECHO TRANSESOPHAGEAL  | X | X | X |
| 93316 | ECHO TRANSESOPHAGEAL  | X | X | X |
| 93317 | ECHO TRANSESOPHAGEAL  | X | X | X |
| 93318 | ECHO TRANSESOPHAGEAL INTRAOP  | X | X | X |
| 93319 | 3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging) |   | X | X |
| 93350 | STRESS TTE ONLY   | X | X | X |
| 93351 | STRESS TTE COMPLETE   | X | X | X |
| 93352 | ADMIN ECG CONTRAST AGENT  | X | X | X |
| 93355 | ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN   | X | X | X |
| 93356 | Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)   | X | X | X |
| 93451 | RIGHT HEART CATH  | X | X | X |
| 93452 | LEFT HRT CATH W/VENTRCLGRPHY  | X | X | X |
| 93453 | R&L HRT CATH W/VENTRICLGRPHY  | X | X | X |
| 93454 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;   | X | X | X |
| 93455 | CORONARY ART/GRFT ANGIO S&I   | X | X | X |
| 93456 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization  | X | X | X |
| 93457 | R HRT ART/GRFT ANGIO  | X | X | X |
| 93458 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed  | X | X | X |
| 93459 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography | X | X | X |
| 93460 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed  | X | X | X |
| 93461 | R&L HRT ART/VENTRICLE ANGIO   | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 93462 | L HRT CATH TRNSPTL PUNCTURE  | X | X | X |
| 93463 | Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)   | X | X | X |
| 93530 | RT HEART CATH CONGENITAL   | X |   |   |
| 93531 | R & L HEART CATH CONGENITAL  | X |   |   |
| 93532 | R & L HEART CATH CONGENITAL  | X |   |   |
| 93533 | R & L HEART CATH CONGENITAL  | X |   |   |
| 93567 | INJECT SUPRVLV AORTOGRAPHY   | X | X | X |
| 93571 | HEART FLOW RESERVE MEASURE   | X | X | X |
| 93572 | HEART FLOW RESERVE MEASURE   | X | X | X |
| 93580 | Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant  | X | X | X |
| 93583 | PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THER   | X | X | X |
| 93590 | PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVICE, MITRAL VALVE  | X | X | X |
| 93591 | PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVICE, AORTIC VALVE  | X | X | X |
| 93592 | PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; EACH ADDITIONAL OCCLUSION DEVICE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | X | X | X |
| 93593 | Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections   |   | X | X |
| 93594 | Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections   |   | X | X |
| 93595 | Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections  |   | X | X |
| 93596 | Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections   |   | X | X |
| 93597 | Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections   |   | X | X |
| 93613 | INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPP   | X | X | X |
| 93622 | Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)  | X | X | X |
| 93623 | Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)  | X | X | X |
| 93644 | EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR  | X | X | X |
| 93650 | INTRACARDIAC CATHETER ABLATION, ATRIOVENTRICULAR N   | X | X | X |
| 93653 | EPHYS EVAL W/ ABLATION SUPRAVENT ARRHYTHMIA  | X | X | X |
| 93654 | EPHYS EVAL W/ABLATION VENTRICULAR TACHYCARDIA  | X | X | X |
| 93655 | ICAR CATHETER ABLATION ARRHYTHMIA ADD ON   | X | X | X |
| 93656 | Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation | X | X | X |
| 93657 | Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)  | X | X | X |
| 93662 | Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)   | X | X | X |
| 93702 | BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT   | X | X | X |
| 93740 | TEMPERATURE GRADIENT STUDIES   | X | X | X |
| 93792 | Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results  | X | X | X |
| 93793 | Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed   | X | X | X |
| 93797 | OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR  | X |   |   |
| 93798 | OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING   | X |   |   |
| 93799 | UNLISTED CARDIOVASCULAR SERVICE/PROC   | X | X | X |
| 93880 | EXTRACRANIAL BILAT STUDY   | X | X | X |
| 93882 | EXTRACRANIAL UNI/LTD STUDY   | X | X | X |
| 93886 | INTRACRANIAL COMPLETE STUDY  | X | X | X |
| 93888 | INTRACRANIAL LIMITED STUDY   | X | X | X |
| 93890 | TCD VASOREACTIVITY STUDY   | X | X | X |
| 93892 | TCD EMBOLI DETECT W/O INJ  | X | X | X |
| 93893 | TCD EMBOLI DETECT W/INJ  | X | X | X |
| 93895 | CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI  | X | X | X |
| 93922 | UPR/LXTREMITY ART 2 LEVELS   | X | X | X |
| 93923 | UPR/LXTR ART STDY 3+ LVLS  | X | X | X |
| 93924 | LWR XTR VASC STDY BILAT  | X | X | X |

|       |   |   |   |   |
|-------|---|---|---|---|
| 93925 | LOWER EXTREMITY STUDY   | X | X | X |
| 93926 | LOWER EXTREMITY STUDY   | X | X | X |
| 93930 | UPPER EXTREMITY STUDY   | X | X | X |
| 93931 | UPPER EXTREMITY STUDY   | X | X | X |
| 93970 | EXTREMITY STUDY   | X | X | X |
| 93971 | EXTREMITY STUDY   | X | X | X |
| 93975 | VASCULAR STUDY  | X | X | X |
| 93976 | VASCULAR STUDY  | X | X | X |
| 93978 | VASCULAR STUDY  | X | X | X |
| 93979 | VASCULAR STUDY  | X | X | X |
| 93980 | PENILE VASCULAR STUDY   | X | X | X |
| 93981 | PENILE VASCULAR STUDY   | X | X | X |
| 93990 | DOPPLER FLOW TESTING  | X | X | X |
| 93998 | NONINVAS VASC DX STUDY PROC   | X | X | X |
| 94014 | PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I  | X | X | X |
| 94015 | SPIROMETRIC RECORDING, PATIENT INITIATED, 30 DAY P  | X | X | X |
| 94016 | PATIENT-INITIATED SPIROMETRIC PHYS/QHP R&I ONLY   | X | X | X |
| 94799 | UNLISTED PULMONARY SERVICE/PROC   | X | X | X |
| 95060 | OPHTHALMIC MUCOUS MEMBRANE TESTS  | X | X | X |
| 95065 | DIRECT NASAL MUCOUS MEMBRANE TEST   | X | X | X |
| 95199 | UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE/PROC  | X | X | X |
| 95249 | Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording   | X | X | X |
| 95250 | GLUCOSE MONITORING, 72 HRS, CONT REC AND STORAGE,   | X | X | X |
| 95251 | AMBULATORY CONT GLUCOSE MONITORING ; UP TO 72 HOUR  | X | X | X |
| 95782 | POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND   | X | X | X |
| 95783 | POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM  | X | X | X |
| 95800 | SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME   | X | X | X |
| 95801 | SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL   | X | X | X |
| 95803 | ACTIGRAPHY TESTING RECORDING ANALYSIS I&R   |   |   | X |
| 95805 | MULTIPLE SLEEP LATENCY TEST, MULTIPLE TRAILS  | X | X | X |
| 95806 | SLEEP STUDY, UNATTENDED   | X | X | X |
| 95807 | SLEEP STUDY, ATTENDED   | X | X | X |
| 95808 | POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND  | X | X | X |
| 95810 | POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND   | X | X | X |
| 95811 | POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND  | X | X | X |
| 95836 | Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days  | X | X | X |
| 95940 | IONM IN OPERATNG ROOM 15 MIN  | X | X | X |
| 95955 | EEG DURING SURGERY  | X | X | X |
| 95965 | MAGNETOENCEPHALOGRAPHY (MEG), RECORD AND ANALYSIS;  | X | X | X |
| 95966 | MAGNETOENCEPHALOGRAPHY (MEG), RECORD AND ANALYSIS;  | X | X | X |
| 95967 | MAGNETOENCEPHALOGRAPHY (MEG), RECORD AND ANALYSIS;  | X | X | X |
| 95970 | ELECTRONIC ANALYSIS, IMPLANT NEUUROSTIMULATOR; SIM  | X | X | X |
| 95976 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional  | X | X | X |
| 95977 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional   | X | X | X |
| 95983 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional   | X | X | X |
| 95984 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure) | X | X | X |
| 95999 | UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PROC   | X | X | X |
| 96000 | COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VI  | X | X | X |
| 96001 | COMPREHENSIVE COMPUTER-BASED MOTION ANAL; W/DYNAMI  | X | X | X |
| 96040 | Genetic counseling, 30 min  | X | X | X |
| 96105 | ASSESSMENT, APHASIA, INTERPRETATION AND REPORT, PE  | X | X | X |
| 96110 | DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM   | X | X | X |



|       |  |   |   |   |
|-------|--|---|---|---|
| 96112 | DEVELOPMENTAL TST ADMIN PHYS/QHP 1ST HOUR  | X | X |   |
| 96113 | DEVELOPMENTAL TST ADMIN PHYS/QHP EA ADDL 30 MIN  | X | X |   |
| 96130 | Psychological testing evaluation services by physician or other qualified health care professional   | X | X |   |
| 96131 | Psychological testing evaluation services by physician or other qualified health care professional,  | X | X |   |
| 96132 | NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR  | X | X |   |
| 96133 | NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR  | X | X |   |
| 96136 | PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN  | X | X |   |
| 96137 | PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN   | X | X |   |
| 96138 | PSYCL/NRPSYCL TST TECH 2+ TST 1ST 30 MIN   | X | X |   |
| 96139 | PSYCL/NRPSYCL TST TECH 2+ TST EA ADDL 30 MIN   | X | X |   |
| 96146 | PSYCL/NRPSYCL TST ELEC PLATFORM AUTO RESULT  | X | X |   |
| 96202 | Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes  |   |   | X |
| 96203 | Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes (List separately in addition to code for primary service)                            |   |   | X |
| 96440 | CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, R   | X | X | X |
| 96446 | CHEMOTX ADMN PRTL CAVITY PORT/CATH   | X | X | X |
| 96450 | CHEMOTHERAPY ADMINISTRATION, CNS, REQUIRING, W/LUM   | X | X | X |
| 96542 | CHEMOTHERAPY INJECTION, SUBARACHNOID/INTRAVENTRICU   | X | X | X |
| 96549 | UNLISTED CHEMOTHERAPY PROC   | X | X | X |
| 96567 | EXTERNAL PHOTODYNAMIC THERAPY, EACH PHOTOTHERAPY E   | X | X | X |
| 96573 | Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day  | X | X | X |
| 96574 | Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day  | X | X | X |
| 96902 | MICROSCOPIC EXAM, HAIR PLUCKED/CLIPPED, EXAMINER   | X | X | X |
| 96904 | WHOLE BODY PHOTOGRAPHY   | X | X | X |
| 96920 | LASER TX, INFLAMMATORY SKIN DISEASE (PSORIASIS); T   | X | X | X |
| 96921 | LASER TX, INFLAMMATORY SKIN DISEASE (PSORIASIS); 2   | X | X | X |
| 96922 | LASER TX, INFLAMMATORY SKIN DISEASE (PSORIASIS); G   | X | X | X |
| 96931 | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion   | X | X | X |
| 96932 | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion  | X | X | X |
| 96933 | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion  | X | X | X |
| 96934 | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)   | X | X | X |
| 96935 | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)  | X | X | X |
| 96936 | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)  | X | X | X |
| 96999 | UNLISTED SPECIAL DERMATOLOGICAL SERVICE/PROC   | X | X | X |
| 97129 | Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes  | X |   |   |
| 97130 | Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)          | X |   |   |
| 97139 | PHYSICAL MEDICINE PROCEDURE  | X | X | X |
| 97151 | Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan | X | X | X |
| 97152 | Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes   | X | X | X |
| 97153 | Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes   | X | X | X |
| 97154 | Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes  | X | X | X |
| 97155 | Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes  | X | X | X |



|       |   |   |   |   |
|-------|---|---|---|---|
| 97156 | Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes                     | x | x | x |
| 97157 | Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes | x | x | x |
| 97158 | Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes   | x | x | x |
| 97533 | SENSORY INTEGRATION   | x |   |   |
| 97545 | WORK HARDENING  | x | x | x |
| 97546 | WORK HARDENING ADD-ON   | x | x | x |
| 97605 | NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM   | x | x | x |
| 97606 | NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM   | x | x | x |
| 97607 | NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM  | x | x | x |
| 97608 | NEG PRESSURE WOUND THERAPY NON DME >50 SQ CM  | x | x | x |
| 97610 | LOW FREQUENCY NON-THERMAL ULTRASOUND PER DAY  | x | x | x |
| 97799 | PHYSICAL MEDICINE PROCEDURE   | x | x | x |
| 97802 | MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND   | x | x | x |
| 97803 | MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTER  | x | x | x |
| 97804 | MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE IND),E  | x | x | x |
| 98978 | Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days           |   |   | x |
| 99183 | PHYS/QHP ATTN&SUPVJ HYPRBARIC OXYGEN TX/SESSION   | x | x | x |
| 99199 | UNLISTED PROC, SPECIAL SERVICE/REPORT   | x | x | x |
| 99217 | OBSERVATION CARE DISCHARGE MANAGEMENT   | x | x |   |
| 99218 | INITIAL OBSERVATION CARE/DAY 30 MINUTES   | x | x |   |
| 99219 | INITIAL OBSERVATION CARE/DAY 50 MINUTES   | x | x |   |
| 99220 | INITIAL OBSERVATION CARE/DAY 70 MINUTES   | x | x |   |
| 99221 | INITIAL HOSPITAL CARE/DAY 30 MINUTES  | x | x | x |
| 99222 | INITIAL HOSPITAL CARE/DAY 50 MINUTES  | x | x | x |
| 99223 | INITIAL HOSPITAL CARE/DAY 70 MINUTES  | x | x | x |
| 99224 | SBSQ OBSERVATION CARE/DAY 15 MINUTES  | x | x |   |
| 99225 | SBSQ OBSERVATION CARE/DAY 25 MINUTES  | x | x |   |
| 99226 | SBSQ OBSERVATION CARE/DAY 35 MINUTES  | x | x |   |
| 99231 | SBSQ HOSPITAL CARE/DAY 15 MINUTES   | x | x | x |
| 99232 | SBSQ HOSPITAL CARE/DAY 25 MINUTES   | x | x | x |
| 99233 | SBSQ HOSPITAL CARE/DAY 35 MINUTES   | x | x | x |
| 99234 | OBSERVATION/INPATIENT HOSPITAL CARE 40 MINUTES  | x | x | x |
| 99235 | OBSERVATION/INPATIENT HOSPITAL CARE 50 MINUTES  | x | x | x |
| 99236 | OBSERVATION/INPATIENT HOSPITAL CARE 55 MINUTES  | x | x | x |
| 99238 | HOSPITAL DISCHARGE DAY MANAGEMENT; UP TO 30 MIN   | x | x | x |
| 99239 | HOSPITAL DISCHARGE DAY MANAGEMENT; OVER 30 MIN  | x | x | x |
| 99251 | INPATIENT CONSULTATION  | x | x |   |
| 99252 | INPATIENT CONSULTATION  | x | x | x |
| 99253 | INPATIENT CONSULTATION  | x | x | x |
| 99254 | INPATIENT CONSULTATION  | x | x | x |
| 99255 | INPATIENT CONSULTATION  | x | x | x |
| 99304 | INITIAL NURSING FACILITY CARE/DAY 25 MINUTES  | x | x | x |
| 99305 | INITIAL NURSING FACILITY CARE/DAY 35 MINUTES  | x | x | x |
| 99306 | INITIAL NURSING FACILITY CARE/DAY 45 MINUTES  | x | x | x |
| 99307 | SBSQ NURSING FACILITY CARE/DAY E/M STABLE 10 MIN  | x | x | x |
| 99308 | SBSQ NURSING FACIL CARE/DAY MINOR COMPLJ 15 MIN   | x | x | x |
| 99309 | SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN  | x | x | x |
| 99310 | SBSQ NURS FACIL CARE/DAY UNSTABL/NEW PROB 35 MIN  | x | x | x |
| 99315 | NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MIN   | x | x | x |
| 99316 | NURSING FACILITY DISCHARGE DAY MANAGEMENT; MORE TH  | x | x | x |
| 99339 | IND PHYSICIAN SUPERVISION OF A PATIENT IN HOME, DO  | x | x |   |
| 99340 | IND PHYSICIAN SUPERVISION OF A PATIENT IN HOME, DO  | x | x |   |
| 99341 | HOME VISIT NEW PATIENT LOW SEVERITY 20 MINUTES  | x | x |   |
| 99342 | HOME VISIT NEW PATIENT MOD SEVERITY 30 MINUTES  | x | x |   |
| 99343 | HOME VST NEW PATIENT MOD-HI SEVERITY 45 MINUTES   | x | x |   |
| 99344 | HOME VISIT NEW PATIENT HI SEVERITY 60 MINUTES   | x | x |   |
| 99345 | HOME VISIT NEW PT UNSTABL/SIGNIF NEW PROB 75 MIN  | x | x |   |
| 99347 | HOME VISIT EST PT SELF LIMITED/MINOR 15 MINUTES   | x | x |   |
| 99348 | HOME VISIT EST PT LOW-MOD SEVERITY 25 MINUTES   | x | x |   |
| 99349 | HOME VISIT EST PT MOD-HI SEVERITY 40 MINUTES  | x | x |   |
| 99350 | HOME VST EST PT UNSTABLE/SIGNIF NEW PROB 60 MINS  | x | x |   |
| 99374 | SUPVJ PT HOME HEALTH AGENCY MO 15-29 MINUTES  | x | x | x |
| 99375 | SUPERVISION PT HOME HEALTH AGENCY MONTH 30 MIN/>  | x | x | x |
| 99429 | UNLISTED PREVENTIVE MEDICINE SERVICE  | x | x | x |
| 99485 | SUPRV INTERFACILTY TRANSPORT  | x | x | x |
| 99499 | UNLISTED EVALUATION AND MANAGEMENT SERVICE  | x | x | x |
| 99500 | HOME VISIT, PRENAT MONITOR ASSESS, FETAL HEART RAT  | x | x | x |
| 0003U | ONC OVARIAN ASSAY 5 PROTEINS SERUM ALG SCOR   |   |   | x |

|       |  |   |   |   |
|-------|--|---|---|---|
| 0004M | SCOLIOSIS, DNA ANALYSIS OF 53 SINGLE NUCLEOTIDE POLYMORPHISMS (SNPs), USING SALIVA, PROGNOSTIC ALGORITHM REPORTED AS A RISK SCORE  | x | x | x |
| 0006M | HEPATIC CARCINOMA TUMOR TISSUE MOPATH ASSAY  | x | x | x |
| 0007M | ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX  | x | x | x |
| 0008U | HPYLORI DETECTION & ANTIBIOTIC RESISTANCE DNA  | x | x | x |
| 0009U | ONC BRST CA ERBB2 COPY NUMBER FISH AMP/NONAMP  |   |   | x |
| 0014M | Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years  |   |   | x |
| 0015M | Adrenal cortical tumor, biochemical assay of 25 steroid markers, utilizing 24-hour urine specimen and clinical parameters, prognostic algorithm reported as a clinical risk and integrated clinical steroid risk for adrenal cortical carcinoma, adenoma, or other adrenal malignancy  | x | x | x |
| 0016M | Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)  | x | x | x |
| 0016U | ONC HMTLMF NEO RNA BCR/ABL1 BLD/BNE MARROW   |   |   | x |
| 0017U | ONC HMTLMF NEO JAK2 MUTATION DNA BLD/BNE MARROW  |   |   | x |
| 0026U | ONC THYR DNA&MRNA 112 GENES FNA NDUL ALG ALYS  |   |   | x |
| 0027U | JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15   |   |   | x |
| 0030U | RX METAB WARFARIN RX RESPONSE TRGT SEQ ALYS  |   |   | x |
| 0031U | CYP1A2 GENE ANALYSIS COMMON VARIANTS   |   |   | x |
| 0032U | COMT GENE ANALYSIS C.472G>A VARIANT  |   |   | x |
| 0033U | HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS  |   |   | x |
| 0034U | TPMT NUDT15 GENE ANALYSIS COMMON VARIANTS  |   |   | x |
| 0035U | Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative   | x | x | x |
| 0036U | Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses   |   |   | x |
| 0037U | Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden   |   |   | x |
| 0040U | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative   | x | x | x |
| 0042T | CEREBRAL PERFUSION ANALYSIS, CT W/CONTRST, POSTPROC  | x | x | x |
| 0045U | Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score  | x | x | x |
| 0046U | FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative   | x | x | x |
| 0047U | Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score  |   |   | x |
| 0049U | NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative  | x | x | x |
| 0060U | Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood   | x | x | x |
| 0070U | CYP2D6 GENE ANALYSIS COMMON & SELECT RARE VRNTS  |   |   | x |
| 0071T | FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA   | x | x | x |
| 0071U | CYP2D6 GENE ANALYSIS FULL GENE SEQUENCE  |   |   | x |
| 0072T | FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA   | x | x | x |
| 0072U | CYP2D6 GENE TRGT SEQ ALYS CYP2D6-2D7 HYBRID GENE   |   |   | x |
| 0073U | CYP2D6 GENE TRGT SEQ ALYS CYP2D7-2D6 HYBRID GENE   |   |   | x |
| 0075T | TCAT PLMT XTRC VRT CRTD STENT RS&I PRQ 1ST VSL   | x | x | x |
| 0075U | CYP2D6 GENE TRGT SEQ ALYS 5' GENE DUPL/MLT   |   |   | x |
| 0076T | TCAT PLMT XTRC VRT CRTD STENT RS&IPRQ EA VSL   | x | x | x |
| 0076U | CYP2D6 GENE TRGT SEQ ALYS 3' GENE DUPL/MLT   |   |   | x |
| 0085T | BREATH TEST FOR HEART TRANSPLANT   | x |   |   |
| 0089U | Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)   |   |   | x |
| 0090U | Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a categorical result (ie, benign, indeterminate, malignant)  |   |   | x |
| 0095T | REMOVAL OF TOT DISC ARTHROPLASTY, ANT APCH, SGL IN   | x | x | x |
| 0098T | REV ARTIFIC DISC ADDL  | x | x | x |
| 0100T | PROSTHETIC RETINA, RECEIVER AND PULSE GENERATOR WI   | x | x | x |
| 0101U | Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only]) |   |   | x |
| 0102T | EXTRACORP SHOCKWAVE THERAPY, WITH ANESTHESIA OTHER   | x | x | x |
| 0102U | Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])  |   |   | x |
| 0103U | Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])  |   |   | x |

|       |   |   |   |   |
|-------|---|---|---|---|
| 0106T | TOUCH QUANTATIVE SENSORY TEST (QST), USING TOUCH P  | x | x | x |
| 0107T | TOUCH QUANTATIVE SENSORY TEST (QST), USING VIBRATI  | x | x | x |
| 0108T | TOUCH QUANTATIVE SENSORY TEST (QST), USING COOLING  | x | x | x |
| 0109T | TOUCH QUANTATIVE SENSORY TEST (QST), USING HEAT-PA  | x | x | x |
| 0110T | TOUCH QUANTATIVE SENSORY TEST (QST), USING OTHER S  | x | x | x |
| 0111T | LONG-CHAIN (C20-C22) OMEGA-3 FATTY ACIDS IN RBC ME  | x |   |   |
| 0126T | IMT STUDY FOR EVAL OF CORONARY HEART DISEASE RISK   | x |   |   |
| 0129U | Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)  | x | x | x |
| 0130U | Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel <i>(APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, </i> and <i>TP53)</i> (List separately in addition to code for primary procedure)       |   |   | x |
| 0131U | Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)   |   |   | x |
| 0132U | Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)  |   |   | x |
| 0134U | Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)   |   |   | x |
| 0135U | Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure)   |   |   | x |
| 0136U | ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)  | x | x | x |
| 0137U | PALB2 (partner and localizer of BRCA2)</i> (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)  |   | x | x |
| 0138U | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated)(eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)   |   |   | x |
| 0158U | MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)   |   |   | x |
| 0163T | Lumb artif disectomy addl   | x | x |   |
| 0164T | Remove lumb artif disc addl   | x | x | x |
| 0165T | Revise lumb artif disc addl   | x | x | x |
| 0169U | PLA Code;NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants   |   |   | x |
| 0171U | PLA Code;Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence   | x | x | x |
| 0172U | Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score |   |   | x |
| 0173U | Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes   |   |   | x |
| 0174T | Cad cxr with interp   | x | x | x |
| 0175T | Cad cxr remote  | x | x | x |
| 0175U | Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes  |   |   | x |
| 0177U | Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status  |   |   | x |
| 0179U | Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)  |   |   | x |
| 0184T | RECTAL TUMOR EXCISION TRANSANAL ENDOSCOPIC  | x | x | x |
| 0191T | ANT SEGMENT INSERTION DRAINAGE W/O RESERVOIR INT  | x |   |   |
| 0198T | OCULAR BLOOD FLOW MEASUREMENT   | x | x | x |
| 0200T | PERQ SAC AGMNTJ UNI W/WO BALO/MCHNL DEV 1/> NDL   | x | x | x |
| 0201T | PERQ SAC AGMNTJ BI W/WO BALO/MCHNL DEV 2/> NDLS   | x | x | x |
| 0202T | POST VERTEB JOINT ARTHROPLASTY SINGLE LUMBAR  | x | x | x |
| 0203U | AI IBD MRNA XPRSN PRFL 17   | x | x | x |
| 0204U | ONC THYR MRNA XPRSN ALYS 593  | x | x | x |
| 0205U | ONC THYR MRNA XPRSN ALYS 593  | x | x | x |
| 0206U | Neuro Alzheimer Cell Aggreg   | x | x | x |
| 0207T | EVAC MEIBOMIAN GLANDS W/HEAT& INTMT PRESSURE  | x | x | x |
| 0207U | Neuro Alzheimer Quan Imaging  | x | x | x |
| 0208T | PURE TONE AUDIOMETRY THRESHOLD COMPUTER DEV AIR   | x | x | x |
| 0208U | ONC MTC MRNA XPRSN ALYS 108   | x |   |   |
| 0209T | PURE TONE AUDIOMETRY THRESHOLD CPTR DEV AIR&BONE  | x | x | x |
| 0209U | CYTOG CONST ALYS INTERROG   | x | x | x |
| 0210T | SPEECH AUDIOMETRY THRESHOLD CPTR DEVICE AIR&BONE  | x | x | x |
| 0210U | SYPHILIS TST ANTB IA QUAN   | x | x | x |
| 0211T | SPEECH AUDIOMETRY THRESHOLD AIR&BN SPEECH RECOG   | x | x | x |

|       |   |   |   |   |
|-------|---|---|---|---|
| 0211U | ONC PAN-TUM DNA&RNA GNRJ SEQ  | X | X | X |
| 0212T | COMPREHNS AUDIOMETRY THRESHOLD EVAL&SPEECH RECOG  | X | X | X |
| 0212U | RARE DS GEN DNA ALYS PROBAND  | X | X | X |
| 0213T | INJECT PARAVER FACET JT/NERVE CERV/THORAC 1LVL  | X | X | X |
| 0213U | RARE DS GEN DNA ALYS EA COMP  | X | X | X |
| 0214T | INJECT PARAVER FACET JT/NERVE CERV/THORAC LVL 2   | X | X | X |
| 0214U | RARE DS XOM DNA ALYS PROBAND  | X | X | X |
| 0215T | INJECT PARAVER FACET JT/NERVE CERV/THORAC 3+LVL   | X | X | X |
| 0215U | RARE DS XOM DNA ALYS EA COMP  | X | X | X |
| 0216T | INJECTION PARAVER FACET JT/NERVE LMBR/SAC 1LVL  | X | X | X |
| 0216U | NEURO INH ATAXIA DNA 12 COM   | X | X | X |
| 0217T | INJECTION PARAVER FACET JT/NERVE LMBR/SAC LVL2  | X | X | X |
| 0217U | NEURO INH ATAXIA DNA 51 GENE  | X | X | X |
| 0218T | INJECTION PARAVER FACET JT/NERVE LMBR/SAC 3+LVL   | X | X | X |
| 0218U | NEURO MUSC DYS DMD SEQ ALYS   | X | X | X |
| 0219T | PLACE POSTR INFACET IMPLANT GRAFT/DEV 1LVL CERV   | X | X | X |
| 0219U | NFCT AGT HIV GNRJ SEQ ALYS  | X | X | X |
| 0220T | PLACE POSTR INFACET IMPLANT GRAFT/DEV 1LVL THOR   | X | X | X |
| 0220U | ONC BRST CA AI ASSMT 12 FEAT  | X | X | X |
| 0221T | PLACE POSTR INFACET IMPLANT GRAFT/DEV 1LVL LMBR   | X | X | X |
| 0221U | ABO GNOTYP NEXT GNRJ SEQ ABO  | X | X | X |
| 0222U | RHD&RHCE GNTYP NEXT GNRJ SEQ  | X | X | X |
| 0227U | Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation   |   |   | X |
| 0228T | INJ ANES AGT&STRD TFRML EDRL US CRV/THRC 1LVL   | X |   |   |
| 0228U | Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer   |   |   | X |
| 0229T | INJ ANES AGT&STRD TFRML EDRL US CRV/THRC + LVL  | X |   |   |
| 0229U | BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis   | X | X | X |
| 0230T | INJ ANES AGT&STRD TFRML EDRL US LMBR/SAC 1LVL   | X |   |   |
| 0230U | AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions   | X | X | X |
| 0231T | INJ ANES AGT&STRD TFRML EDRL US LMBR/SAC + LVL  | X |   |   |
| 0231U | CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions  | X | X | X |
| 0232T | NIX PLTLT PLASMA W/IMG HARVEST/PREPARATION  |   |   | X |
| 0232U | CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions   | X | X | X |
| 0233U | FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions   | X | X | X |
| 0234T | TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA   | X | X | X |
| 0234U | MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions  | X | X | X |
| 0235T | TRLUML PERIPHERAL ATHERECTOMY VISCERAL ARTERY EA  | X | X | X |
| 0235U | PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions  | X | X | X |
| 0236T | TRLUML PERIPH ATHRC W/RS&I ABDOM AORTA  | X | X | X |
| 0236U | SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions  | X | X | X |
| 0237T | TRLUML PERIPH ATHRC W/RS&I BRCHIOCPHL EA VSL  | X | X | X |
| 0237U | Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions | X | X | X |
| 0238T | TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA   | X | X | X |
| 0238U | Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions   | X | X | X |
| 0239U | Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations  | X | X | X |
| 0242U | Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements  | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| 0253T | INSERT ANT SGM DRAINAGE DEV W/O RESERVIR INT APPR  | x | x | x |
| 0263T | IM AUTOL B1 MRW CEL THER 1 LEG COMPL INCL HRVST  | x | x | x |
| 0264T | IM AUTOL B1 MRW CEL THER 1 LEG COMPL XCL HRVST   | x | x | x |
| 0265T | IM AUTOL B1 MRW CEL THER UNI/BI HRVST ONLY   | x | x | x |
| 0265U | Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy number variants  |   |   | x |
| 0266T | IMPLTJ/RPLCMT CRTD SNS BRORFLX ACTV DEV TOT SYS  | x | x | x |
| 0266U | Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes   |   |   | x |
| 0267T | IMPLTJ/RPLCMT CRTD SNS BRORFLX ACTV DEV LEAD UNI   | x | x | x |
| 0267U | Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing   |   |   | x |
| 0268T | IMPLTJ/RPLCMT CRTD SNS BRORFLX ACTV DEV PLS GEN  | x | x | x |
| 0269T | REV/REML CRTD SNS BRORFLX ACTV DEV TOT SYS   | x | x | x |
| 0270T | REV/REML CRTD SNS BRORFLX ACTV DEV LEAD UNI  | x | x | x |
| 0271T | REV/REML CRTD SNS BRORFLX ACTV DEV PLS GEN   | x | x | x |
| 0272T | INTERROGATION EVAL CRTD SNS BRORFLX ACTV SYS   | x | x | x |
| 0273T | INTERROGATION EVAL CRTD SNS BRORFLX W/PROGRMG  | x | x | x |
| 0274T | PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENOUS RESECTION, DISCECTOMY, FACETECTOMY AND/OR FORAMINOTOMY), ANY METHOD, UNDER INDIRECT IMAGE GUIDANCE (EG, FLUOROSCOPIC, CT), SINGLE OR MULTIPLE LEVELS, UNILATERAL OR BILATERAL  | x | x | x |
| 0275T | PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENOUS RESECTION, DISCECTOMY, FACETECTOMY AND/OR FORAMINOTOMY), ANY METHOD, UNDER INDIRECT IMAGE GUIDANCE (EG, FLUOROSCOPIC, CT), SINGLE OR MULTIPLE LEVELS, UNILATERAL OR BILATERAL  | x | x | x |
| 0278T | TRNSCUT ELECT MODLATION PAIN REPROCES EA TX SESS   | x | x | x |
| 0295T | EXT ECG > 48HR TO 21 DAY RCRD SCAN ANLYS REP R&I   | x |   |   |
| 0296T | EXT ECG > 48HR TO 21 DAY RCRD W/CONNECT INTL RCRD  | x |   |   |
| 0297T | EXT ECG > 48HR TO 21 DAY SCAN ANALYSIS W/REPORT  | x |   |   |
| 0297U | Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification  |   |   | x |
| 0298T | EXT ECG > 48HR TO 21 DAY REVIEW AND INTERPRETATN   | x |   |   |
| 0298U | Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification  |   |   | x |
| 0299U | Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification  |   |   | x |
| 0300U | Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification   |   |   | x |
| 0308T | INSJ OCULAR TELESCOPE PROSTH   | x | x | x |
| 0312T | LAPS IMPLTJ NSTIM ELTRD ARRAY&PLS GEN VAGUS NRV  | x | x |   |
| 0312U | Avise® Lupus   |   |   | x |
| 0313T | LAPS REVJ/REPLCMT NSTIM ELTRD ARRAY VAGUS NRV  | x | x |   |
| 0314T | LAPS RMVL NSTIM ELTRD ARRAY & PLS GEN VAGUS NRV  | x | x |   |
| 0314U | DecisionDx® DiffDx™- Melanoma  |   |   | x |
| 0315T | REMOVAL PULSE GENERATOR VAGUS NERVE  | x | x |   |
| 0316T | REPLACEMENT PULSE GENERATOR VAGUS NERVE  | x | x |   |
| 0317T | ELEC ALYS NSTIM PLS GEN VAGUS NRV W/REPRGRMG   | x | x |   |
| 0326U | Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden  |   |   | x |
| 0327U | Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed  |   |   | x |
| 0329U | Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations  |   |   | x |
| 0330T | TEAR FILM IMAGING UNILATERAL OR BILATERAL W/I&R  | x | x | x |
| 0331U | Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alterations  |   |   | x |
| 0333T | VISUAL EVOKED POTENTIAL ACUITY SCREENING AUTO  | x | x | x |
| 0335T | EXTRA-OSSEOUS JOINT IMPLANT TALOTARSAL STABILJ   | x | x | x |
| 0335U | Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants |   |   | x |

|       |  |   |   |   |
|-------|--|---|---|---|
| 0336U | Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent) |   |   | X |
| 0338T | TRANSCATHETER RENAL SYMPATH DENERVATION UNILAT   | X | X | X |
| 0339T | TRANSCATHETER RENAL SYMPATH DENERVATION BILAT  | X | X | X |
| 0341U | Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid   |   |   | X |
| 0345T | TRANSCATH MITRAL VALVE REPAIR VIA CORONARY SINUS   | X | X | X |
| 0345U | Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6   |   |   | X |
| 0347T | PLACE INTERSTITIAL DEVICE(S) IN BONE FOR RSA   | X | X | X |
| 0351T | INTRAOP OCT BREAST OR AXILL NODE EACH SPECIMEN   | X | X | X |
| 0352T | OCT BREAST OR AXILL NODE SPECIMEN I&R  | X | X | X |
| 0353T | OCT OF BREAST SURG CAVITY REAL TIME INTRAOP  | X | X | X |
| 0354T | OCT BREAST SURG CAVITY REAL TIME/REFERRED I&R  | X | X | X |
| 0355T | GI TRACT IMAGING INTRALUMINAL COLON WITH I&R   | X |   |   |
| 0358T | BIA WHOLE BODY SUPINE POSTION WITH I&R   | X | X | X |
| 0362T | EXPOSURE BEHAV ASSESSMENT FIRST 30 MIN   | X | X | X |
| 0373T | EXPOSURE BEHAVIOR TREATMENT FIRST 30 MIN   | X | X | X |
| 0376T | ANT SEGMENT INSERT DRAIN W/O RESERVOIR EA ADDL   | X |   |   |
| 0378T | VISUAL FIELD ASSESSMENT PHYS REVIEW AND REPORT   | X | X | X |
| 0379T | VISUAL FIELD ASSESSMENT TECH SUPPORT W/INSTRUCT  | X | X | X |
| 0394T | High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed  | X | X | X |
| 0395T | High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed   | X | X | X |
| 0396T | Intra-operative use of kinetic balance sensor for implant stability during knee replacement arthroplasty (List separately in addition to code for primary procedure)   | X |   |   |
| 0397T | Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)   | X | X | X |
| 0398T | Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed  | X | X | X |
| 0400T | Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; one to five lesions  | X |   |   |
| 0401T | Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; six or more lesions  | X |   |   |
| 0402T | Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)  |   |   | X |
| 0403T | Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day   | X | X | X |
| 0404T | Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency   | X | X | X |
| 0405T | Oversight of the care of an extracorporeal liver assist system patient requiring review of status, review of laboratories and other studies, and revision of orders and liver assist care plan (as appropriate), within a calendar month, 30 minutes or more of non-face-to-face time  | X |   |   |
| 0408T | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes   | X | X | X |
| 0409T | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only  | X | X | X |
| 0410T | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only   | X | X | X |
| 0411T | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only  | X | X | X |
| 0412T | Removal of permanent cardiac contractility modulation system; pulse generator only   | X | X | X |
| 0413T | Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)  | X | X | X |
| 0414T | REMOVAL AND REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM PULSE GENERATOR ONLY  | X | X | X |
| 0415T | REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC CONTRACTILITY MODULATION TRANSVENOUS ELECTRODE (ATRIAL OR VENTRICULAR LEAD)  | X | X | X |
| 0416T | Relocation of skin pocket for implanted cardiac contractility modulation pulse generator   | X | X | X |
| 0417T | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractil   | X | X | X |
| 0418T | Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contractility modulation system  | X | X | X |
| 0419T | Destruction neurofibroma, extensive, (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibroma  | X | X | X |
| 0420T | Destruction neurofibroma, extensive, (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibroma  | X | X | X |
| 0421T | Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included w   | X | X | X |



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|-------|--|---|---|---|
| 0422T | TACTILE BREAST IMAGING BY COMPUTER-AIDED TACTILE SENSORS, UNILATERAL OR BILATERAL  | x | x | x |
| 0423T | SECRETORY TYPE II PHOSPHOLIPASE A2 (SPLA2-IIA)   | x |   |   |
| 0424T | Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)  | x | x | x |
| 0425T | Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only   | x | x | x |
| 0426T | Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only   | x | x | x |
| 0427T | Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only  | x | x | x |
| 0428T | Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only   | x | x | x |
| 0429T | Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only  | x | x | x |
| 0430T | REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULATION LEAD ONLY  | x | x | x |
| 0431T | REMOVAL AND REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA, PULSE GENERATOR ONLY   | x | x | x |
| 0432T | Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only  | x | x | x |
| 0433T | Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only  | x | x | x |
| 0434T | Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea   | x | x | x |
| 0435T | Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session  | x | x | x |
| 0436T | Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study  | x | x | x |
| 0437T | IMPLANTATION OF NON-BIOLOGIC OR SYNTHETIC IMPLANT (EG, POLYPROPYLENE) FOR FASCIAL REINFORCEMENT OF THE ABDOMINAL WALL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | x | x | x |
| 0439T | MYOCARDIAL CONTRAST PERFUSION ECHOCARDIOGRAPHY, AT REST OR WITH STRESS, FOR ASSESSMENT OF MYOCARDIAL ISCHEMIA OR VIABILITY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | x | x | x |
| 0440T | ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING GUIDANCE; UPPER EXTREMITY DISTAL/PERIPHERAL NERVE   | x | x | x |
| 0441T | ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING GUIDANCE; LOWER EXTREMITY DISTAL/PERIPHERAL NERVE   | x | x | x |
| 0442T | ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING GUIDANCE; NERVE PLEXUS OR OTHER TRUNCAL NERVE (EG, BRACHIAL PLEXUS, PUDENDAL NERVE)   | x | x | x |
| 0443T | REAL-TIME SPECTRAL ANALYSIS OF PROSTATE TISSUE BY FLUORESCENCE SPECTROSCOPY, INCLUDING IMAGING GUIDANCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)  | x | x | x |
| 0444T | INITIAL PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS, INCLUDING FITTING, TRAINING, AND INSERTION, UNILATERAL OR BILATERAL   | x | x | x |
| 0445T | SUBSEQUENT PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS, INCLUDING RE-TRAINING, AND REMOVAL OF EXISTING INSERT, UNILATERAL OR BILATERAL   | x | x | x |
| 0446T | CREATION OF SUBCUTANEOUS POCKET WITH INSERTION OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR, INCLUDING SYSTEM ACTIVATION AND PATIENT TRAINING  | x | x | x |
| 0447T | REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR FROM SUBCUTANEOUS POCKET VIA INCISION   | x | x | x |
| 0448T | REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR WITH CREATION OF SUBCUTANEOUS POCKET AT DIFFERENT ANATOMIC SITE AND INSERTION OF NEW IMPLANTABLE SENSOR, INCLUDING SYSTEM ACTIVATION  | x | x | x |
| 0449T | INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUBCONJUNCTIVAL SPACE; INITIAL DEVICE   | x | x | x |
| 0450T | INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUBCONJUNCTIVAL SPACE; EACH ADDITIONAL DEVICE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)   | x | x | x |
| 0451T | INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR APPROACH, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; COMPLETE SYSTEM (COUNTERPULSATION DEVICE, VASCULAR GRAFT, IMPLANTABLE VASCULAR HEMOSTATIC SEAL, MECHANO-ELECTRICAL SK | x |   |   |
| 0452T | INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR APPROACH, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; AORTIC COUNTERPULSATION DEVICE AND VASCULAR HEMOSTATIC SEAL   | x |   |   |
| 0453T | INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR APPROACH, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; MECHANO-ELECTRICAL SKIN INTERFACE   | x |   |   |
| 0454T | INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR APPROACH, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; SUBCUTANEOUS ELECTRODE  | x |   |   |
| 0455T | REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; COMPLETE SYSTEM (AORTIC COUNTERPULSATION DEVICE, VASCULAR HEMOSTATIC SEAL, MECHANO-ELECTRICAL SKIN INTERFACE AND ELECTRODES)   | x |   |   |
| 0456T | REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; AORTIC COUNTERPULSATION DEVICE AND VASCULAR HEMOSTATIC SEAL  | x |   |   |
| 0457T | REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; MECHANO-ELECTRICAL SKIN INTERFACE  | x |   |   |
| 0458T | REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; SUBCUTANEOUS ELECTRODE   | x |   |   |
| 0459T | RELOCATION OF SKIN POCKET WITH REPLACEMENT OF IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST DEVICE, MECHANO-ELECTRICAL SKIN INTERFACE AND ELECTRODES  | x |   |   |



|       |   |   |   |   |
|-------|---|---|---|---|
| 0460T | REPOSITIONING OF PREVIOUSLY IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST DEVICE; SUBCUTANEOUS ELECTRODE   | x |   |   |
| 0461T | REPOSITIONING OF PREVIOUSLY IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST DEVICE; AORTIC COUNTERPULSATION DEVICE   | x |   |   |
| 0462T | PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE MECHANO-ELECTRICAL SKIN INTERFACE AND/OR EXTERNAL DRIVER TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS, INCLUDING REVIEW AND REPORT, IMPLANTABLE AORTIC COUNTERPULS  | x |   |   |
| 0463T | INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER, IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, PER DAY  | x |   |   |
| 0464T | VISUAL EP TEST FOR GLAUCOMA   | x | x | x |
| 0465T | SUPCHRD L NJX RXW/O SUPPLY  | x | x | x |
| 0469T | RTA POLARIZE SCAN OC SCR W/ONSITE AUTO RSLT BI  | x | x | x |
| 0483T | Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed   | x | x | x |
| 0484T | Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)   | x | x | x |
| 0497T | External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; in-office connection   | x | x |   |
| 0498T | External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recording without 24 hour attended monitoring; review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event  | x | x |   |
| 0499T | Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed  | x | x |   |
| 0500T | Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping)  | x | x | x |
| 0502T | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission   |   |   | x |
| 0503T | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model  |   |   | x |
| 0504T | Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report   |   |   | x |
| 0505T | Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion | x | x | x |
| 0508T | Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia  | x | x | x |
| 0509T | PATTERN ELECTRORETINOGRAPHY W/I&R   |   |   | x |
| 0512T | ESW INTEGUMENTARY WOUND HEALING INITIAL WOUND   |   |   | x |
| 0513T | ESW INTEGUMENTARY WOUND HEALING EA ADDL WOUND   |   |   | x |
| 0514T | Intraoperative visual axis identification using patient fixation (List separately in addition to code for primary procedure)  | x | x |   |
| 0515T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])  | x | x | x |
| 0516T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only  | x | x | x |
| 0517T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only  | x | x | x |
| 0518T | Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing  | x | x | x |
| 0519T | Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)   | x | x | x |
| 0520T | Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode   | x | x | x |
| 0521T | Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing  | x | x | x |
| 0522T | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, wireless cardiac stimulator for left ventricular pacing   | x | x | x |
| 0523T | INTRAPROCEDURAL CORONARY FFP W/3D FUNCJL MAPPING  |   |   | x |
| 0537T | Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day   | x | x | x |
| 0538T | Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)   | x | x | x |

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| 0539T | Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration   | x | x | x |
| 0540T | Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous   | x | x | x |
| 0543T | Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae   |   |   | x |
| 0544T | Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture  |   |   | x |
| 0545T | Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach   |   |   | x |
| 0569T | Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis   |   |   | x |
| 0570T | Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)   |   |   | x |
| 0571T | Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed   |   |   | x |
| 0587T | Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve  | x | x | x |
| 0588T | Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve   | x | x | x |
| 0589T | Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters        | x | x | x |
| 0590T | Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters | x | x | x |
| 0594T | Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device   |   |   | x |
| 0600T | Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous  |   |   | x |
| 0601T | Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open  |   |   | x |
| 0604T | Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment  |   |   | x |
| 0605T | Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days   |   |   | x |
| 0606T | Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days  |   |   | x |
| 0609T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs  |   |   | x |
| 0610T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis  |   |   | x |
| 0611T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs  |   |   | x |
| 0612T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report   |   |   | x |
| 0613T | Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed  |   |   | x |
| 0614T | Removal and replacement of substernal implantable defibrillator pulse generator   |   |   | x |
| 0619T | Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed   |   |   | x |
| 0620T | Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed                                      | x | x | x |
| 0623T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report   |   |   | x |
| 0624T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission   |   |   | x |

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| 0625T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography   |   |  | x |
| 0626T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report   |   |  | x |
| 0640T | Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition, interpretation and report, each flap or wound   |   |  | x |
| 0641T | Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition only, each flap or wound   |   |  | x |
| 0642T | Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); interpretation and report only, each flap or wound   |   |  | x |
| 0650T | Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional  |   |  | x |
| 0651T | Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report   |   |  | x |
| 0652T | Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)  |   |  | x |
| 0653T | Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple  |   |  | x |
| 0654T | Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter  |   |  | x |
| 0659T | Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation   |   |  | x |
| 0690T | Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)   | x |  | x |
| 0698T | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)                          | x |  | x |
| 0710T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report  |   |  | x |
| 0711T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission  |   |  | x |
| 0712T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability   |   |  | x |
| 0713T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report   |   |  | x |
| 0714T | Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance   | x |  | x |
| 0715T | Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)   | x |  | x |
| 0716T | Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score   | x |  | x |
| 0722T | Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (List separately in addition to code for primary procedure)   |   |  | x |
| 0724T | Quantitative magnetic resonance cholangiopancreatography (QMRC) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)   |   |  | x |
| 0730T | Trabeculotomy by laser, including optical coherence tomography (OCT) guidance  |   |  | x |
| 0733T | Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days   |   |  | x |
| 0734T | Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month  |   |  | x |
| 0735T | Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (List separately in addition to code for primary procedure)   | x |  | x |
| 0742T | Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)   |   |  | x |
| 0743T | Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density, with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and bone mineral density and classification of any vertebral fractures, with overall fracture risk assessment, interpretation and report |   |  | x |
| 0766T | Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve  |   |  | x |

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| 0767T | Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure) |   |   | X |
| 0768T | Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve   |   |   | X |
| 0769T | Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, subsequent treatment, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure)   |   |   | X |
| A0021 | OUTSIDE STATE AMBULANCE SERVICE   | X | X | X |
| A0380 | BASIC LIFE SUPPORT MILEAGE  | X | X | X |
| A0384 | BASIC LIFE SUPPORT DEFIBRILLATION SUPPLIES  | X | X | X |
| A0390 | ALS MILEAGE (PER MILE)  | X | X | X |
| A0392 | ADVANCED LIFE SUPPORT DEFIBRILLATION SUPPLIES   | X | X | X |
| A0422 | AMBULANCE OXYGEN LIFE SUSTAINING  | X | X | X |
| A0425 | GROUND MILEAGE  | X | X | X |
| A0426 | ALS 1   | X | X | X |
| A0428 | BLS   | X | X | X |
| A0430 | FIXED WING AIR TRANSPORT  | X | X | X |
| A0431 | ROTARY WING AIR TRANSPORT   | X | X | X |
| A0432 | Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers   | X | X | X |
| A0435 | FIXED WING AIR MILEAGE  | X | X | X |
| A0436 | ROTARY WING AIR MILEAGE   | X | X | X |
| A0888 | NON COVERED AMBULANCE MILEAGE   | X | X | X |
| A0998 | AMBULANCE RESPONSE AND TREATMENT, NO TRANSPORT  | X | X |   |
| A0999 | UNLISTED AMBULANCE SERVICE  | X | X | X |
| A4220 | REFILL KIT FOR IMPLANTABLE INFUSION PUMP  | X | X | X |
| A4238 | Supply allowance for adjunctive continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service   |   | X | X |
| A4239 | Supply allowance for nonadjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service  |   |   | X |
| A4265 | PARAFFIN, PER POUND   | X | X | X |
| A4459 | MANUAL PUMP-OPERATED ENEMA SYS REUSABLE ANY TYPE  | X | X | X |
| A4575 | TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE   | X | X | X |
| A4606 | OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACE  | X | X |   |
| A4633 | REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAP  | X | X | X |
| A4634 | REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLET  | X | X | X |
| A4640 | REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY  | X | X | X |
| A4649 | SURGICAL SUPPLY; MISCELLANEOUS  | X | X | X |
| A4660 | SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUF  | X | X | X |
| A4663 | BLOOD PRESSURE CUFF ONLY  | X | X | X |
| A4670 | AUTOMATIC BLOOD PRESSURE MONITOR  | X | X | X |
| A4671 | DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MA  | X | X | X |
| A4672 | DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EA  | X | X | X |
| A4673 | EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WIT  | X | X | X |
| A4674 | CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERI  | X | X | X |
| A4680 | ACTIVATED CARBON FILTER FOR HEMODIALYSIS, EACH  | X | X | X |
| A4690 | DIALYZER (ARTIFICIAL KIDNEYS), ALL TYPES, ALL SIZE  | X | X | X |
| A4706 | BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSI  | X | X | X |
| A4707 | BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS,  | X | X | X |
| A4708 | ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PE  | X | X | X |
| A4709 | ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER   | X | X | X |
| A4714 | TREATED WATER (DEIONIZED, DISTILLED, OR REVERSE OS  | X | X | X |
| A4719 | Y SET TUBING FOR PERITONEAL DIALYSIS  | X | X | X |
| A4720 | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE,  | X | X | X |
| A4721 | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE,  | X | X | X |
| A4722 | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE,  | X | X | X |
| A4723 | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE,  | X | X | X |
| A4724 | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE,  | X | X | X |
| A4725 | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE,  | X | X | X |
| A4728 | DIALYSATE SOLUTION, NON-DEXTROSE CONTAINING, 500 M  | X | X | X |
| A4930 | GLOVES, STERILE, PER PAIR   | X | X | X |
| A4932 | RECTAL THERMOMETER, REUSABLE, ANY TYPE, EACH  | X | X | X |
| A6550 | DRESSING SET FOR NEGATIVE PRESSURE WOUND THERAPY E  | X | X | X |
| A7020 | INTERFACE COUGH STIMULAT DEVC REPLACEMENT ONLY  | X | X | X |
| A7025 | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST,  | X | X | X |
| A7026 | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE,  | X | X | X |
| A9274 | EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA   | X | X | X |
| A9276 | SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U=1D  | X | X | X |
| A9277 | TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS  | X | X | X |
| A9278 | RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS   | X | X | X |
| A9280 | ALERT OR ALARM DEVICE, NOT OTHERWISE CLASSIFIED   | X | X | X |

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| A9282 | WIG, ANY TYPE, EACH   | x | x | x |
| A9526 | NITROGEN N-13 AMMONIA, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES           | x | x | x |
| A9554 | IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIES | x | x | x |
| A9555 | RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES                  | x | x | x |
| A9557 | TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, UP TO 25 MILLICURIES                      | x | x | x |
| A9562 | TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES    | x | x | x |
| A9570 | INDIUM IN-111 LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE    | x | x | x |
| A9573 | Injection, gadopiclesol, 1 ml   |   |   | x |
| A9580 | SODIUM FLUORIDE F-18, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES            | x |   |   |
| A9584 | IODINE I-123 IOFLUPAN DIAGNOSTIC UP 5 MCI   | x | x | x |
| A9589 | INSTILLATION HEXAMINOLEVULINATE HCI 100 MG  | x | x | x |
| A9590 | Iodine I-131, iobenguane, 1 mCi   | x | x | x |
| A9591 | Fluoroestradiol F 18, diagnostic, 1 millicurie                                    | x | x | x |
| A9593 | Gallium Ga-68 PSMA-11   |   | x | x |
| A9594 | Gallium Ga-68 PSMA-11   |   | x | x |
| A9595 | Pylarify (piflufolastat F 18)   |   | x | x |
| A9596 | Gallium ga-68 gozetotide, diagnostic, (iluccix), 1 millicurie                     |   | x | x |
| A9597 | PET RADIOPHARMA DIAGNOSTIC TUMOR ID NOC   | x | x | x |
| A9598 | PET RADIOPHARM DIAGNOSTIC NON-TUMOR ID NOC  | x | x | x |
| A9601 | Flortaucipir f 18 injection, diagnostic, 1 millicurie                             |   | x | x |
| A9602 | Fluorodopa f-18, diagnostic, per millicurie                                       |   | x | x |
| A9607 | Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie                  |   | x | x |
| A9698 | NON-RADIOACTV CONTRST IMAG MATL NOC   | x | x | x |
| A9800 | Gallium ga-68 gozetotide, diagnostic, (locametz), 1 millicurie                    |   | x | x |
| A9900 | DME SUP/ACCESS/SRV-COMPON/OTH HCPCS   | x | x | x |
| B4034 | ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY                                   | x | x | x |
| B4035 | ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY                                      | x | x | x |
| B4036 | ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY                                   | x | x | x |
| B4102 | ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUID                                | x | x | x |
| B4103 | ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE F                                | x | x | x |
| B4104 | ADDITIVE FOR ENTERAL FORMULA (E.G. FIBER)   | x | x | x |
| B4149 | ENTERAL FORMULA, BLENDERIZED NATURAL FOODS WITH IN                                | x | x | x |
| B4150 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTAC                                | x | x | x |
| B4152 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICAL                                | x | x | x |
| B4153 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZE                                | x | x | x |
| B4154 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECI                                | x | x | x |
| B4155 | ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR                                 | x | x | x |
| B4157 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECI                                | x | x | x |
| B4158 | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COM                                | x | x | x |
| B4159 | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COM                                | x | x | x |
| B4160 | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COM                                | x | x | x |
| B4161 | ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO                                 | x | x | x |
| B4162 | ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC                                | x | x | x |
| B4164 | PARNTRAL NUT SOL; CARBS 50%/< HOM   | x | x | x |
| B4168 | PARNTRAL NUT SOL; AMINO ACID 3.5%   | x | x | x |
| B4172 | PARNTRAL NUT SOL; AMINO ACID 5.5-7%   | x | x | x |
| B4176 | PARNTRAL NUT SOL; AMINO ACID 7-8.5%   | x | x | x |
| B4178 | PARNTRAL NUT SOL; AMINO ACID > 8.5%   | x | x | x |
| B4180 | PARNTRAL NUT SOL; CARBS > 50% HOM   | x | x | x |
| B4185 | PARENTRL NUTRITION SOL-10 GMS LIPID   | x | x | x |
| B4187 | Omegaven, 10 g lipids   | x | x | x |
| B4189 | PARNTRAL NUT;AMINOACID&CARB 10-51GM   | x | x | x |
| B4193 | PARNTRAL NUT;AMINOACID&CARB 52-73GM   | x | x | x |
| B4197 | PARNTRL NUT;AMINOACID&CARB 74-100GM   | x | x | x |
| B4199 | PARNTRAL NUT;AMINO ACID&CARB >100GM   | x | x | x |
| B4216 | PARNTRAL NUT; ADDITIVES-HOM MIX-DAY   | x | x | x |
| B4220 | PARNTRAL NUTRIT SPL KIT; PREMIX-DAY   | x | x | x |
| B4222 | PARNTRAL NUT SPL KIT; HOM MIX-DAY   | x | x | x |
| B4224 | PARNTRAL NUTRITION ADMIN KIT-DAY  | x | x | x |
| B5000 | PARNTRAL NUT; AMINO ACID&CARBS RENL   | x | x | x |
| B5100 | PARENTERL NUT SOL AMINO ACID & CARB   | x | x | x |
| B5200 | PARNTRL NUT AMINO ACID & CARS STRSS   | x | x | x |
| B9002 | ENTERAL NUTR INFUSION PUMP ANY TYPE   | x | x | x |
| B9004 | PARNTRAL NUTRIT INFUS PUMP PRBLE  | x | x | x |
| B9006 | PARNTRAL NUTRIT INFUS PUMP STATION  | x | x | x |
| B9998 | NOC FOR ENTERAL SUPPLIES  | x | x | x |
| B9999 | NOC FOR PARENTERAL SUPPLIES   | x | x | x |
| C1062 | Intravertebral body fracture augmentation with implant (e.g., metal, polymer).    |   |   | x |
| C1713 | ANCHR/SCREW OPPOS BN-BN/SFT TISS-BN   | x |   |   |
| C1714 | CATH TRNSLUM ATHERECT DIRECTIONAL   | x |   |   |
| C1715 | BRACHYTHERAPY NEEDLE  | x |   |   |
| C1716 | BRACHYTX NONSTRAND GOLD-198 PER SRC   | x |   |   |
| C1717 | BRACHYTX NONSTRAND HD IRIIDIUM-192  | x |   |   |
| C1719 | BRACHYTX NONSTRND NONHD IRIIDIUM-192  | x |   |   |
| C1721 | CARDIOVERT-DEFIBRILLATOR DUAL CHAMB   | x |   |   |

|       |   |   |   |   |
|-------|---|---|---|---|
| C1722 | CARDIOVERT-DEFIB SINGLE CHAMB   | x |   |   |
| C1724 | CATH TRNSLUM ATHERECT ROTATIONAL  | x |   |   |
| C1725 | CATHETER TRNSLUM ANGPLSTY NON-LASER   | x |   |   |
| C1726 | CATHETER BALLOON DILAT NON-VASCULAR   | x |   |   |
| C1727 | CATH BALLN TISS DISSECTOR NON-VASC  | x |   |   |
| C1728 | CATHETER BRACHYTHERAPY SEED ADMIN   | x |   |   |
| C1729 | CATHETER DRAINAGE   | x |   |   |
| C1730 | CATH EP DX OTH THAN 3D MAP 19/<   | x |   |   |
| C1731 | CATH EP DX OTH THAN 3D MAP 20/>   | x |   |   |
| C1732 | CATH EP DX/ABLAT 3D/VECTOR MAP  | x |   |   |
| C1733 | CATH EP DX/ABLAT NOT MAP/COOL-TIP   | x |   |   |
| C1734 | Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)        |   |   | x |
| C1747 | Endoscope, single-use (i.e., disposable), urinary tract, imaging/illumination device (insertable)   |   |   | x |
| C1748 | Endoscope, single, ugi  |   | x | x |
| C1749 | ENDO RETRO IMAG/ILLUM COLONOSCOPE   | x |   |   |
| C1750 | CATH HEMODIAL/PERITON LONG-TERM   | x |   |   |
| C1751 | CATH INFUS INSRT PERIPH CNTRL/MIDLN   | x |   |   |
| C1752 | CATHETER HEMODIALYSIS SHORT-TERM  | x |   |   |
| C1753 | CATHETER INTRAVASCULAR ULTRASOUND   | x |   |   |
| C1754 | CATHETER INTRADISCAL  | x |   |   |
| C1755 | CATHETER INTRASPINAL  | x |   |   |
| C1756 | CATHETER PACING TRANSESOPHAGEAL   | x |   |   |
| C1757 | CATHETER THROMBECTOMY/EMBOLECTOMY   | x |   |   |
| C1758 | CATHETER URETERAL   | x |   |   |
| C1759 | CATHETER INTRACARD ECHOCARDIOGRAPHY   | x |   |   |
| C1760 | CLOSURE DEVICE VASCULAR   | x |   |   |
| C1761 | Catheter, transluminal intravascular lithotripsy, coronary  |   | x | x |
| C1762 | CONNECTIVE TISSUE HUMAN   | x |   |   |
| C1763 | CONNECTIVE TISSUE NON-HUMAN   | x |   |   |
| C1764 | EVENT RECORDER CARDIAC  | x |   |   |
| C1765 | ADHESION BARRIER  | x |   |   |
| C1766 | INTRDUCR/SHEATH EP NOT PEEL-AWAY  | x |   |   |
| C1767 | GENERATOR NEUROSTIM NONRECHARGEABLE   | x |   |   |
| C1768 | GRAFT VASCULAR  | x |   |   |
| C1769 | GUIDE WIRE  | x |   |   |
| C1770 | IMAGING COIL MAGNETIC RESONANCE   | x |   |   |
| C1771 | REPR DEVICE URIN INCONT W/SLING GFT   | x |   |   |
| C1772 | INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)   | x |   |   |
| C1773 | RETRIEVAL DEVICE INSERTABLE   | x |   |   |
| C1776 | JOINT DEVICE  | x |   |   |
| C1777 | LEAD CARDIOVRT-DFIB ENDOCARD 1 COIL   | x |   |   |
| C1778 | LEAD NEUROSTIMULATOR  | x |   |   |
| C1779 | LEAD PACEMKR TRNS VDD SINGLE PASS   | x |   |   |
| C1780 | LENS INTRAOCULAR  | x |   |   |
| C1781 | MESH (IMPLANTABLE)  | x |   |   |
| C1782 | MORCELLATOR   | x |   |   |
| C1783 | OCULAR IMPL AQUEOUS DRAIN ASST DEVC   | x |   |   |
| C1784 | OCULR DEVC INTRAOP DETACHED RETINA  | x |   |   |
| C1785 | PACEMKR DUAL CHAMB RATE-RESPONSIVE  | x |   |   |
| C1786 | PACEMKR 1 CHAMB RATE-RESPONSIVE   | x |   |   |
| C1787 | PATIENT PROGRAMMER NEUROSTIMULATOR  | x |   |   |
| C1788 | PORT INDWELLING   | x |   |   |
| C1789 | PROSTHESIS BREAST   | x |   |   |
| C1814 | RETINAL TAMPONADE DEVICE SILCON OIL   | x |   |   |
| C1815 | PROSTHESIS URINARY SPHINCTER  | x |   |   |
| C1816 | RECV &OR TRANSMITTER NEUROSTIM  | x |   |   |
| C1817 | SEPTAL DEFEC IMPL SYSTEM INTRACARD  | x |   |   |
| C1818 | INTEGRATED KERATOPROSTHESIS   | x |   |   |
| C1819 | SURG TISSUE LOC & EXC DEVICE  | x |   |   |
| C1820 | GEN NEUROSTIM RECHRG BATT&CHARG SYS   | x |   |   |
| C1821 | INTERSPINOUS PRC DISTRACT DEVC IMPL   | x |   |   |
| C1822 | Gen, neuro, HF, rechrg bat  | x |   |   |
| C1830 | POWERED BONE MARROW BIOPSY NEEDLE   | x |   |   |
| C1833 | Monitor, cardiac, including intracardiac lead and all system components (implantable). The Guardian |   |   | x |
| C1840 | LENS INTRAOCULAR TELESCOPIC   | x |   |   |
| C1841 | RETINAL PROSTH INCL INTRL&EXT CMPNT   | x |   |   |
| C1842 | RETINAL PROS ALL INT&EXT CMPNT; ADD-ON TO C1841   | x |   |   |
| C1874 | STENT COATED/COVR W/DELIVERY SYSTEM   | x |   |   |
| C1875 | STENT COATED/COVR W/O DELIV SYSTEM  | x |   |   |
| C1876 | STNT NON-COATED/NON-COVR DELIV SYS  | x |   |   |
| C1877 | STNT NON-COAT/NON-COVR W/O DEL SYS  | x |   |   |
| C1878 | MATL VOCAL CORD MEDIZATION SYNTH  | x |   |   |
| C1880 | VENA CAVA FILTER  | x |   |   |
| C1881 | DIALYSIS ACCESS SYSTEM  | x |   |   |
| C1882 | CARDIOVRT-DFIB OTH THAN 1/DUL CHAMB   | x |   |   |



|       |  |   |   |   |
|-------|--|---|---|---|
| C1883 | ADAPTR/EXT PACE LEAD/NEUROSIM LEAD   | X |   |   |
| C1884 | EMBOLIZATION PROTECTIVE SYSTEM   | X |   |   |
| C1885 | CATHETER TRNSLUM ANGLPLSTY LASER   | X |   |   |
| C1886 | CATH EXTRAVASCULAR TISS ABLAT MODAL  | X |   |   |
| C1887 | CATHETER GUIDING   | X |   |   |
| C1888 | CATH ABLATION NON-CARDIAC ENDOVASC   | X |   |   |
| C1889 | IMPLANTABLE/INSERTABLE DEVICE FOR DEVICE INTENSIVE PROCEDURE, NOT OTHERWISE CLASSIFIED   | X | X | X |
| C1890 | NO IMPLANT/INSERTABLE DEVC USED W/DEVC-INT PROC  |   |   | X |
| C1891 | INFUSION PUMP, NON-PROGRAMMABLE, PERMANENT (IMPLAN   | X |   |   |
| C1892 | INTRDUCR/SHEATH EP CURVE PEEL-AWAY   | X |   |   |
| C1893 | INTRDUCR/SHEATH EP CURVE NOT PEEL  | X |   |   |
| C1894 | INTRDUCR/SHEATH NOT GUID NON-LASR  | X |   |   |
| C1895 | LEAD CARDIOVRT-DFIB ENDOCARD DUL   | X |   |   |
| C1896 | LEAD CARDIOVRT-DFIB NOT ENDOCARD   | X |   |   |
| C1897 | LEAD NEUROSTIMULATOR TEST KIT  | X |   |   |
| C1898 | LEAD PACEMKR NOT TRNS VDD 1 PASS   | X |   |   |
| C1899 | LEAD PACEMKR/CARDIOVERT-DEFIB COMB   | X |   |   |
| C1900 | LEAD LT VENTRICULAR CORON VENUS SYS  | X |   |   |
| C2613 | Lung biopsy plug with delivery system  | X |   |   |
| C2614 | PROBE PERCUT LUMBAR DISCECTOMY   | X |   |   |
| C2615 | SEALANT PULMONARY LIQUID   | X |   |   |
| C2616 | BRACHYTHERAPY SOURCE, YTTRIUM-90, PER SOURCE   | X |   |   |
| C2617 | STENT NON-COR TEMP W/O DELIV SYSTEM  | X |   |   |
| C2618 | PROBE/NEEDLE CRYOABLATION  | X |   |   |
| C2619 | PACEMKR DUL CHAMB NON RATE-RESPONS   | X |   |   |
| C2620 | PACEMKR 1 CHAMB NON RATE-RESPONSIVE  | X |   |   |
| C2621 | PACEMKR OTH THAN SINGLE/DUAL CHAMB   | X |   |   |
| C2623 | CATHETER TRNSLUM ANGPLASTY DRUG-COATED NON-LASER   | X |   |   |
| C2624 | IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH  | X |   |   |
| C2625 | STENT NON-COR TEMP W/DELIV SYSTEM  | X |   |   |
| C2626 | INFUSION PUMP, NON-PROGRAMMABLE, TEMPORARY (IMPLAN   | X |   |   |
| C2627 | CATHETER SUPRAPUBIC/CYSTOSCOPIC  | X |   |   |
| C2628 | CATHETER OCCLUSION   | X |   |   |
| C2629 | INTRDCR/SHTH NOT GUID NO IC EEG LSR  | X |   |   |
| C2630 | CATH EP DX/ABLAT NOT MAP COOL-TIP  | X |   |   |
| C2631 | REPR DEVC URIN INCONT W/O SLING GFT  | X |   |   |
| C2634 | BRACHYTX NONSTRAND I-125 >1.01 MCI   | X | X | X |
| C2635 | BRACHYTX NONSTRAND PD-103 >2.2 MCI   | X | X | X |
| C2636 | BRACHYTX LIN NONSTRAND PD-103 1 MM   | X | X | X |
| C2637 | BRACHYTX NONSTRAND YTTERBIUM-169   | X | X | X |
| C2638 | BRACHYTX STRANDED IODINE-125 SOURCE  | X | X | X |
| C2639 | BRACHYTX NONSTRAND IODINE-125 SRC  | X | X | X |
| C2640 | BRACHYTX STRANDED PALLADIUM-103 SRC  | X | X | X |
| C2641 | BRACHYTX NONSTRND PALLADIUM-103 SRC  | X | X | X |
| C2642 | BRACHYTX STRANDED CESIUM-131 SRC   | X | X | X |
| C2643 | BRACHYTX NONSTRANDED CESIUM-131 SRC  | X | X | X |
| C2644 | BT SRC CESIUM-131 CHLOR SOL PER MCI  | X | X | X |
| C2645 | Brachytx planar, p-103   | X | X | X |
| C2698 | BRACHYTX STRANDED NOS PER SOURCE   | X | X | X |
| C2699 | BRACHYTX NONSTRANDED NOS PER SOURCE  | X | X | X |
| C5271 | APPL SKN GRFT TRUNK ARM LEG 100 CM; 1ST 25 CM/<  | X | X | X |
| C5272 | APPL SG T-A-L A 100 CM;EA ADD 25 CM  | X | X | X |
| C5273 | APPL SG T-A-L >=100 CM;1ST 100 CM  | X | X | X |
| C5274 | APP SG T-A-L >=100 CM;EA ADD 100 CM  | X | X | X |
| C5275 | APP SG F-N-HF-G 100 CM;1ST 25 CM/<   | X | X | X |
| C5276 | APP SG F-S-N-HF-G 100 CM;EA A 25 CM  | X | X | X |
| C5277 | APP SG F/N/HF/G >=100;1ST 100/1% CH  | X | X | X |
| C5278 | APP SG F/N/HF/G >=100;ADD 100/1% CH  | X | X | X |
| C7504 | Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance  |   |   | X |
| C7505 | Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance  |   |   | X |
| C7506 | Arthrodesis, interphalangeal joints, with or without internal fixation   |   |   | X |
| C7507 | Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (e.g., kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance |   |   | X |
| C7508 | Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (e.g., kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance   |   |   | X |

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| C7513 | Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty of central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report   |  |  | X |
| C7514 | Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with all angioplasty in the central dialysis segment, and transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report   |  |  | X |
| C7515 | Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with dialysis circuit permanent endovascular embolization or occlusion of main circuit or any accessory veins, including all required imaging, radiological supervision and interpretation, image documentation and report   |  |  | X |
| C7516 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report   |  |  | X |
| C7517 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with iliac and/or femoral artery angiography, nonselective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation   |  |  | X |
| C7518 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging, supervision, interpretation and report   |  |  | X |
| C7519 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress   |  |  | X |
| C7520 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) includes intraprocedural injection(s) for bypass graft angiography with iliac and/or femoral artery angiography, nonselective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation |  |  | X |
| C7521 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography with right heart catheterization with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report   |  |  | X |
| C7522 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right heart catheterization, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress   |  |  | X |
| C7523 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report   |  |  | X |
| C7524 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress  |  |  | X |
| C7525 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report   |  |  | X |

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| C7526 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress  |  |  | X |
| C7527 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report   |  |  | X |
| C7528 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress  |  |  | X |
| C7529 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress  |  |  | X |
| C7530 | Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty and all angioplasty in the central dialysis segment, with transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging, radiological supervision and interpretation, documentation and report |  |  | X |
| C7531 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation  |  |  | X |
| C7532 | Transluminal balloon angioplasty (except lower extremity artery(ies)) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit, initial artery, open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation   |  |  | X |
| C7533 | Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy   |  |  | X |
| C7534 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with atherectomy, includes angioplasty within the same vessel, when performed with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation  |  |  | X |
| C7535 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation   |  |  | X |
| C7537 | Insertion of new or replacement of permanent pacemaker with atrial transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)   |  |  | X |
| C7538 | Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)  |  |  | X |
| C7539 | Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)   |  |  | X |
| C7540 | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system)  |  |  | X |
| C7541 | Diagnostic endoscopic retrograde cholangiopancreatography (ERCP), including collection of specimen(s) by brushing or washing, when performed, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)  |  |  | X |
| C7542 | Endoscopic retrograde cholangiopancreatography (ERCP) with biopsy, single or multiple, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)   |  |  | X |
| C7543 | Endoscopic retrograde cholangiopancreatography (ERCP) with sphincterotomy/papillotomy, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)   |  |  | X |
| C7544 | Endoscopic retrograde cholangiopancreatography (ERCP) with removal of calculi/debris from biliary/pancreatic duct(s), with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)  |  |  | X |
| C7551 | Excision of major peripheral nerve neuroma, except sciatic, with implantation of nerve end into bone or muscle   |  |  | X |

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| C7552 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, initial vessel  |   |   | X |
| C7553 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (e.g., inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed |   |   | X |
| C8900 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, ABDO  | X | X | X |
| C8901 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, A  | X | X | X |
| C8902 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FO  | X | X | X |
| C8903 | MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST;   | X | X | X |
| C8905 | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOW  | X | X | X |
| C8906 | MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST;   | X | X | X |
| C8908 | MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOW  | X | X | X |
| C8909 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, CHES  | X | X | X |
| C8910 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, C  | X | X | X |
| C8911 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FO  | X | X | X |
| C8912 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, LOWE  | X | X | X |
| C8913 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, L  | X | X | X |
| C8914 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FO  | X | X | X |
| C8918 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, PELV  | X | X | X |
| C8919 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, P  | X | X | X |
| C8920 | MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FO  | X | X | X |
| C8921 | TTE CONG CARDIAC ANOMAL; COMPLETE   | X | X | X |
| C8922 | TTE CONG CARDIAC ANOMAL; LIMITED  | X | X | X |
| C8923 | TTE R-T DOC 2D INCL M-MODE REC CMPL   | X | X | X |
| C8924 | TTE R-T 2D INCL M-MODE REC FU/LTD   | X | X | X |
| C8925 | TEE REAL TIME 2D; PROBE PLCMT I&R   | X | X | X |
| C8926 | TEE CONG CARDIAC ANOMAL; PROBE I&R  | X | X | X |
| C8927 | TEE MON ASSESS CARDIAC PUMP FUNCT   | X | X | X |
| C8928 | TTE M-MODE REC REST & CV ST W/I&R   | X | X | X |
| C8929 | TTE CMPL SPC & COLR FLOW DPPLR ECHO   | X | X | X |
| C8930 | TTE CMPL DUR REST&CVST I&R PHYS SUP   | X | X | X |
| C8931 | MR ANGIOGRAPHY W/CONTRAST SPINAL CANAL CONTENTS   | X | X | X |
| C8932 | MR ANGIOGRAPHY W/O CONTRST SPINAL CANAL CONTENTS  | X | X | X |
| C8933 | MR ANGIO NO CONTRST FLW W/CONTRST SP CANAL CNTN   | X | X | X |
| C8934 | MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY  | X | X | X |
| C8935 | MR ANGIOGRAPHY WITHOUT CONTRAST UPPER EXTREMITY   | X | X | X |
| C8936 | MR ANGIO W/O CONTRST FOLLOWED W/CONTRST UP EXT  | X | X | X |
| C8937 | CMP-AID DETN INCL CMP ALG ANALYS BR MRI IMG DATA  |   | X | X |
| C8957 | IV INFUS TX/DX;INIT PROLNG RQR PUMP   | X | X | X |
| C9047 | INJECTION CAPLACIZUMAB-YHDP 1 MG  | X | X | X |
| C9053 | Injection, crizanlizumab-tmca, 1 mg   | X |   |   |
| C9056 | Injection, givosiran, 0.5 mg  | X |   |   |
| C9057 | Injection, cetirizine hydrochloride, 1 mg   | X |   |   |
| C9058 | Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo) 0.5 mg   | X |   |   |
| C9060 | Fluoroestradiol f18, diagnostic, 1 mci  | X |   |   |
| C9062 | Injection, daratumumab 10 mg and hyaluronidase-fihj   | X |   |   |
| C9064 | Mitomycin pyelocalyceal instillation, 1 mg  | X |   |   |
| C9065 | Injection, romidepsin, non-lyophilized (e.g. liquid), 1 mg  | X |   |   |
| C9066 | Injection, sacituzumab govitecan-hziy, 10 mg  | X |   |   |
| C9067 | Gallium ga-68, dotatoc, diagnostic, 0.01 mci  | X | X | X |
| C9069 | Injection, belantamab mafodotin-blmf, 0.5 mg  | X |   |   |
| C9070 | Injection, tafasitamab-cxix, 2 mg   | X |   |   |
| C9072 | Injection, immune globulin (asceniv), 500 mg  | X |   |   |
| C9073 | Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose  | X |   |   |
| C9074 | Injection, lumasiran, 0.5 mg  | X |   |   |
| C9076 | Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose   | X |   |   |
| C9077 | Injection, cabotegravir and rilpivirine, 2mg/3mg  | X |   |   |
| C9078 | Injection, trilaciclib, 1 mg  | X |   |   |
| C9079 | Injection, evinacumab-dgnb, 5 mg  | X |   |   |
| C9080 | Injection, melphalan flufenamide hydrochloride, 1 mg  | X |   |   |
| C9081 | Idecabtagene vicleucel, up to 460 million autologous anti-bcma car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose   | X |   |   |
| C9082 | Injection, dostarlimab-gxly, 100 mg   | X |   |   |
| C9083 | Injection, amivantamab-vmjw, 10 mg  | X |   |   |
| C9084 | Injection, loncastuximab tesirine-lpyl, 0.1 mg  | X | X |   |

|       |   |   |   |   |
|-------|---|---|---|---|
| C9085 | Injection, avalglucosidase alfa-ngpt, 4 mg  |   | X |   |
| C9086 | Injection, anifrolumab-fnia, 1 mg   |   | X |   |
| C9090 | Ryplazim  |   | X |   |
| C9091 | Fyarro  |   | X |   |
| C9092 | Xipere  |   | X |   |
| C9094 | Injection, sutimlimab-jome, 10 mg   |   | X | X |
| C9095 | Injection, tebentafusp-tebn, 1 mcg  |   | X | X |
| C9096 | Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram  |   | X | X |
| C9097 | Injection, faricimab-svoa, 0.1 mg   |   | X | X |
| C9098 | Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose   |   | X | X |
| C9122 | Mometasone furoate sinus implant, 10 mcg (sinuva)   | X |   |   |
| C9146 | Injection, mirvetuximab soravtansine-gynx, 1 mg   |   |   | X |
| C9147 | Injection, tremelimumab-actl, 1 mg  |   |   | X |
| C9148 | Injection, teclistamab-cqyv, 0.5 mg   |   |   | X |
| C9149 | Injection, teplizumab-mzwv, 5 mcg   |   |   | X |
| C9150 | Xenon xe-129 hyperpolarized gas, diagnostic, per study dose   |   |   | X |
| C9151 | Injection, pegcetacoplan, 1 mg  |   |   | X |
| C9155 | Injection, epcoritamab-bysp, 0.16 mg  |   |   | X |
| C9156 | Flutufolastat f 18, diagnostic, 1 millicurie  |   |   | X |
| C9157 | Injection, tofersen, 1 mg   |   |   | X |
| C9250 | HUMAN PLASMA FIBRIN SEALANT 2ML   | X | X | X |
| C9257 | BEVACIZUMAB 0.25 MG   | X | X | X |
| C9352 | MICROPOROUS COLLAGEN IMPLANTABLE TUBE PER CM LEN  | X | X | X |
| C9353 | MICROPOROUS COLLAGEN IMPLANTABLE SLIT TUBE CM   | X | X | X |
| C9354 | ACELLULAR PERICARDIAL TISSUE MATRIX OF NON-HUMAN ORIGIN (VERITAS), PER SQUARE CENTIMETER.   | X | X | X |
| C9355 | COLLAGEN NERVE CUFF 0.5 CM LENGTH   | X | X | X |
| C9356 | TENDON POROUS MATRIX COLLAGEN & GAG PER SQ CM   | X | X | X |
| C9358 | DERMAL SUBSTITUTE, NATIVE, NONDENATURED COLLAGEN,   | X | X | X |
| C9359 | POROUS PURIFIED COLL MATRIX B VOID FILLR -0.5 CC  | X | X | X |
| C9360 | DERMAL SUBSTITUTE, NATIVE, NON DENATURED COLLAGEN,  | X | X | X |
| C9361 | COLLAGEN MATRIX NERVE WRAP (NEUROMEND COLLAGEN NER  | X | X | X |
| C9362 | POROUS PURIFIED COLLAGEN MATRIX BONE VOID FILLER (  | X | X | X |
| C9363 | SKIN SUBSTITUE (INTEGRA MESHED BILAYER WOULD MATRI  | X | X | X |
| C9364 | PORCINE IMPLANT (PERMACOL), PER SQUARE CM   | X | X | X |
| C9399 | UNCLASSIFIED DRUGS OR BIOLOGICALS   | X | X | X |
| C9460 | CANGRELOR 1 MG  | X |   |   |
| C9482 | SOTALOL HYDROCHLORID 1 MG   | X | X |   |
| C9600 | Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch   | X | X | X |
| C9601 | PC TRNSCATH PLCMT; EA ADD BR MAJ CA   | X | X | X |
| C9602 | PERQ TL CORONARY ATHERECT; 1 MCA/BR   | X | X | X |
| C9603 | PERQ TL COR ATHERECT;EA ADD BR MCA  | X | X | X |
| C9604 | PERQ TL REVISION OF/THRU CABG;1 VES   | X | X | X |
| C9605 | PERQ TL REV OF/THRU CABG;EA ADD BR  | X | X | X |
| C9606 | PC TL REV AC TOT/SUBTOT OCCL 1 VES  | X | X | X |
| C9607 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel | X | X | X |
| C9608 | PC TL REV CHRN TOT OCCL; EA ADD BR  | X | X | X |
| C9725 | PLCMT ENDORECTAL APPLIC BRACHYTX  | X | X | X |
| C9726 | PLCMT&REMV AA BR IORT ADD-ON BR PRO   | X | X | X |
| C9727 | INSERTION OF IMPLANTS INTO THE SOFT PALATE; MINIMU  | X | X | X |
| C9728 | PLCMT INTERSTITIAL DEV NOT ABD PELV PROS RP THOR  | X | X | X |
| C9733 | NONOPHTHALMIC FLUOR VASCULAR ANGIO  | X | X | X |
| C9734 | FOCUSED U/S ABL/TX INT OTH THAN UL  | X | X | X |
| C9738 | Adjunctive blue light cystoscopy with fluorescent imaging agent (list separately in addition to code for primary procedure)   | X | X | X |
| C9739 | CYSTOSCPY INSRT TRNSPRSTAT IMPL;1-3   | X | X | X |
| C9740 | CYSTOSCPY INSRT TRNSPRSTAT IMPL;4/>   | X | X | X |
| C9751 | BRONCHOSCOPY RIGID/FLEXIBLE TRANSBRON ABL LESION  |   |   | X |
| C9754 | CREATION AV FISTULA PERCUTANEOUS; DIRCT ANY SITE  | X |   |   |
| C9755 | CREATION OF ARTERIOVENOUS FISTULA PERCUTANEOUS  | X |   |   |
| C9759 | Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed                                     |   |   | X |
| C9761 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy (ureteral catheterization is included) and vacuum aspiration of the kidney, collecting system and urethra, if applicable   | X | X | X |
| C9762 | Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging  |   |   | X |
| C9763 | Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging  |   |   | X |
| C9764 | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed  |   |   | X |

|       |   |   |   |   |
|-------|---|---|---|---|
| C9765 | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed                 |   |   | x |
| C9766 | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed                                      |   |   | x |
| C9767 | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed |   |   | x |
| C9768 | Endoscopic ultrasound-guided direct measurement of hepatic portosystemic pressure gradient by any method (list separately in addition to code for primary procedure)  | x | x | x |
| C9769 | Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts   | x | x | x |
| C9770 | Vitrectomy, mechanical, pars plana approach, with subretinal injection of pharmacologic/biologic agent  |   |   | x |
| C9772 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed  |   |   | x |
| C9773 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed   |   |   | x |
| C9774 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed  |   |   | x |
| C9775 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed                         |   |   | x |
| C9777 | Esophageal mucosal integrity testing by electrical impedance, transoral (list separately in addition to code for primary procedure)   |   | x | x |
| C9778 | Colpopexy, vaginal; minimally invasive extraperitoneal approach (sacrospinous)  |   | x | x |
| C9779 | Endoscopic submucosal dissection (ESD), including endoscopy or colonoscopy, mucosal closure, when performed   |   |   | x |
| C9781 | Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed                                      |   |   | x |
| C9784 | Gastric restrictive procedure, endoscopic sleeve gastropasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components   |   |   | x |
| C9785 | Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components  |   |   | x |
| C9898 | RADIOLABELED PROD PROV HOS IP STAY  | x | x | x |
| C9899 | IMPL PROD DEVC PAYBL IP NO IP COV   | x | x | x |
| E0181 | PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY   | x | x | x |
| E0182 | PUMP FOR ALTERNATING PRESSURE PAD   | x | x | x |
| E0184 | DRY PRESSURE MATTRESS   | x | x | x |
| E0185 | GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDAR  | x | x | x |
| E0186 | AIR PRESSURE MATTRESS   | x | x | x |
| E0187 | WATER PRESSURE MATTRESS   | x | x | x |
| E0188 | SYNTHETIC SHEEPSKIN PAD   | x | x | x |
| E0189 | LAMBSWOOL SHEEPSKIN PAD, ANY SIZE   | x | x | x |
| E0193 | POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)  | x | x | x |
| E0194 | AIR FLUIDIZED BED   | x | x | x |
| E0196 | GEL PRESSURE MATTRESS   | x | x | x |
| E0197 | AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS L  | x | x | x |
| E0198 | WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS  | x | x | x |
| E0199 | DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS L  | x | x | x |
| E0235 | PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY C  | x | x | x |
| E0250 | HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAI  | x | x | x |
| E0251 | HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAI  | x | x | x |
| E0255 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYP  | x | x | x |
| E0256 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYP  | x | x | x |
| E0260 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTM  | x | x | x |
| E0261 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTM  | x | x | x |
| E0270 | HOSP BED INST TYPE: W/MATRSS  | x | x | x |
| E0271 | MATTRESS, INNERSPRING   | x | x | x |
| E0272 | MATTRESS, FOAM RUBBER   | x | x | x |
| E0277 | POWERED PRESSURE-REDUCING AIR MATTRESS  | x | x | x |
| E0290 | HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WI  | x | x | x |
| E0291 | HOS BED FIX HT W/O RAIL W/O MATRSS  | x | x | x |
| E0292 | HOS BED VARIBL HT NO RAIL W/MATRSS  | x | x | x |
| E0293 | HOS BED VARIBL HT W/O RAIL/MATRSS   | x | x | x |
| E0294 | HOS BED SEMI-ELEC NO RAIL W/MATRSS  | x | x | x |
| E0295 | HOS BED SEMI-ELEC W/O RAIL/MATRSS   | x | x | x |
| E0300 | PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED  | x | x | x |
| E0301 | HOS BED HEVY DUTY W/WT CAP >350 PDS   | x | x | x |
| E0302 | HOS BED WT CAP>600 W/O MATTRESS   | x | x | x |
| E0303 | HOS BED HEVY DUTY WT CAP >350<=600  | x | x | x |
| E0304 | HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH W  | x | x | x |
| E0328 | HOSPITAL BED PEDIATRIC MANUAL INCLUDES MATTRESS   | x | x | x |

|       |  |   |   |   |
|-------|--|---|---|---|
| E0329 | HOSPITAL BED PEDIATRIC ELECTRIC INCLUDE MATTRESS                                       | X | X | X |
| E0370 | AIR PRESSURE ELEVATOR FOR HEEL   | X | X | X |
| E0371 | NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR                                      | X | X | X |
| E0372 | POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRES                                     | X | X | X |
| E0373 | NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS   | X | X | X |
| E0424 | STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTA                                     | X | X | X |
| E0425 | STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUD                                     | X | X | X |
| E0431 | PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES P                                     | X | X | X |
| E0433 | PORTABL LIQUID OXYGEN SYS RENTAL; HOME LIQUEFIER                                       | X | X | X |
| E0434 | PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PO                                     | X | X | X |
| E0435 | PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES                                      | X | X | X |
| E0439 | STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES                                      | X | X | X |
| E0440 | STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDE                                     | X | X | X |
| E0441 | STATIONARY O2 CONT GAS 1 MO SPL=1 U  | X | X | X |
| E0442 | STATIONARY O2 CONT LQD 1 MO SPL=1 U  | X | X | X |
| E0443 | PORTBL O2 CONTENT GAS 1 MO SPL= 1 U  | X | X | X |
| E0444 | PORTBL O2 CONTENT LIQ 1 MO SPL=1 U   | X | X | X |
| E0445 | OXIMETER MSR BLD O2 LEVL NON-INVASV  | X | X |   |
| E0446 | TOPICAL OXYGEN DELIVERY SYSTEM NOS INCL SUPPLIES                                       | X | X | X |
| E0447 | PRTB O C LQD 1 MO SPL=1 U PRSC AMT R/N EXCD 4LPM                                       | X | X | X |
| E0455 | O2 TENT EXCLD CROUP/PEDIATRIC TENTS  | X | X | X |
| E0457 | CHEST SHELL (CUIRASS)  | X | X | X |
| E0459 | CHEST WRAP   | X | X | X |
| E0462 | ROCKING BED W/WO SIDE RAILS  | X | X | X |
| E0465 | Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)     | X | X | X |
| E0466 | Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell) | X | X | X |
| E0467 | HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVC  | X | X | X |
| E0470 | RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPAB                                     | X | X | X |
| E0471 | RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPAB                                     | X | X | X |
| E0472 | RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPAB                                     | X | X | X |
| E0480 | PERCUSSOR ELEC/PNEUMAT HOME MODEL  | X | X | X |
| E0482 | COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND                                     | X | X | X |
| E0483 | HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GE                                     | X | X | X |
| E0500 | IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATI                                      | X | X | X |
| E0550 | HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUM                                     | X | X | X |
| E0555 | HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC                                     | X | X | X |
| E0560 | HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATIO                                     | X | X | X |
| E0601 | CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE   | X | X | X |
| E0604 | BREAST PUMP, HEAVY DUTY, HOSPITAL GRADE, PISTON OP                                     | X |   |   |
| E0607 | HOME BLOOD GLUCOSE MONITOR   | X | X | X |
| E0616 | IMPL CARD EVNT REC MEM ACTVTR&PRGMR  | X | X | X |
| E0617 | EXT DEFIB W/INTEGRATED ECG ANALY   | X | X | X |
| E0618 | APNEA MONITOR W/O RECORDING FEATURE  | X | X | X |
| E0619 | APNEA MONITOR W/RECORDING FEATURE  | X | X | X |
| E0621 | SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON   | X | X | X |
| E0627 | SEAT LIFT MECH COMB LIFT-CHAIR MECH  | X | X | X |
| E0629 | SEAT LIFT MECH NON-ELECTRIC ANY TYP  | X | X | X |
| E0630 | PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING  | X | X | X |
| E0635 | PATIENT LIFT, ELECTRIC WITH SEAT OR SLING  | X | X | X |
| E0636 | MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEG                                     | X | X | X |
| E0639 | PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISA                                     | X | X | X |
| E0640 | PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENT                                     | X | X | X |
| E0650 | PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL   | X | X | X |
| E0651 | PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT                                     | X | X | X |
| E0652 | PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CA                                     | X | X | X |
| E0655 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNE                                     | X | X | X |
| E0656 | SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS TRUNK                                       | X | X | X |
| E0657 | SEG PNEUMAT APPLIANCE USE W/PNEUMAT COMPRS CHEST                                       | X | X | X |
| E0660 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNE                                     | X | X | X |
| E0665 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNE                                     | X | X | X |
| E0666 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNE                                     | X | X | X |
| E0667 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMAT                                     | X | X | X |
| E0668 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMAT                                     | X | X | X |
| E0669 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMAT                                     | X | X | X |
| E0670 | SEG PNEU APPL P C INT 2 F LEG TRNK   | X | X | X |
| E0671 | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, F                                     | X | X | X |
| E0672 | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, F                                     | X | X | X |
| E0673 | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, H                                     | X | X | X |
| E0675 | PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID                                     | X | X | X |
| E0676 | Inter limb compress dev NOS  | X | X | X |
| E0691 | UV LIGHT TX SYS BULB/LAMP TIMER; TX 2 SQ FT/LESS                                       | X | X | X |
| E0692 | ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES B                                     | X | X | X |
| E0693 | ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES B                                     | X | X | X |
| E0694 | ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM                                      | X | X | X |
| E0720 | TENS, TWO LEAD, LOCALIZED STIMULATION  | X | X | X |



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|-------|---|---|---|---|
| E0730 | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION DEVICE  | X | X | X |
| E0740 | INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMUL  | X | X | X |
| E0744 | NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS  | X | X | X |
| E0745 | NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT   | X | X | X |
| E0747 | OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE,  | X | X | X |
| E0748 | OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE,  | X | X | X |
| E0749 | OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IM  | X | X | X |
| E0760 | OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND,  | X | X | X |
| E0762 | Transcutaneous electrical joint stimulation device  | X | X | X |
| E0764 | Functional neuromuscular stimulator, transcutaneou  | X | X | X |
| E0765 | FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BA  | X | X | X |
| E0766 | ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE   | X | X | X |
| E0770 | FES TRANSQ STIM NERV&/MUSC GRP CMPL SYS NOS   | X | X | X |
| E0782 | INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE (INCL  | X | X | X |
| E0783 | INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (I  | X | X | X |
| E0784 | EXTERNAL AMBULATORY INFUSION PUMP, INSULIN  | X | X | X |
| E0787 | External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing | X | X | X |
| E0830 | AMBULATORY TRACTION DEVICE, ALL TYPES, EACH   | X | X | X |
| E0840 | TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TR  | X | X | X |
| E0849 | TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/  | X | X | X |
| E0850 | TRACTION STAND, FREE STANDING, CERVICAL TRACTION  | X | X | X |
| E0855 | CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITION  | X | X | X |
| E0856 | CERVICAL TRACTION DEVICE INFLATABLE AIR BLADDER   | X | X | X |
| E0860 | TRACTION EQUIPMENT, OVERDOOR, CERVICAL  | X | X | X |
| E0870 | TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY T  | X | X | X |
| E0880 | TRACTION STAND, FREE STANDING, EXTREMITY TRACTION,  | X | X | X |
| E0890 | TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRAC  | X | X | X |
| E0900 | TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E  | X | X | X |
| E0920 | FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS   | X | X | X |
| E0930 | FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS   | X | X | X |
| E0936 | CPM device, other than knee   | X | X |   |
| E0946 | FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO  | X | X | X |
| E0947 | FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRA  | X | X | X |
| E0948 | FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL T  | X | X | X |
| E0950 | WHEELCHAIR ACCESSORY, TRAY, EACH  | X | X | X |
| E0951 | HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE   | X | X | X |
| E0952 | TOE LOOP/HOLDER, ANY TYPE, EACH   | X | X | X |
| E0953 | Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each           | X | X | X |
| E0954 | Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot                  | X | X | X |
| E0955 | WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYP  | X | X | X |
| E0956 | WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT  | X | X | X |
| E0957 | WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TY  | X | X | X |
| E0958 | MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHM  | X | X | X |
| E0959 | MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE,   | X | X | X |
| E0960 | WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR C  | X | X | X |
| E0961 | MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTE  | X | X | X |
| E0966 | MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, E  | X | X | X |
| E0967 | MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECT  | X | X | X |
| E0968 | COMMODE SEAT, WHEELCHAIR  | X | X | X |
| E0969 | NARROWING DEVICE, WHEELCHAIR  | X | X | X |
| E0971 | Anti-tipping device, wheelchair   | X | X | X |
| E0973 | WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABL  | X | X | X |
| E0974 | MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE,  | X | X | X |
| E0978 | WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BEL   | X | X | X |
| E0980 | SAFETY VEST, WHEELCHAIR   | X | X | X |
| E0981 | WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT  | X | X | X |
| E0982 | WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT  | X | X | X |
| E0983 | MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVE  | X | X | X |
| E0984 | MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVE  | X | X | X |
| E0985 | WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM   | X | X | X |
| E0986 | MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS   | X | X | X |
| E0988 | MANUAL WC ACCESSORY LEVR-ACTIVATD WHL DRIVE PAIR  | X | X | X |
| E0990 | WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE  | X | X | X |
| E0992 | MNL WHLCHAIR ACCSS SOLID SEAT INSRT   | X | X | X |
| E0994 | ARMREST EACH  | X | X | X |
| E0995 | WC AC CALF REST/PAD REPL ONLY EA  | X | X | X |
| E1002 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT O  | X | X | X |
| E1003 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLIN  | X | X | X |
| E1004 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLIN  | X | X | X |
| E1005 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE   | X | X | X |
| E1006 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBIN  | X | X | X |
| E1007 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBIN  | X | X | X |
| E1008 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBIN  | X | X | X |
| E1009 | WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SY  | X | X | X |

|       |   |   |   |   |
|-------|---|---|---|---|
| E1010 | WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SY  | x | x | x |
| E1011 | MOD PED SIZE WC WIDTH ADJ PACKAGE   | x | x | x |
| E1012 | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each | x | x | x |
| E1014 | RECLIN BACK ADD PED SIZE WHLCHAIR   | x | x | x |
| E1015 | SHOCK ABSORBER MANUAL WHEELCHAIR EA   | x | x | x |
| E1016 | SHOCK ABSORBER POWER WHEELCHAIR EA  | x | x | x |
| E1017 | HEAVY DUTY SHOCK ABSORBR MNL WC EA  | x | x | x |
| E1018 | HEAVY DUTY SHOCK ABSORBR PWR WC EA  | x | x | x |
| E1020 | RES LIMB SUP SYS WHEELCHAIR ANY TYP   | x | x | x |
| E1028 | WC ACCSS MANL SWINGAWAY OTH CNTRL   | x | x | x |
| E1029 | WHEELCHAIR ACCESS VENT TRAY FIX   | x | x | x |
| E1030 | WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED   | x | x | x |
| E1031 | ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5"  | x | x | x |
| E1035 | MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INT  | x | x | x |
| E1036 | MULTI-PSTN PT TRNSF SYS EXTRA WIDE PT >300 LBS  | x | x | x |
| E1037 | TRANSPORT CHAIR, PEDIATRIC SIZE   | x | x | x |
| E1038 | TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACI  | x | x | x |
| E1039 | TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT W  | x | x | x |
| E1050 | FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS  | x | x | x |
| E1060 | FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK   | x | x | x |
| E1070 | FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK   | x | x | x |
| E1083 | HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWA  | x | x | x |
| E1084 | HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENG  | x | x | x |
| E1085 | HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWA  | x | x | x |
| E1086 | HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGT  | x | x | x |
| E1087 | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL L  | x | x | x |
| E1088 | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE A  | x | x | x |
| E1089 | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED LENGTH  | x | x | x |
| E1090 | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE A  | x | x | x |
| E1092 | WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK  | x | x | x |
| E1093 | WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK O  | x | x | x |
| E1100 | SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS,  | x | x | x |
| E1110 | SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK O  | x | x | x |
| E1130 | STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED  | x | x | x |
| E1140 | WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH,   | x | x | x |
| E1150 | WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH S  | x | x | x |
| E1160 | WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DET  | x | x | x |
| E1161 | MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPA  | x | x | x |
| E1170 | AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING   | x | x | x |
| E1171 | AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOU  | x | x | x |
| E1172 | AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL   | x | x | x |
| E1180 | AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL   | x | x | x |
| E1190 | AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL   | x | x | x |
| E1195 | HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWI  | x | x | x |
| E1200 | AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING   | x | x | x |
| E1220 | WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDIC  | x | x | x |
| E1221 | WHEELCHAIR WITH FIXED ARM FOOTRESTS   | x | x | x |
| E1222 | WHEELCHAIR W/FIX ARM ELEV LEGRESTS  | x | x | x |
| E1223 | WHLCHAIR W/DETACHBLE ARMS FOOTRESTS   | x | x | x |
| E1224 | WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGREST  | x | x | x |
| E1225 | WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK,   | x | x | x |
| E1226 | WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK,  | x | x | x |
| E1227 | SPECIAL HEIGHT ARMS FOR WHEELCHAIR  | x | x | x |
| E1228 | SPECIAL BACK HEIGHT FOR WHEELCHAIR  | x | x | x |
| E1229 | WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIE  | x | x | x |
| E1230 | POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIG  | x | x | x |
| E1231 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID,   | x | x | x |
| E1232 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING  | x | x | x |
| E1233 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID,   | x | x | x |
| E1234 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING  | x | x | x |
| E1235 | WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WIT  | x | x | x |
| E1236 | WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, W  | x | x | x |
| E1237 | WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WIT  | x | x | x |
| E1238 | WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, W  | x | x | x |
| E1239 | POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SP  | x | x | x |
| E1240 | LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR   | x | x | x |
| E1250 | LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SW  | x | x | x |
| E1260 | LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR F  | x | x | x |
| E1270 | LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SW  | x | x | x |
| E1280 | HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FU  | x | x | x |
| E1285 | HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWI  | x | x | x |
| E1290 | HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FU  | x | x | x |
| E1295 | HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELE  | x | x | x |
| E1296 | SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR   | x | x | x |

|       |  |   |   |   |
|-------|--|---|---|---|
| E1297 | SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY                             | X | X | X |
| E1298 | SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CON                       | X | X | X |
| E1390 | OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE                       | X | X | X |
| E1391 | OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE O                       | X | X | X |
| E1392 | Portable oxygen concentrator, rental                                     | X | X | X |
| E1399 | DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS                                 | X | X | X |
| E1405 | OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATE                       | X | X | X |
| E1406 | OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HE                       | X | X | X |
| E1500 | CENTRIFUGE, FOR DIALYSIS   | X | X | X |
| E1510 | KIDNEY, DIALYSATE DELIVERY SYST. KIDNEY MACHINE, P                       | X | X | X |
| E1520 | HEPARIN INFUSION PUMP FOR HEMODIALYSIS                                   | X | X | X |
| E1530 | AIR BUBBLE DETECTOR FOR HEMODIALYSIS, EACH, REPLAC                       | X | X | X |
| E1540 | PRESSURE ALARM FOR HEMODIALYSIS, EACH, REPLACEMENT                       | X | X | X |
| E1550 | BATH CONDUCTIVITY METER FOR HEMODIALYSIS, EACH                           | X | X | X |
| E1560 | BLOOD LEAK DETECTOR FOR HEMODIALYSIS, EACH, REPLAC                       | X | X | X |
| E1570 | ADJUSTABLE CHAIR, FOR ESRD PATIENTS                                      | X | X | X |
| E1575 | TRANSDUCER PROTECTORS/FLUID BARRIERS, FOR HEMODIAL                       | X | X | X |
| E1580 | UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS                              | X | X | X |
| E1590 | HEMODIALYSIS MACHINE   | X | X | X |
| E1592 | AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM                        | X | X | X |
| E1594 | CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS                          | X | X | X |
| E1600 | DELIVERY AND/OR INSTALLATION CHARGES FOR HEMODIALY                       | X | X | X |
| E1610 | REVERSE OSMOSIS WATER PURIFICATION SYSTEM, FOR HEM                       | X | X | X |
| E1615 | DEIONIZER WATER PURIFICATION SYSTEM, FOR HEMODIALY                       | X | X | X |
| E1620 | BLOOD PUMP FOR HEMODIALYSIS, REPLACEMENT                                 | X | X | X |
| E1625 | WATER SOFTENING SYSTEM HEMODIALYSIS                                      | X | X | X |
| E1630 | RECIPROCATING PERITONEAL DIALYSIS SYSTEM                                 | X | X | X |
| E1632 | WEARABLE ARTIFICIAL KIDNEY, EACH   | X | X | X |
| E1634 | PERITONEAL DIALYSIS CLAMPS, EACH   | X | X | X |
| E1635 | COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM                            | X | X | X |
| E1636 | SORBENT CARTRIDGES, FOR HEMODIALYSIS, PER 10                             | X | X | X |
| E1637 | HEMOSTATS, EACH  | X | X | X |
| E1639 | SCALE, EACH  | X | X | X |
| E1699 | DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED                              | X | X | X |
| E1800 | DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE,                       | X | X | X |
| E1801 | BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ELBOW DE                       | X | X | X |
| E1802 | DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DE                       | X | X | X |
| E1805 | DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVIC                       | X | X | X |
| E1806 | BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH WRIST DE                       | X | X | X |
| E1810 | DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE                       | X | X | X |
| E1811 | BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH KNEE DEV                       | X | X | X |
| E1812 | DYNAMIC KNEE, EXTENSION/FLEXION DEVICE W/ACTIVE RE                       | X | X | X |
| E1815 | DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE,                       | X | X | X |
| E1816 | BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ANKLE DE                       | X | X | X |
| E1818 | BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH FOREARM                        | X | X | X |
| E1820 | REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUS                       | X | X | X |
| E1821 | REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-D                       | X | X | X |
| E1825 | DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE                       | X | X | X |
| E1830 | DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, I                       | X | X | X |
| E1831 | STATIC PROGRESSIVE STRETCH TOE DEVICE                                    | X | X | X |
| E1840 | DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION /                        | X | X | X |
| E1841 | MULTI-DIRECTIONAL STATIC PROGRESSIVE STRETCH SHOUL                       | X | X | X |
| E1902 | COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE O                       | X | X | X |
| E2100 | BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHE                       | X | X | X |
| E2101 | BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOO                       | X | X | X |
| E2102 | Adjunctive continuous glucose monitor or receiver                        |   | X | X |
| E2103 | Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver |   |   | X |
| E2120 | PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT OF I                       | X | X | X |
| E2201 | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAM                       | X | X | X |
| E2202 | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAM                       | X | X | X |
| E2203 | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAM                       | X | X | X |
| E2204 | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAM                       | X | X | X |
| E2205 | MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJE                       | X | X | X |
| E2206 | MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY,                        | X | X | X |
| E2207 | Wheelchair accessory, crutch and cane holder, each                       | X | X | X |
| E2208 | Wheelchair accessory, cylinder tank carrier, each                        | X | X | X |
| E2209 | Wheelchair accessory, arm trough, each                                   | X | X | X |
| E2210 | Wheelchair accessory, bearings, any type replaceme                       | X | X | X |
| E2211 | Manual wheelchair accessory, pneumatic propulsion                        | X | X | X |
| E2212 | Manual wheelchair accessory, tube for pneumatic pr                       | X | X | X |
| E2213 | Manual wheelchair accessory, insert for pneumatic                        | X | X | X |
| E2214 | Manual wheelchair accessory, pneumatic caster tire                       | X | X | X |
| E2215 | Manual wheelchair accessory, tube for pneumatic ca                       | X | X | X |
| E2216 | MANUAL WHEELCHAIR ACCESSORY,FOAM FILLED PROPULSION                       | X | X | X |
| E2217 | MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TI                       | X | X | X |

|       |   |   |   |   |
|-------|---|---|---|---|
| E2218 | MANUAL WHEELCHAIR ACCESSORY,FOAM PROPULSION TIRE,A          | X | X | X |
| E2219 | Manual wheelchair accessory, foam caster tire, any          | X | X | X |
| E2220 | Manual wheelchair accessory, solid (rubber/plastic          | X | X | X |
| E2221 | Manual wheelchair accessory, solid (rubber/plastic          | X | X | X |
| E2222 | Manual wheelchair accessory, solid (rubber/plastic          | X | X | X |
| E2224 | Manual wheelchair accessory, propulsion wheel excl          | X | X | X |
| E2225 | Manual wheelchair accessory, caster wheel excludes          | X | X | X |
| E2226 | Manual wheelchair accessory, caster fork, any size          | X | X | X |
| E2227 | MANUAL WC ACCESS GEAR REDUCTION DRIVE WHEEL EACH            | X | X | X |
| E2228 | MNL WC ACCESS WHEEL BRAKING SYS&LOCK COMPLETE EA            | X | X | X |
| E2230 | MANUAL WHEELCHAIR ACCESSORY MANUAL STANDING SYS             | X | X | X |
| E2231 | MNL WC ACCESS SOLID SEAT SUPP BASE INCL HARDWARE            | X | X | X |
| E2295 | MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME             | X | X | X |
| E2310 | POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION           | X | X | X |
| E2311 | POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION           | X | X | X |
| E2312 | POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE              | X | X | X |
| E2313 | POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLER EA           | X | X | X |
| E2321 | POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE          | X | X | X |
| E2322 | POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE          | X | X | X |
| E2323 | POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HAN          | X | X | X |
| E2324 | POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONT          | X | X | X |
| E2325 | PWR WC ACSS SIP&PUFF NONPRPRTNL                             | X | X | X |
| E2326 | PWR WC ACSS BREATH TUBE KIT SIP&PUF                         | X | X | X |
| E2327 | PWR WC ACSS HEAD CNTRL MECH PRPRTNL                         | X | X | X |
| E2328 | PWR WC ACSS HEAD/EXT ELEC PRPRTNL                           | X | X | X |
| E2329 | PWR WC ACSS CNTC SWTCH NOPRPTNL                             | X | X | X |
| E2330 | PWR WC ACCSS PROX SWTCH NOPROPRTNL                          | X | X | X |
| E2331 | PWR WC ACSS ATDANT CNTRL PROPTNL                            | X | X | X |
| E2340 | POWER WC NONSTAND SEAT WD 20-23 IN                          | X | X | X |
| E2341 | PWR WC ACSS NONSTD SEAT W 24-27 IN                          | X | X | X |
| E2342 | PWR WC NONSTD SEAT DEPTH 20/21 IN                           | X | X | X |
| E2343 | PWR WC NONSTD SEAT DEPTH 22-25 IN                           | X | X | X |
| E2351 | PWR WC ACSS ELEC OP SPCH GEN DEVC                           | X | X | X |
| E2358 | PWR WC GRP 34 NONSEALED LA BATT EA                          | X | X | X |
| E2359 | PWR WC GRP 34 SEALED LA BATT EA                             | X | X | X |
| E2360 | PWR WC ACSS 22 NF NON-SEALED BATTERY                        | X | X | X |
| E2361 | PWR WC ACSS 22NF SEALED LEAD BATTERY                        | X | X | X |
| E2362 | PWR WC ACSS GRP 24 NON-SEALED BATT                          | X | X | X |
| E2363 | PWR WC ACSS GRP 24 SEALED BATTERY                           | X | X | X |
| E2364 | PWR WC ACSS U-1 NON-SEALED BATTERY                          | X | X | X |
| E2365 | PWR WC ACSS U-1 SEALED BATTERY                              | X | X | X |
| E2366 | PWR WC ACSS BATTERY CHARGER 1 MODE                          | X | X | X |
| E2367 | PWR WC ACSS BATTERY CHARGER DUL MODE                        | X | X | X |
| E2368 | PWR WC CMPNT DR WHEEL MTR REPL ONLY                         | X | X | X |
| E2369 | PWR WC CMPNNT DR WHL GR BX RPL ONLY                         | X | X | X |
| E2370 | P WC CMP INT DR WHL MTR&GB CMB RPL                          | X | X | X |
| E2371 | PWR WC GRP 27 SEALED LEAD ACID BATT                         | X | X | X |
| E2372 | PWR WC GRP 27 NONSEAL LED ACID BATT                         | X | X | X |
| E2373 | PWR WC MINI COMPACT REMOTE JOYSTICK                         | X | X | X |
| E2374 | PWR WC STANDRD REMOTE JOYSTICK REPL                         | X | X | X |
| E2375 | PWR WC NONEXPANDBLE CONTROLLER REPL                         | X | X | X |
| E2376 | PWR WC EXPANDABLE CONTROLLER REPL                           | X | X | X |
| E2377 | PWR WC EXPANDBL CONTROLLER UPGRADE                          | X | X | X |
| E2378 | POWER WC CMPNT ACTUATOR REPL ONLY                           | X | X | X |
| E2381 | PWR WC PNEUMATIC WHEEL TIRE REPL EA                         | X | X | X |
| E2382 | PWR WC TUBE WHEEL TIRE REPL EA                              | X | X | X |
| E2383 | PWR WC INSERT WHEEL TIRE REPL EA                            | X | X | X |
| E2384 | PWR WC PNEUMATIC CASTR TIRE REPL EA                         | X | X | X |
| E2385 | PWR WC TUBE CASTER TIRE REPL EA                             | X | X | X |
| E2386 | PWR WC FOAM FILL WHEEL TIRE REPL EA                         | X | X | X |
| E2387 | PWR WC FOAM FILL CASTR TIRE REPL EA                         | X | X | X |
| E2388 | PWR WC FOAM WHEEL TIRE REPL ONLY EA                         | X | X | X |
| E2389 | PWR WC FORM CASTER TIRE REPL EACH                           | X | X | X |
| E2390 | PWR WC SOLID WHEEL TIRE REPL EACH                           | X | X | X |
| E2391 | PWR WC SOLID CASTER TIRE REPL EACH                          | X | X | X |
| E2392 | PWR WC S CASTR TIRE INTEGRT REPL EA                         | X | X | X |
| E2394 | PWR WC DRIVE WHEEL EXCL TIRE REPL                           | X | X | X |
| E2395 | PWR WC CASTER WHEEL EXCL TIRE REPL                          | X | X | X |
| E2396 | PWR WC CASTER FORK REPL ONLY EACH                           | X | X | X |
| E2398 | Wheelchair accessory, dynamic positioning hardware for back | X | X | X |
| E2402 | NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, S          | X | X | X |
| E2500 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING           | X | X | X |
| E2502 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING           | X | X | X |
| E2504 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING           | X | X | X |
| E2506 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING           | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| E2508 | SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQU   | x | x | x |
| E2510 | SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERM   | x | x | x |
| E2511 | SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL C   | x | x | x |
| E2512 | ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING S   | x | x | x |
| E2599 | ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERW   | x | x | x |
| E2601 | GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS TH   | x | x | x |
| E2602 | GEN WC SEAT CSHN WDTN 22 IN/GT DPTH  | x | x | x |
| E2603 | SKN PROTCT WC SEAT WDTN<22IN DPTH  | x | x | x |
| E2604 | SKN PROTECT WC SEAT WDTN 22 IN/GT  | x | x | x |
| E2605 | PSTN WC SEAT CUSHN WIDTH < 22 DEPTH  | x | x | x |
| E2606 | PSTN WC SEAT CSHN WDTN 22IN/GT DPTH  | x | x | x |
| E2607 | SKN PROTCT&PSTN WC SEAT WDTN <22IN   | x | x | x |
| E2608 | SKN PROTCT&PSTN WC SEAT WDTN 22IN/>  | x | x | x |
| E2609 | CUSTOM FAB WHLCHAIR SEAT CUSHN SIZE  | x | x | x |
| E2610 | WHEELCHAIR SEAT CUSHION POWERED  | x | x | x |
| E2611 | GEN WC BACK CUSHN WIDTH < 22 IN HT   | x | x | x |
| E2612 | GEN WC BACK CUSHN WIDTH 22 IN/GT HT  | x | x | x |
| E2613 | PSTN WC BACK CUSHN POST WDTN <22 IN  | x | x | x |
| E2614 | PSTN WC BACK CUSHN POST WD 22 IN/>   | x | x | x |
| E2615 | PSTN WC BACK CUSHN POSTLAT WD<22 IN  | x | x | x |
| E2616 | PSTN WC BACK CUSH POSTLAT WD 22IN/>  | x | x | x |
| E2617 | CSTM FAB WC BACK CUSHION ANY SIZE  | x | x | x |
| E2619 | REPL COVER WC SEAT/BACK CUSHN EA   | x | x | x |
| E2620 | PSTN WC BACK CUSHN PLANAR WD <22 IN  | x | x | x |
| E2621 | PSTN WC BACK CUSHN PLANAR WD 22IN/>  | x | x | x |
| E2622 | SKIN PROTECT WC CUSH WIDTH <22 IN  | x | x | x |
| E2623 | SKIN PROTECT WC CUSH WIDTH 22 IN/>   | x | x | x |
| E2624 | SKIN PROTCT&POSITION WC CUSH WD <22  | x | x | x |
| E2625 | SKIN PROTECT & POSITIONING WC CUSH WIDTH 22 IN/>   | x | x | x |
| E2626 | WC SHLDR ELB MOBL ARM SUPP ADJUSTBL  | x | x | x |
| E2627 | WC SHLDR ELB M SUPP ADJUSTBL RANCHO  | x | x | x |
| E2628 | WC SHLDR ELB MOBIL SUPP RECLINING  | x | x | x |
| E2629 | WC SHLDR ELB M SUPP FRICTN ARM SUPP  | x | x | x |
| E2630 | WC SHLDR ELB M SUP MONOSUSP ARM HND  | x | x | x |
| E2631 | WC ADD MOBIL ARM SUPP ELEV PROX ARM  | x | x | x |
| E2632 | WC ADD MOBIL SUP OFFSET/LAT RCKR ARM   | x | x | x |
| E2633 | WC ACSS ADD MOBIL ARM SUPP SUPINATR  | x | x | x |
| E8000 | GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, I   | x | x | x |
| E8001 | GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INC   | x | x | x |
| G0105 | COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIV  | x | x | x |
| G0106 | COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104,   | x | x | x |
| G0108 | DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVI   | x | x | x |
| G0109 | DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVI   | x | x | x |
| G0120 | COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0105,   | x | x | x |
| G0121 | COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIV  | x | x | x |
| G0122 | COLOREC CANCER SCREENING; BA ENEMA   | x | x | x |
| G0127 | TRIM DYSTROPHIC NAILS ANY NUMBER   | x |   |   |
| G0151 | SERVICE PHYS THERAP HOME HLTH/HOSPICE EA 15 MIN  | x | x | x |
| G0152 | SERVICE OCCUP THERAP HOME HLTH/HOSPICE EA 15 MIN   | x | x | x |
| G0153 | SRVC SPCH&LANG PATH HOME HLTH/HOSPICE EA 15 MIN  | x | x | x |
| G0155 | SRVC CLINICAL SW HH/HOSPICE EA 15  | x | x | x |
| G0156 | SRVC HH/HOSPICE AIDE EA 15 MIN   | x | x | x |
| G0157 | SRVC PT ASSIST HH/HOSPICE EA 15 MIN  | x | x | x |
| G0158 | SRVC OT ASSIST HH/HOSPICE EA 15 MIN  | x | x | x |
| G0159 | SRVC PT HH EST/DEL PT MP EA 15 MINS  | x | x | x |
| G0160 | SRVC OT HH EST/DEL OT MP EA 15 MIN   | x | x | x |
| G0161 | SRVC SLP HH EST/DEL SLP TX MP 15 MN  | x | x | x |
| G0162 | SKILLED SRVC RN M&E POC; EA 15 MINS  | x | x | x |
| G0166 | EXT COUNTERPULSATION-TX SESSION  | x | x | x |
| G0186 | DESTRUC LES CHOROID; PHOTOCOAG FEDR  | x | x | x |
| G0219 | PET IMAGING WHOLE BODY; MELANOMA FOR NON-COVERED I   | x | x | x |
| G0235 | PET IMAGING, ANY SITE, NOT OTHERWISE SPECIFIED   | x | x | x |
| G0248 | DEMONSTRATION, AT INITIAL USE, OF HOME INR MONITOR   | x | x | x |
| G0249 | PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME   | x | x | x |
| G0252 | PET IMAGING, FULL AND PARTIAL-RING PET SCANNERS ON   | x | x | x |
| G0255 | CURRENT PERCEPTION THRESHOLD/SENSORY NERVE CONDUCT   | x | x | x |
| G0260 | INJ SI JNT; ANES &TX AGT &ARTHROG  | x | x | x |
| G0270 | MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQ   | x | x | x |
| G0271 | MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQ   | x | x | x |
| G0276 | PILD/PLACEBO CONTROL CLIN TR   | x | x | x |
| G0278 | Iliac and/or femoral artery angiography, nonselective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation (List separately in addition to primary procedure) | x | x | x |

|       |  |   |   |   |
|-------|--|---|---|---|
| G0281 | ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MO   | x | x | x |
| G0282 | ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MO   | x | x | x |
| G0283 | ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MOR   | x |   |   |
| G0295 | ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS, FOR   | x | x | x |
| G0297 | LOW DOSE CT SCAN FOR LUNG CANCER SCREENING   | x |   |   |
| G0299 | Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes  | x | x | x |
| G0300 | Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes  | x | x | x |
| G0329 | ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS FOR  | x | x | x |
| G0339 | IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STER   | x | x | x |
| G0378 | HOSPITAL OBSERVATN SERVICE PER HOUR  | x | x |   |
| G0379 | DIRECT ADMISSION PT HOSP OBS CARE  | x | x |   |
| G0398 | HST W/TYPE II PRTBLE MON UNATTENDED MIN 7 CH   | x | x | x |
| G0399 | HST W/TYPE III PRTBLE MON UNATTENDED MIN 4 CH  | x | x | x |
| G0400 | HST W/TYPE IV PRTBLE MON UNATTENDED MIN 3 CH   | x | x | x |
| G0411 | INTERACTV GRP PSYCHOTX PART HOS 45 TO 50 MIN   | x | x | x |
| G0422 | INTENS CARD REHAB; W/WO ECG W/EXER   | x |   |   |
| G0423 | INTENS CARD REHAB; W/WO ECG W/O EX   | x |   |   |
| G0428 | COLL MENISCUS IMPL PROC FILLING MENISCAL DEFECTS   | x | x | x |
| G0460 | AUTOLOGOUS PLATELET-RICH PLASMA  | x | x | x |
| G0465 | Autologous platelet rich plasma (PRP) for diabetic chronic wounds/ulcers, using an FDA-cleared device  |   |   | x |
| G0476 | Infectious agent detection by nucleic acid (dna or rna); human papillomavirus (hpv), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test   | x | x | x |
| G0480 | DR TST DEFIN DR ID M P D 1-7 DR CL   | x | x | x |
| G0481 | DR TST DEFIN DR ID M P D 8-14 DR CL  | x | x | x |
| G0482 | DR TST DEFIN DR ID M P D 15-21 DR CL   | x | x | x |
| G0483 | DR TST DEFIN DR ID M P D 22/M DR CL  | x | x | x |
| G0493 | SKILLED SERVICES OF A REGISTERED NURSE (RN) FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION, EACH 15 MINUTES (THE CHANGE IN THE PATIENT'S CONDITION REQUIRES SKILLED NURSING PERSONNEL TO IDENTIFY AND EVALUATE THE PATIENT'S NEED FOR POSSIBLE MODIFICATION OF TREATMENT IN THE HOME HEALTH O     |   | x | x |
| G0494 | SKILLED SERVICES OF A LICENSED PRACTICAL NURSE (LPN) FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION, EACH 15 MINUTES (THE CHANGE IN THE PATIENT'S CONDITION REQUIRES SKILLED NURSING PERSONNEL TO IDENTIFY AND EVALUATE THE PATIENT'S NEED FOR POSSIBLE MODIFICATION OF TREATMENT IN THE HOME     |   | x | x |
| G0495 | SKILLED SERVICES OF A REGISTERED NURSE (RN), IN THE TRAINING AND/OR EDUCATION OF A PATIENT OR FAMILY MEMBER, IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES  |   | x | x |
| G0496 | SKILLED SERVICES OF A LICENSED PRACTICAL NURSE (LPN), IN THE TRAINING AND/OR EDUCATION OF A PATIENT OR FAMILY MEMBER, IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES   |   | x | x |
| G0659 | DRUG TEST DEFINITV DRUG ID METH ANY # DR CLASSES   | x | x | x |
| G2082 | Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes 2 hours post administration observation     | x | x | x |
| G2083 | Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration, includes 2 hours post administration observation | x | x | x |
| G2168 | Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes  |   |   | x |
| G2169 | Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes   |   |   | x |
| G6001 | ULTRASONIC GUID PLACEMENT RADIATION TX FIELDS  | x | x | x |
| G6003 | RAD TX DEL 2 TX AREA PORT/PL OPP PORTS:TO 5 MEV  | x | x | x |
| G6005 | RAD TX DEL 1 TX AREA PORT/PL OPP PORTS: 11-19 ME   | x | x | x |
| G6006 | RAD TX DEL 1 TX AREA PORT/PL OPP PORTS: 20 ME/>  | x | x | x |
| G6007 | RT DEL 2 SEP AR 3/> PT 1 TX AR MX BLKS:TO 5 MEV  | x | x | x |
| G6008 | RT DEL 2 SEP AR 3/> PT 1 TX AR MX BLKS:6-10 MEV  | x | x | x |
| G6009 | RT DEL 2 SEP AR 3/> PT 1 TX AR MX BLKS:11-19 MEV   | x | x | x |
| G6010 | RT DEL 2 SEP AR 3/> PT 1 TX AR MX BLKS:20 MEV/>  | x | x | x |
| G6011 | RAD TX DEL 3/> SEP TX AR CSTM BLOCKING; TO 5 MEV   | x | x | x |
| G6012 | RAD TX DEL 3/> SEP TX AR CSTM BLOCKING; 6-10 MEV   | x | x | x |
| G6014 | RAD TX DEL 3/> SEP TX AR CSTM BLOCKING;20 MEV/>  | x | x | x |
| G6015 | INTENSITY MODULATED TX DEL 1/MX FLDS PER TX SESS   | x | x | x |
| G6017 | INTRA-FRAC LOC & TRACKING TARGET/PT M EA FRAC TX   | x | x | x |
| G9147 | OP IV INSULIN TX MEASURE: RQ; &/UUN; &/GLU; &/K+   | x | x | x |
| G9364 | SINUSITIS CAUSED BY/PRES CAUSED BY BACTERIAL INF   | x | x | x |
| G9473 | Services performed by chaplain in the hospice setting, each 15 minutes   | x | x | x |
| G9474 | Services performed by dietary counselor in the hospice setting, each 15 minutes  | x | x | x |
| G9475 | Services performed by other counselor in the hospice setting, each 15 minutes  | x | x | x |
| G9476 | Services performed by volunteer in the hospice setting, each 15 minutes  | x | x | x |
| G9477 | Services performed by care coordinator in the hospice setting, each 15 minutes   | x | x | x |
| G9478 | Services performed by other qualified therapist in the hospice setting, each 15 minutes  | x | x | x |
| G9479 | Services performed by qualified pharmacist in the hospice setting, each 15 minutes   | x | x | x |
| H0003 | ALCOHL&/RX SCR;LAB ANALY ALCOHL&/RX  | x | x | x |

|       |   |   |   |   |
|-------|---|---|---|---|
| H0004 | BEHAVIORAL HEALTH CNSL&TX-15 MIN  | x | x | x |
| H0007 | ALCOHOL AND/OR DRUG SERVICES; CRISIS INTERVENTION   | x | x | x |
| H0008 | ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICA  | x | x | x |
| H0009 | ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION  | x | x | x |
| H0010 | ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICA  | x | x | x |
| H0011 | ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION  | x | x | x |
| H0012 | ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICA  | x | x | x |
| H0013 | ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION  | x | x | x |
| H0014 | ALCOHOL AND/OR DRUG SERVICES; AMBULATORY DETOXIFIC  | x | x | x |
| H0015 | Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education | x | x | x |
| H0016 | ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC (MED  | x | x | x |
| H0017 | BEHAVIORAL HEALTH; RESIDENTIAL (HOSPITAL RESIDENTI  | x | x | x |
| H0018 | BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOS  | x | x | x |
| H0019 | BEHAVIORAL HEALTH; LONG-TERM RESIDENTIAL (NON-MEDI  | x | x | x |
| H0021 | ALCOHOL AND/OR DRUG TRAINING SERVICE (FOR STAFF AN  | x | x | x |
| H0022 | ALCOHOL AND/OR DRUG INTERVENTION SERVICE (PLANNED   | x | x | x |
| H0023 | BEHAVIORAL HEALTH OUTREACH SERVICE (PLANNED APPROA  | x | x | x |
| H0024 | BEHAVIORAL HEALTH PREVENTION INFORMATION DISSEMINA  | x | x | x |
| H0025 | BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE (DE  | x | x | x |
| H0026 | ALCOHOL AND/OR DRUG PREVENTION PROCESS SERVICE, CO  | x | x | x |
| H0027 | ALCOHOL AND/OR DRUG PREVENTION ENVIRONMENTAL SERVI  | x | x | x |
| H0028 | ALCOHOL AND/OR DRUG PREVENTION PROBLEM IDENTIFICAT  | x | x | x |
| H0030 | BEHAVIORAL HEALTH HOTLINE SERVICE   | x | x | x |
| H0031 | MENTAL HEALTH ASSESS NON-PHYSICIAN  | x | x | x |
| H0032 | MENTL HLTH SRVC PLAN DVLP NON-PHYS  | x | x | x |
| H0035 | Mental health partial hospitalization, treatment, less than 24 hours  | x | x | x |
| H0036 | COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-T  | x | x | x |
| H0037 | COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM  | x | x | x |
| H0038 | SELF-HELP/PEER SERVICES, PER 15 MINUTES   | x | x | x |
| H0039 | ASSERTIVE COMMUNITY TREATMENT, FACE-TO-FACE, PER 1  | x | x | x |
| H0040 | ASSERTIVE COMMUNITY TREATMENT PROGRAM, PER DIEM   | x | x | x |
| H0046 | MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED   | x | x | x |
| H0047 | ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES, NOT OTHE  | x | x | x |
| H2011 | CRISIS INTERVENTION SERVICE, PER 15 MINUTES   | x | x | x |
| H2012 | BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR   | x | x | x |
| H2014 | SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES   | x | x | x |
| H2015 | COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 M  | x | x | x |
| H2016 | COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM  | x | x | x |
| H2017 | PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MINUT  | x | x | x |
| H2018 | PSYCHOSOCIAL REHABILITATION SERVICES, PER DIEM  | x | x | x |
| H2019 | THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES   | x | x | x |
| H2020 | THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM   | x | x | x |
| H2021 | COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MINUT  | x | x | x |
| H2022 | COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM  | x | x | x |
| H2023 | SUPPORTED EMPLOYMENT, PER 15 MINUTES  | x | x | x |
| H2024 | SUPPORTED EMPLOYMENT, PER DIEM  | x | x | x |
| H2025 | ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MIN  | x | x | x |
| H2026 | ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM  | x | x | x |
| H2027 | PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES   | x | x | x |
| H2028 | SEXUAL OFFENDER TREATMENT SERVICE, PER 15 MINUTES   | x | x | x |
| H2029 | SEXUAL OFFENDER TREATMENT SERVICE, PER DIEM   | x | x | x |
| H2030 | MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES  | x | x | x |
| H2031 | MENTAL HEALTH CLUBHOUSE SERVICES, PER DIEM  | x | x | x |
| H2033 | MULTISYSTEMIC THERAPY FOR JUVENILES, PER 15 MINUTE  | x | x | x |
| H2035 | ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER H  | x | x | x |
| H2036 | ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER D  | x | x | x |
| H2037 | DEVELOPMENTAL DELAY PREVENTION ACTIVITIES, DEPENDE  | x | x | x |
| J0129 | ABATACEPT 10 MG MEDICR ADM PHYS   | x | x | x |
| J0135 | ADALIMUMAB 20 MG  | x | x | x |
| J0178 | AFLIBERCEPT 1 MG  | x | x | x |
| J0179 | Injection, brolocizumab-dblI, 1 mg  | x | x | x |
| J0180 | AGALSIDASE BETA 1 MG  | x | x | x |
| J0202 | ALEMTUZUMAB 1 MG  | x | x | x |
| J0208 | Injection, sodium thiosulfate, 100 mg   |   |   | x |
| J0218 | Injection, olipudase alfa-rpcp, 1 mg  |   |   | x |
| J0219 | Nexvazyme   |   | x | x |
| J0221 | ALGLUCOSIDASE ALFA 10 MG  | x | x | x |
| J0222 | Injection, patisiran, 0.1 mg  | x | x | x |
| J0223 | Injection, givosiran, 0.5 mg  | x | x | x |
| J0224 | Injection, lumasiran, 0.5 mg  | x | x | x |
| J0225 | Injection, vutrisiran, 1 mg, vutrisiran, 1 mg   |   |   | x |
| J0248 | Injection, remdesivir, 1 mg   |   | x | x |
| J0256 | ALPHA 1-PROTASE INHIB NOS 10 MG   | x | x | x |



|       |  |   |   |   |
|-------|--|---|---|---|
| J0257 | ALPHA 1 PROTEINASE INH 10 MG   | x | x | x |
| J0364 | APOMORPH HYDROCHLORID 1 MG   | x | x | x |
| J0485 | BELATACEPT 1 MG  | x | x | x |
| J0490 | BELIMUMAB 10 MG  | x | x | x |
| J0491 | Saphnelo   |   | x | x |
| J0517 | INJECTION BENRALIZUMAB 1 MG  | x | x | x |
| J0567 | INJECTION CERLIPONASE ALFA 1 MG  | x | x | x |
| J0584 | INJECTION BUROSUMAB-TWZA 1 MG  | x | x | x |
| J0585 | BOTULINUM TOXIN TYPE A PER UNIT  | x | x | x |
| J0586 | ABOBOTULINUMTOXINA 5 UNIT  | x | x | x |
| J0587 | RIMABOTULINUMTOXINB 100 UNITS  | x | x | x |
| J0588 | INCOBOTULINUMTOXIN 1 UNIT  | x | x | x |
| J0593 | Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered) | x | x | x |
| J0596 | C1 ESTERASE INHIB RUCONEST 10 U  | x | x | x |
| J0597 | C1 ESTERASE INHIB BERINERT 10 U  | x | x | x |
| J0598 | C1 ESTERASE INHIB CINRYZE 10 U   | x | x | x |
| J0599 | INJECTION C-1 ESTERASE INHIBITOR 10 UNITS  | x | x | x |
| J0638 | CANAKINUMAB 1 MG   | x | x | x |
| J0642 | Injection, levoleucovorin, 1 mg  | x | x | x |
| J0693 | Injection, cefiderocol, 5 mg   | x |   |   |
| J0717 | CERTOLIZUMAB PEGOL 1 MG  | x | x | x |
| J0741 | Injection, cabotegravir and rilpivirine, 2mg/3mg   | x | x | x |
| J0742 | Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg  | x | x | x |
| J0791 | Injection, crizanlizumab-tmca, 5 mg  | x | x | x |
| J0800 | CORTICOTROPIN UP 40 UNITS  | x | x | x |
| J0801 | Injection, corticotropin (acthar gel), up to 40 units  |   |   | x |
| J0802 | Injection, corticotropin (ani), up to 40 units   |   |   | x |
| J0850 | CYTOMEGLOVRUS IMMU GLOB IV-VIAL  | x | x | x |
| J0879 | Korsuva  |   | x | x |
| J0881 | DARBEPOETIN ALFA 1 MCG NON-ESRD  | x | x | x |
| J0882 | DARBEPOETIN ALFA 1 MCG FOR ESRD  | x | x | x |
| J0885 | EPOETIN ALFA NON-ESRD 1000 UNIT  | x | x | x |
| J0887 | EPOETIN BETA 1 MICROGRAM   | x | x | x |
| J0888 | EPOETIN BETA 1 MICROGRAM   | x | x | x |
| J0893 | Injection, decitabine (sun pharma) not therapeutically equivalent to J0894, 1 mg   |   |   | x |
| J0894 | Injection, decitabine, 1 mg  |   |   | x |
| J0896 | Injection, luspatercept-aamt, 0.25 mg  | x | x | x |
| J0897 | DENOSUMAB 1 MG   | x | x | x |
| J1201 | Injection, cetirizine hydrochloride, 0.5 mg  | x | x | x |
| J1290 | ECALLANTIDE 1 MG   | x | x | x |
| J1300 | ECULIZUMAB 10 MG   | x | x | x |
| J1301 | INJECTION EDARAVONE 1 MG   | x | x | x |
| J1302 | Injection, sutimlimab-jome, 10 mg  |   | x | x |
| J1303 | Injection, ravulizumab-cwvz, 10 mg   | x | x | x |
| J1305 | Injection, evinacumab-dgnb, 5mg  | x | x | x |
| J1306 | Injection, inclisiran, 1 mg  |   | x | x |
| J1322 | ELOSULFASE ALFA 1 MG   | x | x | x |
| J1325 | EPOPROSTENOL 0.5 MG  | x | x | x |
| J1411 | Injection, etranacogene dezaparovec-drlb, per therapeutic dose   |   |   | x |
| J1438 | ETANERCEPT 25 MG   | x | x | x |
| J1440 | Fecal microbiota, live - jslm, 1 ml  |   |   | x |
| J1442 | FILGRASTIM EXCL BIOSIMLRS 1 MIC  | x | x | x |
| J1447 | TBO-FILGRASTIM 1 MICROG  | x | x | x |
| J1448 | Injection, trilaciclib, 1mg  | x | x | x |
| J1449 | Injection, eflapegrastim-xnst, 0.1 mg  |   |   | x |
| J1458 | GALSULFASE 1 MG  | x | x | x |
| J1459 | IG IV NONLYOPHILIZED 500 MG  | x | x | x |
| J1551 | Injection, immune globulin (cutaquist), 100 mg   |   | x | x |
| J1554 | Injection, immune globulin (asceniv), 500 mg   | x | x | x |
| J1555 | Injection, immune globulin (Cuvitru), 100 mg   | x | x | x |
| J1556 | IMMUNE GLOBULIN BIVIGAM 500 MG   | x | x | x |
| J1557 | IG IV NONLYOPHILIZED 500 MG  | x | x | x |
| J1558 | Injection, immune globulin (xembify), 100 mg   | x | x | x |
| J1559 | IG HIZENTRA 100 MG   | x | x | x |
| J1561 | IG NONLYOPHILIZED 500 MG   | x | x | x |
| J1566 | IG IV LYPHILIZED NOS 500 MG  | x | x | x |
| J1568 | IG OCTOGAM IV NONLYO 500MG   | x | x | x |
| J1569 | IG GAMMAGARD IV NONLYO 500 MG  | x | x | x |
| J1572 | Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg  | x | x | x |
| J1575 | IG/HYALURONIDASE 100 MG IG   | x | x | x |
| J1576 | Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg  |   |   | x |
| J1595 | GLATIRAMER ACETATE 20 MG   | x | x | x |
| J1599 | immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg   | x | x | x |
| J1602 | GOLIMUMAB 1 MG FOR IV USE  | x | x | x |

|       |   |   |   |   |
|-------|---|---|---|---|
| J1628 | INJECTION GUSELKUMAB 1 MG   | x | x | x |
| J1632 | Injection, brexanolone, 1 mg  | x | x | x |
| J1726 | Injection, hydroxyprogesterone caproate, (makena), 10 mg  | x | x | x |
| J1729 | Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg   | x | x | x |
| J1740 | IBANDRONATE SODIUM 1 MG   | x | x | x |
| J1743 | IDURSULFASE 1 MG  | x | x | x |
| J1744 | ICATIBANT 1 MG  | x | x | x |
| J1745 | INFLIXIMAB EXCL BIOSIMILR 10 MG   | x | x | x |
| J1746 | INJECTION IBALIZUMAB-UIYK 10 MG   | x | x | x |
| J1747 | Injection, spesolimab-sbzo, 1 mg  |   |   | x |
| J1786 | IMIGLUCERASE 10 UNITS   | x | x | x |
| J1823 | Injection, inebilizumab-cdon, 1 mg  | x | x | x |
| J1826 | INTERFERON BETA-1A 30 MCG   | x | x |   |
| J1830 | INTERFERON BETA-1B 0.25 MG  | x | x |   |
| J1930 | LANREOTIDE 1 MG   | x | x | x |
| J1931 | LARONIDASE 0.1 MG   | x | x | x |
| J1932 | Injection, lanreotide, (cipla), 1 mg  |   | x | x |
| J1950 | LEUPROLIDE ACETATE PER 3.75 MG  | x | x | x |
| J1951 | Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg  | x | x | x |
| J1952 | Leuprolide injectable, camcevi, 1 mg  |   | x | x |
| J1954 | Injection, leuprolide acetate for depot suspension (lutrate), 7.5 mg  |   |   | x |
| J1961 | Injection, lenacapavir, 1 mg  |   |   | x |
| J2170 | MECASERMIN 1 MG   | x | x | x |
| J2182 | MEPOLIZUMAB 1 MG  | x | x | x |
| J2323 | NATALIZUMAB 1 MG  | x | x | x |
| J2326 | Injection, nusinersen, 0.1 mg   | x | x | x |
| J2327 | Injection, risankizumab-rzaa, intravenous, 1 mg   |   |   | x |
| J2329 | Injection, ublituximab-xiiy, 1mg  |   |   | x |
| J2350 | Injection, ocrelizumab, 1 mg  | x | x | x |
| J2353 | OCTREOTIDE DEPOT FORM IM 1MG  |   | x | x |
| J2354 | OCTREOTDE NO-DPOT SUBQ/IV 25MCG   | x | x | x |
| J2356 | Injection, tezepelumab-ekko, 1 mg   |   | x | x |
| J2357 | OMALIZUMAB 5 MG   | x | x | x |
| J2403 | Chloroprocaine hcl ophthalmic, 3% gel, 1 mg   |   |   | x |
| J2425 | PALIFERMIN 50 MICROGRAMS  | x | x | x |
| J2502 | PASIREOTIDE LONG ACTING 1 MG  | x | x | x |
| J2503 | PEGAPTANIB SODIUM 0.3 MG  | x |   |   |
| J2505 | PEGFILGRASTIM 6 MG  | x |   |   |
| J2506 | Injection, pegfilgrastim, excludes biosimilar, 0.5 mg   |   | x | x |
| J2507 | PEGLOTICASE 1 MG  | x | x | x |
| J2562 | PLERIXAFOR 1 MG   | x | x | x |
| J2597 | DESMOPRESSIN ACETATE PER 1 MCG  | x | x | x |
| J2724 | PROTEN C CONC IV HUMAN 10 IU  | x | x | x |
| J2777 | Injection, faricimab-svoa, 0.1 mg   |   |   | x |
| J2778 | RANIBIZUMAB 0.1 MG  | x | x | x |
| J2781 | Injection, pegcetacoplan, intravitreal, 1 mg  |   |   | x |
| J2786 | RESLIZUMAB 1 MG   | x | x | x |
| J2787 | RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML  | x | x | x |
| J2793 | RILONACEPT 1 MG   | x | x | x |
| J2796 | ROMIPLOSTIM 10 MCG  |   | x | x |
| J2820 | SARGRAMOSTIM 50 MCG   | x | x | x |
| J2840 | SEBELIPASE ALFA 1 MG  | x | x | x |
| J2860 | SILTUXIMAB 10 MG  | x | x | x |
| J2941 | SOMATROPIN 1 MG   | x | x | x |
| J2998 | Injection, plasminogen, human-tvmh, 1 mg  |   | x | x |
| J3031 | Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) | x |   |   |
| J3032 | Injection, eptinezumab-jjmr, 1 mg   | x | x | x |
| J3060 | TALIGLUCERACE ALFA 10 UNITS   | x | x | x |
| J3110 | TERIPARATIDE 10 MCG   | x | x | x |
| J3111 | Injection, romosozumab-aqqg, 1 mg   | x | x | x |
| J3145 | TESTOSTERONE UNDECANOATE 1 MG   | x | x | x |
| J3241 | Injection, teprotumumab-trbw, 10 mg   | x | x | x |
| J3245 | INJECTION TILDRAKIZUMAB 1 MG  | x | x | x |
| J3262 | TOCILIZUMAB 1 MG  | x | x | x |
| J3285 | TREPROSTINIL 1 MG   | x | x | x |
| J3299 | Injection, triamcinolone acetone (xipere), 1 mg   |   | x | x |
| J3304 | INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG  | x | x | x |
| J3315 | TRIPTORELIN PAMOATE 3.75 MG   |   | x | x |
| J3316 | INJECTION TRIPTORELIN EXTENDED-RELEASE 3.75 MG  | x | x | x |
| J3357 | USTEKINUMAB FOR SUBQ 1 MG   | x | x | x |
| J3358 | USTEKINUMAB INTRAVENOUS INJ 1 MG  | x | x | x |
| J3380 | VEDOLIZUMAB 1 MG  | x | x | x |
| J3385 | VELAGLUCERASE ALFA 100 UNITS  | x | x | x |
| J3397 | INJECTION VESTRONIDASE ALFA-VJBK 1 MG   | x | x | x |

|       |  |   |   |   |
|-------|--|---|---|---|
| J3398 | INJECTION VORETIGENE NEPARVOVEC-RZYL 1 B VEC G   | x | x | x |
| J3399 | Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes                | x | x | x |
| J3489 | ZOLEDRONIC ACID 1 MG   | x | x | x |
| J3490 | UNCLASSIFIED DRUGS   | x | x | x |
| J3530 | NASAL VACCINE INHALATION   | x | x | x |
| J3535 | DRUG ADMIN THRU METERED DOSE INHAL   | x | x | x |
| J3590 | UNCLASSIFIED BIOLOGICS   | x | x | x |
| J3591 | UNCLASS RX/BIOLOGICAL USED FOR ESRD ON DIALYSIS  | x | x | x |
| J7170 | INJECTION EMICIZUMAB-KXWH 0.5 MG   | x | x | x |
| J7175 | FACTOR X 1 I.U.  | x | x | x |
| J7177 | INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG  | x | x | x |
| J7178 | HUMAN FIBRINOGEN CONC 1 MG   | x | x | x |
| J7179 | VWF 1 I.U. VWF:RCO   | x | x | x |
| J7180 | FACTOR XIII 1 I.U.   | x | x | x |
| J7181 | FACTOR XIII A-SUBUNIT PER IU   | x | x | x |
| J7182 | FACTOR VIII PER IU   | x | x | x |
| J7183 | VWF COMPLEX WILATE 1 I.U.:RCO  | x | x | x |
| J7185 | FACTOR VIII PER IU   | x | x | x |
| J7186 | AHF/ VWF CMLX-FACTOR VIII IU   | x | x | x |
| J7187 | VONWILLBRND FCT CMLX HUMN IU   | x | x | x |
| J7188 | FACTOR VIII PER I.U.   | x | x | x |
| J7189 | FACTOR VIIA 1 MICROGRAM  | x | x | x |
| J7190 | FACTOR VIII AHF HUMAN PER IU   | x | x | x |
| J7192 | FACTOR VIII PER IU NOS   | x | x | x |
| J7193 | FACTOR IX AHF PURIFIED NON-RECOMB-IU   | x | x | x |
| J7194 | FACTOR IX COMPLEX PER IU   | x | x | x |
| J7195 | FACTOR IX PER IU NOS   | x | x | x |
| J7196 | ANTITHROMBIN RECOMB 50 I.U.  | x | x |   |
| J7197 | ANTITHROMBIN III PER IU  |   | x |   |
| J7198 | ANTI-INHIBITOR PER IU  | x | x | x |
| J7199 | HEMOPHILIA CLOTTING FACTOR NOC   | x | x | x |
| J7200 | FACTOR IX RIXUBIS PER IU   | x | x | x |
| J7201 | FACTOR IX FC FUS PROTEIN PER IU  | x | x | x |
| J7202 | FAC IX AB FUS PRT IDELVN 1 I.U.  | x | x | x |
| J7203 | INJECTION FACTOR IX GLYCOPEGYLATED 1 IU  | x | x | x |
| J7204 | Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu | x | x | x |
| J7205 | FACTOR VIII FC FUS PROTEIN IU  | x | x | x |
| J7207 | FAC VIII PEGYLATED 1 I.U.  | x | x | x |
| J7208 | Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated-auci, (Jivi), 1 IU           | x | x | x |
| J7209 | FACTOR VIII 1 I.U.   | x | x | x |
| J7210 | Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyl), 1 IU                         | x | x | x |
| J7211 | Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU                       | x | x | x |
| J7212 | Factor viia (antihemophilic factor, recombinant)- jncw (sevenfact), 1 microgram                      | x | x | x |
| J7213 | Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.                                      |   |   | x |
| J7214 | Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u    |   |   | x |
| J7311 | FLUOCINOLONE INTRAVITREAL IMPLANT  |   |   | x |
| J7313 | FA INTRAVITREAL IMPL 0.01 MG   |   |   | x |
| J7314 | Injection, fluocinolone acetate, intravitreal implant (Yutiq), 0.01 mg                               |   | x | x |
| J7316 | OCRIPLASMIN 0.125 MG   | x |   |   |
| J7330 | Autologous cultured chondrocytes, implant  |   |   | x |
| J7342 | Instillation, ciprofloxacin otic suspension, 6 mg  | x | x | x |
| J7351 | Injection, bimatoprost, intracameral implant, 1 microgram  | x | x | x |
| J7352 | Afamelanotide implant, 1 mg  | x | x | x |
| J7401 | Mometasone furoate sinus implant, 10 mcg   | x |   |   |
| J7402 | Mometasone furoate sinus implant, (sinuva), 10 micrograms  | x | x | x |
| J7504 | LYMPHCYT GLOB EQUINE PARNTAL 250MG   | x | x | x |
| J7599 | IMMUNOSUPPRESSIVE DRUG NOC   | x | x | x |
| J7682 | TOBRAMYCIN INHAL NON-CP UNIT 300 MG  | x | x | x |
| J7686 | TREPROSTINIL INHAL UNIT DOS 1.74 MG  | x | x | x |
| J7699 | NOC RX INHAL SOL ADMINED THRU DME  | x | x | x |
| J7999 | COMPOUNDED DRUG NOC  | x | x | x |
| J8499 | PRSC RX ORAL NONCHEMOTHAPEUTIC NOS   | x | x | x |
| J8597 | ANTIEMETIC DRUG ORAL NOS   | x | x | x |
| J8999 | PRSC DRUG ORAL CHEMOTHAPEUTIC NOS  | x | x | x |
| J9015 | ALDESLEUKIN PER SINGLE USE VIAL  | x | x | x |
| J9021 | Injection, asparaginase, recombinant, (rylaze), 0.1 mg   |   | x | x |
| J9022 | Injection, atezolizumab, 10 mg   | x | x | x |
| J9023 | Injection, avelumab, 10 mg   | x | x | x |
| J9029 | Injection, nadofaragene firadenovec-vncg, per therapeutic dose                                       |   |   | x |
| J9032 | INJECTION BELINOSTAT 10 MG   | x | x | x |
| J9033 | INJ BENDAMUSTINE HCL TREANDA 1 MG  |   | x | x |
| J9034 | INJ BENDAMUSTINE HCL BENDEKA 1 MG  |   | x | x |
| J9035 | INJECTION BEVACIZUMAB 10 MG  | x | x | x |
| J9036 | Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg                                 | x | x | x |
| J9037 | Injection, belantamab mafodotin-blmf, 0.5 mg   | x | x |   |

|       |   |   |   |   |
|-------|---|---|---|---|
| J9039 | INJECTION BLINATUMOMAB 1 MICROGRAM  | x | x | x |
| J9041 | INJECTION BORTEZOMIB 0.1 MG   | x | x | x |
| J9042 | INJECTION BRENTUXIMAB VEDOTIN 1 MG  |   | x | x |
| J9043 | CABAZITAXEL 1 MG  |   | x | x |
| J9044 | INJECTION BORTEZOMIB NOS 0.1 MG   | x | x |   |
| J9045 | CARBOPLATIN 50 MG   | x | x | x |
| J9046 | Injection, bortezomib, (dr. reddy's), not therapeutically equivalent to J9041. 0.1 mg   |   |   | x |
| J9047 | CARFILZOMIB 1 MG  |   | x | x |
| J9048 | Injection, bortezomib (fresenius kabi), not therapeutically equivalent to J9041, 0.1 mg |   |   | x |
| J9049 | Injection, bortezomib (hospira), not therapeutically equivalent to J9041, 0.1 mg        |   |   | x |
| J9051 | Injection, bortezomib (maia), not therapeutically equivalent to j9041, 0.1 mg           |   |   | x |
| J9055 | CETUXIMAB 10 MG   | x | x | x |
| J9057 | INJECTION COPANLISIB 1 MG   | x | x | x |
| J9061 | Injection, amivantamab-vmjw, 2 mg   |   | x | x |
| J9063 | Injection, mirvetuximab soravtansine-gynx, 1 mg   |   |   | x |
| J9064 | Injection, cabazitaxel (sandoz), not therapeutically equivalent to J9043, 1 mg          |   |   | x |
| J9118 | Injection, calaspargase pegol-mknl, 10 units  | x | x | x |
| J9119 | Injection, cemiplimab-rwlc, 1 mg  | x | x | x |
| J9144 | Injection, daratumumab, 10 mg and hyaluronidase-fihj                                    | x | x | x |
| J9145 | DARATUMUMAB 10 MG   | x | x | x |
| J9153 | INJECTION LIPOSOMAL 1 MG DNR & 2.27 MG CA   | x | x | x |
| J9171 | DOCETAXEL 1 MG  | x | x | x |
| J9173 | INJECTION DURVALUMAB 10 MG  | x | x | x |
| J9176 | ELOTUZUMAB 1 MG   | x | x | x |
| J9177 | Injection, enfortumab vedotin-ejfv, 0.25 mg   | x | x | x |
| J9198 | Injection, gemcitabine hydrochloride, (infugem), 100 mg                                 | x | x | x |
| J9201 | GEMCITABINE HCL 200 MG  | x | x |   |
| J9202 | GOSERELIN ACETATE IMPLANT 3.6 MG  |   | x | x |
| J9203 | Injection, gemtuzumab ozogamicin, 0.1 mg  | x | x | x |
| J9204 | Injection, mogamulizumab-kpkc, 1 mg   | x | x | x |
| J9205 | IRINOTECAN LIPOSOME 1 MG  | x | x | x |
| J9210 | Injection, emapalumab-lzsg, 1 mg  | x | x | x |
| J9212 | INTRFERN ALFACON-1 RECOMB 1 MCG   | x | x |   |
| J9216 | INTERFERON GAMMA-1B 3 MILLION U   | x | x |   |
| J9217 | LEUPROLIDE ACETATE 7.5 MG   | x | x | x |
| J9218 | LEUPROLIDE ACETATE PER 1 MG   | x |   |   |
| J9223 | Injection, lurbinectedin, 0.1 mg  | x | x | x |
| J9226 | HISTRELIN IMPL SUPPRELIN LA 50 MG   | x | x | x |
| J9227 | Injection, isatuximab-irfc, 10 mg   | x | x | x |
| J9228 | IPILIMUMAB 1 MG   | x | x | x |
| J9229 | INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG  | x | x | x |
| J9247 | Injection, melphalan flufenamide, 1mg   | x | x |   |
| J9262 | OMACETAXINE MEPESUCCINAT .01 MG   | x | x | x |
| J9264 | PACLITAXEL PROTBND PARTICL 1 MG   | x | x | x |
| J9266 | Injection, pegaspargase, per single dose vial   |   | x | x |
| J9267 | PACLITAXEL 1 MG   | x | x | x |
| J9269 | Injection, tagraxofusp-erzs, 10 mcg   | x | x | x |
| J9271 | PEMBROLIZUMAB 1 MG  | x | x | x |
| J9272 | Injection, dostarlimab-gxly, 10 mg  |   | x | x |
| J9273 | Tivdak  |   | x | x |
| J9274 | Injection, tebentafusp-tebn, 1 microgram  |   | x | x |
| J9277 | Injection, faricimab-svoa, 0.1 mg   |   | x | x |
| J9281 | Mitomycin pyelocalyceal instillation, 1 mg  | x | x | x |
| J9285 | Injection, olaratumab, 10 mg  |   | x |   |
| J9298 | Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg                                     |   | x | x |
| J9299 | NIVOLUMAB 1 MG  | x | x | x |
| J9301 | OBINUTUZUMAB 10 MG  |   | x | x |
| J9302 | OFATUMUMAB 10 MG  | x | x |   |
| J9303 | PANITUMUMAB 10 MG   | x | x | x |
| J9304 | Injection, daratumumab 10 mg and hyaluronidase-fihj                                     | x | x | x |
| J9305 | PEMETREXED 10 MG  | x | x | x |
| J9306 | PERTUZUMAB 1 MG   | x | x | x |
| J9307 | PRALATREXATE 1 MG   | x | x | x |
| J9308 | RAMUCIRUMAB 5 MG  | x | x | x |
| J9309 | Injection, polatuzumab vedotin-piiq, 1 mg   | x | x | x |
| J9311 | INJECTION RITUXIMAB 10 MG AND HYALURONIDASE   | x | x | x |
| J9312 | INJECTION RITUXIMAB 10 MG   | x | x | x |
| J9313 | Injection, moxetumomab pasudotox-tdfk, 0.01 mg  | x | x | x |
| J9314 | Injection, romidepsin, non-lyophilized (e.g. liquid), 0.1 mg                            | x |   | x |
| J9315 | ROMIDEPSIN 1 MG   | x |   |   |
| J9316 | Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg                   | x | x | x |
| J9317 | Injection, sacituzumab govitecan-hzly, 2.5 mg   | x | x | x |
| J9318 | Injection, romidepsin, non-lyophilized, 0.1 mg  | x | x | x |
| J9319 | Injection, romidepsin, lyophilized, 0.1 mg  | x | x | x |
| J9325 | T-VEC PER 1 M PLAQUE FORM UNITS   | x | x | x |

|       |  |   |   |   |
|-------|--|---|---|---|
| J9328 | TEMOZOLOMIDE 1 MG  | X | X | X |
| J9331 | Injection, sirolimus protein-bound particles, 1 mg   |   | X | X |
| J9332 | Injection, efgartigimod alfa-fcab, 2mg   |   | X | X |
| J9345 | Injection, retifanlimab-dlwr, 1 mg   |   |   | X |
| J9347 | Injection, tremelimumab-actl, 1 mg   |   |   | X |
| J9348 | Injection, naxitamab-ggqk, 1 mg  | X | X | X |
| J9349 | Injection, tafasitamab-cxix, 2 mg  | X | X | X |
| J9350 | Injection, mosunetuzumab-axgb, 1 mg  |   |   | X |
| J9351 | TOPOTECAN 0.1 MG   | X | X | X |
| J9353 | Injection, margetuximab-cmkb, 5 mg   | X | X | X |
| J9354 | ADO-TRASTUZUMAB EMTANSINE 1 MG   | X | X | X |
| J9355 | TRASTUZUMAB 10 MG  | X | X | X |
| J9356 | Injection, trastuzumab, 10 mg and Hyaluronidase-oysk   | X | X | X |
| J9358 | Injection, fam-trastuzumab deruxtecan-nxki, 1 mg   | X | X | X |
| J9359 | Zynlonta   |   | X | X |
| J9380 | Injection, teclistamab-cqyv, 0.5 mg  |   |   | X |
| J9381 | Injection, teplizumab-mzww, 5 mcg  |   |   | X |
| J9393 | Injection, fulvestrant (teva) not therapeutically equivalent to J9395, 25 mg   |   |   | X |
| J9394 | Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to J9395, 25 mg   |   |   | X |
| J9395 | FULVESTRANT 25 MG  | X | X | X |
| J9400 | ZIV-AFLIBERCEPT 1 MG   | X | X | X |
| J9999 | NOT OTHERWISE CLASSIFIED ANTINEOPLSTC DRUG   | X | X | X |
| K0001 | STANDARD WHEELCHAIR  | X | X | X |
| K0002 | STANDARD HEMI (LOW SEAT) WHEELCHAIR  | X | X | X |
| K0003 | LIGHTWEIGHT WHEELCHAIR   | X | X | X |
| K0004 | HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR  | X | X | X |
| K0005 | ULTRALIGHTWEIGHT WHEELCHAIR  | X | X | X |
| K0006 | HEAVY DUTY WHEELCHAIR  | X | X | X |
| K0007 | EXTRA HEAVY DUTY WHEELCHAIR  | X | X | X |
| K0008 | CUSTOM MANUAL WHEELCHAIR/BASE  | X | X | X |
| K0009 | OTHER MANUAL WHEELCHAIR/BASE   | X | X | X |
| K0010 | STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR   | X | X | X |
| K0011 | STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR   | X | X | X |
| K0012 | LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR  | X | X | X |
| K0013 | CUSTOM MOTORIZED/POWER WHEELCHAIR BASE   | X | X | X |
| K0014 | OTHER MOTORIZED/POWER WHEELCHAIR BASE  | X | X | X |
| K0015 | DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH  | X | X | X |
| K0017 | DTACHBLE ADJUST HT ARMREST REPL EA   | X | X | X |
| K0018 | DTACH ADJ HT ARMST UP PRTN REPL EA   | X | X | X |
| K0019 | ARM PAD REPLACEMENT ONLY EACH  | X | X | X |
| K0020 | FIXED ADJUSTBLE HEIGHT ARMREST PAIR  | X | X | X |
| K0037 | HIGH MNT FLP-UP FTREST REPL ONLY EA  | X | X | X |
| K0038 | LEG STRAP EACH   | X | X | X |
| K0039 | LEG STRAP H STYLE EACH   | X | X | X |
| K0040 | ADJUSTABLE ANGLE FOOTPLATE EACH  | X | X | X |
| K0041 | LARGE SIZE FOOTPLATE EACH  | X | X | X |
| K0042 | STANDARD SIZE FOOTPLTE REPL ONLY EA  | X | X | X |
| K0043 | FOOTREST LWR EXT TUBE REPL ONLY EA   | X | X | X |
| K0044 | FOOTREST UPR HGR BRKT REPL ONLY EA   | X | X | X |
| K0045 | FOOTREST CMPL ASSEMBLY REPL ONLY EA  | X | X | X |
| K0046 | ELEVAT LEGRST L EXT TUBE RPL ONLY E  | X | X | X |
| K0047 | ELEV T LEGRST UP HGR BRKT RPL ONLY E   | X | X | X |
| K0050 | RATCHET ASSEMBLY REPLACEMENT ONLY  | X | X | X |
| K0051 | CAM RLS ASSM FTRST/LGRST RPL ONLY E  | X | X | X |
| K0052 | SWNGAWAY DTACHBLE FTRSTS RPL ONLY E  | X | X | X |
| K0053 | ELEVATING FOOTRESTS ARTICULATING EA  | X | X | X |
| K0056 | SEAT HT<17/=>21 IN LTWT/ULTRLT WC  | X | X | X |
| K0065 | SPOKE PROTECTORS EACH  | X | X | X |
| K0069 | RW ASM CMPL SOLID T SPKE/MLD RPL EA  | X | X | X |
| K0070 | RW ASM CMP PN T SPKS/MLD RPL ONLY E  | X | X | X |
| K0071 | FRT C ASM CMPL PN TIRE REPL ONLY E   | X | X | X |
| K0072 | FRT C ASM CMPL SEMIPN T RPL ONLY E   | X | X | X |
| K0073 | CASTER PIN LOCK EACH   | X | X | X |
| K0077 | FRT C ASM CMPL SLD TIRE REPL ONLY E  | X | X | X |
| K0098 | DRIVE BELT FOR POWER WC REPL ONLY  | X | X | X |
| K0105 | IV HANGER EACH   | X | X | X |
| K0108 | WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE S   | X | X | X |
| K0195 | ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED REN   | X | X | X |
| K0455 | INFUS PUMP UNINTRPT PARNTRAL MED   | X | X | X |
| K0462 | TEMP REPL PT EQUIP REPR ANY TYPE   | X | X | X |
| K0553 | SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE | X | X | X |
| K0554 | RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYSTEM  | X | X | X |
| K0606 | AED W/INTGR ECG ANALY GARMNT TYPE  | X | X | X |

|       |   |   |   |   |
|-------|---|---|---|---|
| K0608 | REPLACEMENT GARMENT FOR USE WITH AUTOMATED EXTERNA  | x | x | x |
| K0609 | REPLACEMENT ELECTRODES FOR USE WITH AUTOMATED EXTE  | x | x | x |
| K0669 | WHEELCHAIR ACCESSORY, SEAT OR BACK CUSHION, DOES N  | x | x | x |
| K0738 | Portable gas oxygen system  | x | x | x |
| K0739 | REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL E  | x | x | x |
| K0740 | REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT   | x | x | x |
| K0743 | SX PUMP HOME MDL PORT FOR WOUNDS  | x | x | x |
| K0800 | POV group 1 std up to 300lbs  | x | x | x |
| K0801 | POV group 1 hd 301-450 lbs  | x | x | x |
| K0802 | POV group 1 vhd 451-600 lbs   | x | x | x |
| K0806 | POV group 2 std up to 300lbs  | x | x | x |
| K0807 | POV group 2 hd 301-450 lbs  | x | x | x |
| K0808 | POV group 2 vhd 451-600 lbs   | x | x | x |
| K0812 | Power operated vehicle NOC  | x | x | x |
| K0813 | PWC gp 1 std port seat/back   | x | x | x |
| K0814 | PWC gp 1 std port cap chair   | x | x | x |
| K0815 | PWC gp 1 std seat/back  | x | x | x |
| K0816 | PWC gp 1 std cap chair  | x | x | x |
| K0820 | PWC gp 2 std port seat/back   | x | x | x |
| K0821 | PWC gp 2 std port cap chair   | x | x | x |
| K0822 | PWC gp 2 std seat/back  | x | x | x |
| K0823 | PWC gp 2 std cap chair  | x | x | x |
| K0824 | PWC gp 2 hd seat/back   | x | x | x |
| K0825 | PWC gp 2 hd cap chair   | x | x | x |
| K0826 | PWC gp 2 vhd seat/back  | x | x | x |
| K0827 | PWC gp vhd cap chair  | x | x | x |
| K0828 | PWC gp 2 xtra hd seat/back  | x | x | x |
| K0829 | PWC gp 2 xtra hd cap chair  | x | x | x |
| K0830 | PWC gp2 std seat elevate s/b  | x | x | x |
| K0831 | PWC gp2 std seat elevate cap  | x | x | x |
| K0835 | PWC gp2 std sing pow opt s/b  | x | x | x |
| K0836 | PWC gp2 std sing pow opt cap  | x | x | x |
| K0837 | PWC gp 2 hd sing pow opt s/b  | x | x | x |
| K0838 | PWC gp 2 hd sing pow opt cap  | x | x | x |
| K0839 | PWC gp2 vhd sing pow opt s/b  | x | x | x |
| K0840 | PWC gp2 xhd sing pow opt s/b  | x | x | x |
| K0841 | PWC gp2 std mult pow opt s/b  | x | x | x |
| K0842 | PWC gp2 std mult pow opt cap  | x | x | x |
| K0843 | PWC gp2 hd mult pow opt s/b   | x | x | x |
| K0848 | PWC gp 3 std seat/back  | x | x | x |
| K0849 | PWC gp 3 std cap chair  | x | x | x |
| K0850 | PWC gp 3 hd seat/back   | x | x | x |
| K0851 | PWC gp 3 hd cap chair   | x | x | x |
| K0852 | PWC gp 3 vhd seat/back  | x | x | x |
| K0853 | PWC gp 3 vhd cap chair  | x | x | x |
| K0854 | PWR WC GRP 3 SLING SEAT PT 601 LB/>   | x | x | x |
| K0855 | PWC gp 3 xhd cap chair  | x | x | x |
| K0856 | PWC gp3 std sing pow opt s/b  | x | x | x |
| K0857 | PWC gp3 std sing pow opt cap  | x | x | x |
| K0858 | PWC gp3 hd sing pow opt s/b   | x | x | x |
| K0859 | PWC gp3 hd sing pow opt cap   | x | x | x |
| K0860 | PWC gp3 vhd sing pow opt s/b  | x | x | x |
| K0861 | PWC gp3 std mult pow opt s/b  | x | x | x |
| K0862 | PWC gp3 hd mult pow opt s/b   | x | x | x |
| K0863 | PWC gp3 vhd mult pow opt s/b  | x | x | x |
| K0864 | PWC gp3 xhd mult pow opt s/b  | x | x | x |
| K0868 | PWC gp 4 std seat/back  | x | x | x |
| K0869 | PWC gp 4 std cap chair  | x | x | x |
| K0870 | PWC gp 4 hd seat/back   | x | x | x |
| K0871 | PWC gp 4 vhd seat/back  | x | x | x |
| K0877 | PWC gp4 std sing pow opt s/b  | x | x | x |
| K0878 | PWC gp4 std sing pow opt cap  | x | x | x |
| K0879 | PWC gp4 hd sing pow opt s/b   | x | x | x |
| K0880 | PWC gp4 vhd sing pow opt s/b  | x | x | x |
| K0884 | PWC gp4 std mult pow opt s/b  | x | x | x |
| K0885 | PWC gp4 std mult pow opt cap  | x | x | x |
| K0886 | PWC gp4 hd mult pow s/b   | x | x | x |
| K0890 | PWC gp5 ped sing pow opt s/b  | x | x | x |
| K0891 | PWC gp5 ped mult pow opt s/b  | x | x | x |
| K0898 | Power wheelchair NOC  | x | x | x |
| K0899 | PWR MOBILTY DVC NOT CODED DME PDAC/NOT MEET CRIT  | x | x | x |
| K0900 | CUSTOMIZED DME OTH THAN WHEELCHAIR  | x | x | x |
| K1001 | Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type |   |   | x |
| K1002 | Cranial electrotherapy stimulation (CES) system, includes all supplies and accessories, any type                        |   |   | x |

|       |  |   |   |   |
|-------|--|---|---|---|
| K1013 | Enema tube, any type, replacement only, each   |   | X | X |
| K1014 | Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control   |   | X | X |
| K1015 | Foot, adductus positioning device, adjustable  |   | X | X |
| K1016 | Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve  |   |   | X |
| K1017 | Monthly supplies for use of device coded at K1016  |   |   | X |
| K1018 | External upper limb tremor stimulator of the peripheral nerves of the wrist  |   |   | X |
| K1019 | Monthly supplies for use of device coded at K1018  |   |   | X |
| K1020 | Noninvasive vagus nerve stimulator   |   | X | X |
| K1021 | Exsufflation belt, includes all supplies and accessories   |   | X | X |
| K1022 | Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type  |   | X | X |
| K1023 | Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm   |   |   | X |
| K1027 | Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment   |   | X | X |
| L0999 | ADDITION TO SPINAL ORTHOTIC NOS  | X | X | X |
| L1499 | SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED   | X | X | X |
| L2006 | Knee-ankle-foot (KAF) device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated | X | X | X |
| L2999 | LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED  | X | X | X |
| L3000 | FT INSRT MOLD UCB TYPE BERKLY SHELL  |   |   | X |
| L3001 | FOOT INSRT REMV MOLD PT SPENCO EA  |   |   | X |
| L3002 | FT INSRT REMV MOLD PLASTAZOTE/= EA   |   |   | X |
| L3003 | FOOT INSRT REMV MOLD SILCON GEL EA   |   |   | X |
| L3010 | FT INSRT MOLD LNGTUDNL ARCH SUPP EA  | X | X | X |
| L3020 | FT INSRT REMV MOLD LNGTUDNL SUPP EA  |   |   | X |
| L3030 | FOOT INSERT REMV FORMED PT FT EA   |   |   | X |
| L3031 | FOOT INSRT/PLAT REMV ADD LW EXT ORT  |   |   | X |
| L3999 | UPPER LIMB ORTHOSIS NOS  | X | X | X |
| L5000 | PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH,  | X | X | X |
| L5010 | PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TO   | X | X | X |
| L5020 | PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGH   | X | X | X |
| L5050 | ANKLE, SYMES, MOLDED SOCKET, SACH FOOT   | X | X | X |
| L5060 | ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET,  | X | X | X |
| L5100 | BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT   | X | X | X |
| L5105 | BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER   | X | X | X |
| L5150 | KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOC   | X | X | X |
| L5160 | KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOC   | X | X | X |
| L5200 | ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FR   | X | X | X |
| L5210 | ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUB   | X | X | X |
| L5220 | ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUB   | X | X | X |
| L5230 | ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY,   | X | X | X |
| L5250 | HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET,   | X | X | X |
| L5270 | HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKE   | X | X | X |
| L5280 | HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP  | X | X | X |
| L5301 | BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSK   | X | X | X |
| L5312 | KNEE DISARTIC MOLD SOCKET 1 AXIS KNEE SACH FOOT  | X | X | X |
| L5321 | ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, EN   | X | X | X |
| L5331 | HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET,   | X | X | X |
| L5341 | HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDO   | X | X | X |
| L5610 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM,  | X | X | X |
| L5611 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM,  | X | X | X |
| L5613 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM,  | X | X | X |
| L5614 | ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, A   | X | X | X |
| L5616 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM,  | X | X | X |
| L5617 | ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALI   | X | X | X |
| L5618 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES  | X | X | X |
| L5620 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KN   | X | X | X |
| L5622 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DIS   | X | X | X |
| L5624 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KN   | X | X | X |
| L5626 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISA   | X | X | X |
| L5628 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELV   | X | X | X |
| L5629 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC S   | X | X | X |
| L5630 | ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABL   | X | X | X |
| L5631 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DI   | X | X | X |
| L5632 | ADDITION TO LOWER EXTREMITY, SYMES TYPE, 'PTB' BR  | X | X | X |
| L5634 | ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR   | X | X | X |
| L5636 | ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL O  | X | X | X |
| L5637 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CON   | X | X | X |
| L5638 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER   | X | X | X |
| L5639 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCK   | X | X | X |
| L5640 | ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION  | X | X | X |
| L5642 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER   | X | X | X |
| L5643 | ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION,  | X | X | X |
| L5644 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOC  | X | X | X |



|       |  |   |   |   |
|-------|--|---|---|---|
| L5645 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE  | X | X | X |
| L5646 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLU  | X | X | X |
| L5647 | ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION S  | X | X | X |
| L5648 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLU  | X | X | X |
| L5649 | ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/  | X | X | X |
| L5650 | ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE | X | X | X |
| L5651 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE  | X | X | X |
| L5652 | ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION,   | X | X | X |
| L5653 | ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION  | X | X | X |
| L5654 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES  | X | X | X |
| L5655 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW  | X | X | X |
| L5656 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE   | X | X | X |
| L5658 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE  | X | X | X |
| L5661 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI  | X | X | X |
| L5665 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI  | X | X | X |
| L5666 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUS  | X | X | X |
| L5668 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED D  | X | X | X |
| L5670 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED S  | X | X | X |
| L5671 | ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KN | X | X | X |
| L5672 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABL  | X | X | X |
| L5673 | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE | X | X | X |
| L5676 | ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOI | X | X | X |
| L5677 | ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOI | X | X | X |
| L5678 | ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT CO | X | X | X |
| L5679 | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE | X | X | X |
| L5680 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LA  | X | X | X |
| L5681 | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE | X | X | X |
| L5682 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LA  | X | X | X |
| L5683 | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE | X | X | X |
| L5684 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STR  | X | X | X |
| L5685 | ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE | X | X | X |
| L5686 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHE  | X | X | X |
| L5688 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BE  | X | X | X |
| L5690 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BE  | X | X | X |
| L5692 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC C  | X | X | X |
| L5694 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC C  | X | X | X |
| L5695 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CO | X | X | X |
| L5696 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE D  | X | X | X |
| L5697 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE D  | X | X | X |
| L5698 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE D  | X | X | X |
| L5699 | ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS   | X | X | X |
| L5700 | REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT | X | X | X |
| L5701 | REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATI | X | X | X |
| L5702 | REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDIN | X | X | X |
| L5703 | ANKLE SYMES MOLDED TO PATIENT MODEL SOCKET W/O SOL | X | X | X |
| L5704 | CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE         | X | X | X |
| L5705 | CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE         | X | X | X |
| L5706 | CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATI | X | X | X |
| L5707 | CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATIO | X | X | X |
| L5710 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AX  | X | X | X |
| L5711 | ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXI | X | X | X |
| L5712 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AX  | X | X | X |
| L5714 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AX  | X | X | X |
| L5716 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTR  | X | X | X |
| L5718 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTR  | X | X | X |
| L5722 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AX  | X | X | X |
| L5724 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AX  | X | X | X |
| L5726 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AX  | X | X | X |
| L5728 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AX  | X | X | X |
| L5780 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AX  | X | X | X |
| L5781 | ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RE | X | X | X |
| L5782 | ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RE | X | X | X |
| L5785 | ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LI | X | X | X |
| L5790 | ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LI | X | X | X |
| L5795 | ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, | X | X | X |
| L5810 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AX | X | X | X |
| L5811 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AX | X | X | X |
| L5812 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AX | X | X | X |
| L5814 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTR | X | X | X |
| L5816 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTR | X | X | X |
| L5818 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTR | X | X | X |
| L5822 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AX | X | X | X |
| L5824 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AX | X | X | X |
| L5826 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AX | X | X | X |
| L5828 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AX | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| L5830 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AX | X | X | X |
| L5840 | ADDITION, ENDOSKELETAL KNEE/SKIN SYSTEM, 4-BAR LIN | X | X | X |
| L5845 | ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE F | X | X | X |
| L5848 | ADDITION TO ENDOSKELETAL, KNEE-SHIN SYSTEM, HYDRAU | X | X | X |
| L5850 | ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP   | X | X | X |
| L5855 | ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION | X | X | X |
| L5856 | ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELET | X | X | X |
| L5857 | ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELET | X | X | X |
| L5858 | Addition to lower extremity prosthesis, endoskelet | X | X | X |
| L5859 | ADD LOW EXT PROS KN-SHIN PROG FLX/EXT ANY MOTOR    | X | X | X |
| L5910 | ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNA  | X | X | X |
| L5920 | ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP D | X | X | X |
| L5925 | ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DI | X | X | X |
| L5930 | ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE  | X | X | X |
| L5940 | ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-  | X | X | X |
| L5950 | ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-  | X | X | X |
| L5960 | ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATIO  | X | X | X |
| L5961 | ADD ENDO SYS POLYCNTRC HIP JOINT ROTATION CNTRL    | X | X | X |
| L5962 | ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBL | X | X | X |
| L5964 | ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBL | X | X | X |
| L5966 | ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION | X | X | X |
| L5968 | ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKL | X | X | X |
| L5969 | ADDITION ENDOSKELETAL ANKLE-FOOT/ANK PWR ASSIST    | X | X | X |
| L5970 | ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEE | X | X | X |
| L5971 | ALL LOWER EXTREMITY PROSTHESIS SOLID ANKLE CUSHION | X | X | X |
| L5972 | ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT | X | X | X |
| L5973 | ENDOSKEL ANK FOOT SYS MICRPROCSS CONTROL PWR SRC   | X | X | X |
| L5974 | ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS  | X | X | X |
| L5975 | ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE | X | X | X |
| L5976 | ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOO | X | X | X |
| L5978 | ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL A | X | X | X |
| L5979 | ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, | X | X | X |
| L5980 | ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM   | X | X | X |
| L5981 | ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM O | X | X | X |
| L5982 | ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL  | X | X | X |
| L5984 | ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL | X | X | X |
| L5985 | ALL ENDOSKELETAL LOWER EXTREMITY PROTHESES, DYNAMI | X | X | X |
| L5986 | ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATI | X | X | X |
| L5987 | ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM  | X | X | X |
| L5988 | ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK  | X | X | X |
| L5990 | ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUS | X | X | X |
| L5999 | LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIC | X | X | X |
| L6000 | PARTIAL HAND THUMB REMAINING                       | X | X | X |
| L6010 | PARTIAL HAND LITTLE & OR RING FINGER REMAINING     | X | X | X |
| L6020 | PARTIAL HAND NO FINGER REMAINING                   | X | X | X |
| L6026 | TRANSCARPAL/MC/PART HAND DISARTICULATION PROS      | X | X | X |
| L6890 | ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR  | X | X | X |
| L6895 | ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR  | X | X | X |
| L6900 | HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS  | X | X | X |
| L6905 | HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS  | X | X | X |
| L6910 | HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS  | X | X | X |
| L6915 | HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUD | X | X | X |
| L6920 | WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPEN | X | X | X |
| L6925 | WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPEN | X | X | X |
| L6930 | BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER  | X | X | X |
| L6935 | BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER  | X | X | X |
| L6940 | ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNE | X | X | X |
| L6945 | ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNE | X | X | X |
| L6950 | ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET,  | X | X | X |
| L6955 | ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET,  | X | X | X |
| L6960 | SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED I | X | X | X |
| L6965 | SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED I | X | X | X |
| L6970 | INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INN | X | X | X |
| L6975 | INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INN | X | X | X |
| L7040 | PREHENSILE ACTUATOR, HOSMER OR EQUAL, SWITCH CONTR | X | X | X |
| L7045 | ELECTRONIC HOOK, CHILD, MICHIGAN OR EQUAL, SWITCH  | X | X | X |
| L7170 | ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROL  | X | X | X |
| L7180 | ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTRO | X | X | X |
| L7181 | ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONT | X | X | X |
| L7185 | ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR E | X | X | X |
| L7186 | ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, | X | X | X |
| L7190 | ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR E | X | X | X |
| L7191 | ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, | X | X | X |
| L7259 | ELECTRONIC WRIST ROTATOR ANY TYPE                  | X | X | X |
| L7400 | ADDITION TO UPPER EXTREMITY PROSTHESIS;BELOW ELBOW | X | X | X |

|       |   |   |   |   |
|-------|---|---|---|---|
| L7401 | ADDITION TO UPPER EXTREMITY PROTHESIS;ABOVE ELBOW   | X | X | X |
| L7402 | ADDITION TO UPPER EXTREMITY PROTHESIS;SHOULDER DIS  | X | X | X |
| L7403 | ADDITION TO UPPER EXTREMITY PROTHESIS;BELOW ELBOW/  | X | X | X |
| L7404 | ADDITION TO UPPER EXTREMITY PROTHESIS;ABOVE ELBOW   | X | X | X |
| L7405 | ADDITION TO UPPER EXTREMITY PROTHESIS;SHOULDER DIS  | X | X | X |
| L7499 | UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIE  | X | X | X |
| L7510 | REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MIN  | X | X | X |
| L7520 | REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15   | X | X | X |
| L7600 | PROSETIC DONNING SLEEVE MATERIAL EA   | X | X | X |
| L7700 | Gasket or seal, for use with prosthetic socket insert, any type, each   | X | X | X |
| L8020 | BREAST PROSTHESIS MASTECTOMY FORM   | X | X | X |
| L8030 | BREAST PROS SILCON/=NO INTGRL ADHES   | X | X | X |
| L8031 | BREAST PROS SILCON/= W/NTGRL ADHES  | X | X | X |
| L8032 | NIPPLE PROSTH REUSABLE ANY TYPE EA  | X | X | X |
| L8033 | Nipple prosthesis, custom fabricated, reusable, any material, any type, each  | X | X | X |
| L8035 | CSTM BRST PROSTH POST MASTECT MOLD  | X | X | X |
| L8039 | BREAST PROSTHESIS NOS   | X | X |   |
| L8499 | UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SE  | X | X | X |
| L8500 | ARTIFICIAL LARYNX, ANY TYPE   | X | X | X |
| L8501 | TRACHEOSTOMY SPEAKING VALVE   | X | X | X |
| L8507 | TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSER  | X | X | X |
| L8509 | TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A  | X | X | X |
| L8510 | VOICE AMPLIFIER   | X | X | X |
| L8511 | INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROSTHESIS  | X | X | X |
| L8512 | GELATIN CAPSULES OR EQUIVALENT, FOR USE WITH TRACH  | X | X | X |
| L8513 | CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE   | X | X | X |
| L8514 | TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ON  | X | X | X |
| L8515 | GELATIN CAPSULE, APPLICATION DEVICE FOR USE WITH T  | X | X | X |
| L8600 | IMPL BREAST PROSTH SILICONE/EQUAL   | X | X | X |
| L8607 | Injectable bulking agent for vocal cord medialization, 0.1 mL, includes shipping and necessary supplies                         | X | X | X |
| L8609 | Artificial cornea   | X | X | X |
| L8610 | OCULAR IMPLANT  | X | X | X |
| L8612 | AQUEOUS SHUNT   | X | X | X |
| L8613 | OSSICULA IMPLANT  | X | X | X |
| L8614 | COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNA  | X | X | X |
| L8615 | HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DE  | X | X | X |
| L8616 | MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, R  | X | X | X |
| L8617 | TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DE  | X | X | X |
| L8618 | TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DE  | X | X | X |
| L8619 | COCLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, REPLACE  | X | X | X |
| L8621 | ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEV  | X | X | X |
| L8622 | ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEV  | X | X | X |
| L8623 | Lithium ion battery for use with cochlear implant   | X | X | X |
| L8624 | Lithium ion battery for use with cochlear implant   | X | X | X |
| L8625 | External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each | X | X | X |
| L8627 | COCHLEAR IMPL EXT SPEECH PROCESSR COMPONENT REPL  | X | X | X |
| L8628 | COCHLEAR IMPLANT EXT CONTROLLER COMPONENT REPL  | X | X | X |
| L8629 | TRANSMITTING COIL CABLE COCHLEAR IMPL DEV REPL  | X | X | X |
| L8630 | METACARPOPHALANGEAL JOINT IMPLANT   | X | X | X |
| L8631 | METACARPAL PHALANGEAL JOINT REPLACEMENT, TWO OR MO  | X | X | X |
| L8641 | METATARSAL JOINT IMPLANT  | X | X | X |
| L8642 | HALLUX IMPLANT  | X | X | X |
| L8658 | INTERPHALANGEAL JOINT SPACER, SILICONE OR EQUAL, E  | X | X | X |
| L8659 | INTERPHALANGEAL FINGER JOINT REPLACEMENT, 2 OR MOR  | X | X | X |
| L8678 | Electrical stimulator supplies (external) for use with implantable neurostimulator, per month                                   |   |   | X |
| L8679 | IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR ANY   | X | X | X |
| L8680 | Implantable neurostimulator electrode, each   | X | X | X |
| L8681 | Patient programmer (external) for use with implant  | X | X | X |
| L8682 | Implantable neurostimulator radiofrequency receive  | X | X | X |
| L8683 | Radiofrequency transmitter (external) for use with  | X | X | X |
| L8684 | Radiofrequency transmitter (external) for use with  | X | X | X |
| L8685 | Implantable neurostimulator pulse generator, singl  | X | X | X |
| L8686 | Implantable neurostimulator pulse generator, singl  | X | X | X |
| L8687 | Implantable neurostimulator pulse generator, dual   | X | X | X |
| L8688 | Implantable neurostimulator pulse generator, dual   | X | X | X |
| L8689 | External recharging system for implanted neurostim  | X | X | X |
| L8690 | Aud osseo dev, int/ext comp   | X | X | X |
| L8691 | Aud osseo dev ext snd proces  | X | X | X |
| L8692 | AUDITORY OSSEOINTEGRATED DEV EXT SOUND BODY WORN  | X | X | X |
| L8693 | AUD OSSEOINTEGRATED DEVC ABUT LENGTH REPL ONLY  | X | X | X |
| L8694 | AUD OI DVC TRNSDUCR/ACTUATR REPL EA   | X | X | X |
| L8695 | External recharge sys extern  | X | X | X |
| L8696 | ANTENNA FOR USE W/IMPL DIA/PN ST DEV REPL EA  | X | X | X |
| L8698 | MISC COMP SPL/ACCESS FOR USE WITH TOT AH SYSTEM   | X | X | X |

|       |   |   |   |   |
|-------|---|---|---|---|
| L8699 | PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED   | X | X | X |
| L8701 | PWR UE ROM AST DVC ELB WR HAND 1/DBL UP CUS FAB   | X | X | X |
| L8702 | PWR UE ROM AST DVC ELBO WR H FINGER 1/DBL UP CUS  | X | X | X |
| L9900 | ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR   | X | X | X |
| M0075 | CELLULAR THERAPY  | X | X | X |
| M0076 | PROLOTHERAPY  | X | X | X |
| M0300 | IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY)  | X | X | X |
| M0301 | FABRIC WRAPPING OF ABDOMINAL ANEURYSM   | X | X | X |
| P9020 | PLATELET RICH PLASMA, EACH UNIT   | X | X | X |
| P9073 | Platelets, pheresis, pathogen-reduced, each unit  | X | X | X |
| P9099 | Blood component or product not otherwise classified   | X | X | X |
| P9100 | Pathogen(s) test for platelets  | X | X | X |
| Q0081 | INFUS TX OTH THAN CHEMO RX VISIT  | X | X | X |
| Q0083 | CHEMO ADMIN NOT INFUS TECH ONLY VST   | X | X | X |
| Q0084 | CHEMO ADMIN INFUS TECH ONLY VISIT   | X | X | X |
| Q0085 | CHEMO ADMIN INFUS&OTH TECH VISIT  | X | X | X |
| Q0092 | SET-UP PORTABLE X-RAY EQUIPMENT   | X | X | X |
| Q0477 | Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only  | X | X | X |
| Q0478 | PWR ADAPTR ELEC/PNEUMAT VAD VEH TYP   | X | X | X |
| Q0479 | POWER MODULE ELEC/PNEUMAT VAD REPL  | X | X | X |
| Q0480 | DRIVER FOR PNEUMATIC VAD REPL ONLY  | X | X | X |
| Q0481 | MICRPROCSS CU FOR ELEC VAD REPL   | X | X | X |
| Q0482 | MICRPROCSS CU ELEC/PNEUMAT VAD REPL   | X | X | X |
| Q0483 | MON/DISPLAY MODULE W/ELEC VAD REPL  | X | X | X |
| Q0484 | MON ELEC OR ELEC/PNEUMAT VAD REPL   | X | X | X |
| Q0485 | MON CNTRL CABLE FOR ELEC VAD REPL   | X | X | X |
| Q0486 | MON CABLE FOR ELEC/PNEUMAT VAD RE   | X | X | X |
| Q0487 | LEADS FOR ANY ELEC/PNEUMAT VAD REPL   | X | X | X |
| Q0488 | POWER PACK BASE FOR ELEC VAD REPL   | X | X | X |
| Q0489 | PWR PACK BASE ELEC/PNEUMAT VAD RE   | X | X | X |
| Q0490 | EMERGENCY PWR SRC FOR ELEC VAD RE   | X | X | X |
| Q0491 | EMERG PWR SRC ELEC/PNEUMAT VAD RE   | X | X | X |
| Q0492 | EMERG PWR CABLE FOR ELEC VAD REPL   | X | X | X |
| Q0493 | EMRG PWR CABL ELEC/PNEUMAT VAD REPL   | X | X | X |
| Q0494 | EMERGENCY HAND PUMP REPLACEMNT ONL  | X | X | X |
| Q0495 | BATT CHRGE ELEC/ELEC-PNEUMAT VAD RPL  | X | X | X |
| Q0496 | BATT NOT LITHIUM-ION ELEC VAD REPL  | X | X | X |
| Q0497 | BATT CLPS ELEC/ELEC-PNEUMAT VAD RPL   | X | X | X |
| Q0498 | HOLSTR ELEC/ELEC-PNEUMAT VAD REPL   | X | X | X |
| Q0499 | BELT/VEST/BAG ANY TYPE VAD RPL ONLY   | X | X | X |
| Q0500 | FLTRS ELEC OR ELEC/PNEUMAT VAD REPL   | X | X | X |
| Q0501 | SHOWR COVR ELEC/ELEC-PNEUMT VAD RPL   | X | X | X |
| Q0502 | MOBILITY CART FOR PNEUMAT VAD REPL  | X | X | X |
| Q0503 | BATT FOR PNEUMAT VAD REPL ONLY EA   | X | X | X |
| Q0504 | PWR ADPTR PNEUMAT VAD REPL VEH TYPE   | X | X | X |
| Q0506 | BATT LITHIUM-ION ELEC VAD REPL  | X | X | X |
| Q0507 | MISC SUPPLY/ACCESSORY USE W/EXT VAD   | X | X | X |
| Q0508 | MISC SUPL/ACCSSRY USE W/IMPLANT VAD   | X | X | X |
| Q0509 | MISC SPL IMPL VAD NO PAY MCR PRT A  | X | X | X |
| Q2041 | Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR T Cells, including leukapheresis and dose preparation procedures, per infusion  | X | X | X |
| Q2042 | TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD  | X | X | X |
| Q2043 | SIPULEUCEL-T AUTO CD54+   | X | X | X |
| Q2053 | Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose                          | X | X | X |
| Q2054 | Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose                           | X | X | X |
| Q2055 | Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose    |   | X | X |
| Q2056 | Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose |   | X | X |
| Q3027 | INTERFERON BETA-1A 1 MCG IM USE   | X | X |   |
| Q3028 | INTERFERON BETA-1A 1 MCG SUBQ   | X | X |   |
| Q4074 | ILOPROST INHAL UNIT DOSE TO 20 MCG  | X | X | X |
| Q4081 | EPOETIN ALFA 100 UNITS  | X | X | X |
| Q4100 | SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED   | X | X | X |
| Q4101 | SKIN SUBSTITUTE APLIGRAF PER SQ CM  | X | X | X |
| Q4102 | SKIN SUBSTITUTE OASIS WOUND MATRIX PER SQ CM  | X | X | X |
| Q4103 | SKIN SUBSTITUTE OASIS BURN MATRIX PER SQ CM   | X | X | X |
| Q4104 | SKIN SUBSTITUTE INTEGRA BMWD PER SQ CM  | X | X | X |
| Q4105 | SKIN SUBSTITUTE INTEGRA DRT PER SQ CM   | X | X | X |
| Q4106 | SKIN SUBSTITUTE DERMAGRAFT PER SQ CM  | X | X | X |
| Q4107 | SKIN SUBSTITUTE GRAFTJACKET PER SQ CM   | X | X | X |
| Q4108 | SKIN SUBSTITUTE INTEGRA MATRIX PER SQ CM  | X | X | X |

|       |  |   |   |   |
|-------|--|---|---|---|
| Q4110 | SKIN SUBSTITUTE PRIMATRIX PER SQ CM  | x | x | x |
| Q4111 | SKIN SUBSTITUTE GAMMAGRAFT PER SQ CM   | x | x | x |
| Q4112 | ALLOGRAFT CYMETRA INJECTABLE 1 CC  | x | x | x |
| Q4113 | GRAFTJACKET XPRESS INJECTABLE 1 CC   | x | x | x |
| Q4114 | INTEGRA FLOWABLE WOUND MATRIX INJECTABLE 1 CC  | x | x | x |
| Q4115 | ALLOSKIN PER SQ CM   | x | x | x |
| Q4116 | ALLODERM PER SQ CM   | x | x | x |
| Q4117 | HYALOMATRIX PER SQ CM  | x | x | x |
| Q4118 | MATRISTEM MICROMATRIX 1 MG   | x | x | x |
| Q4121 | THERASKIN PER SQ CM  | x | x | x |
| Q4122 | DERMACELL PER SQ CM  | x | x | x |
| Q4123 | ALLOSKIN RT PER SQ CM  | x | x | x |
| Q4124 | OASIS ULTRA TRI-LAYER WOUND MATRIX PER SQ CM   | x | x | x |
| Q4125 | ARTHROFLEX PER SQ CM   | x | x | x |
| Q4126 | MEMODERM PER SQ CM   | x | x | x |
| Q4127 | TALYMED PER SQ CM  | x | x | x |
| Q4128 | FLEXHD OR ALLOPATCHHD PER SQ CM  | x | x | x |
| Q4130 | STRATTICE PER SQ CM  | x | x | x |
| Q4132 | GRAFIX CORE PER SQUARE CENTIMETER  | x | x | x |
| Q4133 | GRAFIX PRIME PER SQUARE CENTIMETER   | x | x | x |
| Q4134 | HMATRIX PER SQUARE CENTIMETER  | x | x | x |
| Q4135 | MEDISKIN PER SQUARE CENTIMETER   | x | x | x |
| Q4136 | E-Z DERM PER SQUARE CENTIMETER   | x | x | x |
| Q4137 | AMNIOEXCEL OR BIODEXCEL PER SQ CM  | x | x | x |
| Q4138 | BIOFENCE DRYFLEX PER SQ CM   | x | x | x |
| Q4139 | AMNIOMATRIX OR BIODMATRIX 1 CC   | x | x | x |
| Q4140 | BIOFENCE PER SQ CM   | x | x | x |
| Q4141 | ALLOSKIN AC PER SQ CM  | x | x | x |
| Q4142 | XCM BIOLOGIC TISSUE MATRIX PER SQ CM   | x | x | x |
| Q4143 | REPRIZA PER SQ CM  | x | x | x |
| Q4145 | EPIFIX INJECTABLE 1 MG   | x | x | x |
| Q4146 | TENSIX PER SQ CM   | x | x | x |
| Q4147 | ARCHITECT EXTRACELLULAR MATRIX PER SQ CM   | x | x | x |
| Q4148 | NEOX 1K PER SQ CM  | x | x | x |
| Q4149 | EXCELLAGEN 0.1 CC  | x | x | x |
| Q4150 | ALLOWRAP DS OR DRY PER SQUARE CENTIMETER   | x | x | x |
| Q4151 | AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER  | x | x | x |
| Q4152 | DERMAPURE PER SQUARE CENTIMETER  | x | x | x |
| Q4153 | DERMAVEST PER SQUARE CENTIMETER  | x | x | x |
| Q4154 | BIOVANCE PER SQUARE CENTIMETER   | x | x | x |
| Q4155 | NEOXFLO OR CLARIXFLO 1 MG  | x | x | x |
| Q4156 | NEOX 100 PER SQUARE CENTIMETER   | x | x | x |
| Q4157 | REVITALON PER SQUARE CENTIMETER  | x | x | x |
| Q4158 | MARIGEN PER SQUARE CENTIMETER  | x | x | x |
| Q4159 | AFFINITY PER SQUARE CENTIMETER   | x | x | x |
| Q4160 | NUSHIELD PER SQUARE CENTIMETER   | x | x | x |
| Q4161 | Bio-connekt wound matrix, per square centimeter  | x | x | x |
| Q4162 | AMNIOPRO FLOW AMNIOGEN-C 0.5 CC  | x | x | x |
| Q4163 | Amniopro, bioskin, biorenew, woundex, amniogen-45, amniogen-200, per square centimeter | x | x | x |
| Q4164 | Helicoll, per square centimeter  | x | x | x |
| Q4165 | Keramatrix, per square centimeter  | x | x | x |
| Q4166 | CYTAL, PER SQUARE CENTIMETER   | x | x | x |
| Q4167 | TRUSKIN, PER SQUARE CENTIMETER   | x | x | x |
| Q4168 | AMNIOBAND 1 MG   | x | x | x |
| Q4169 | ARTACENT WOUND, PER SQUARE CENTIMETER  | x | x | x |
| Q4170 | CYGNUS, PER SQUARE CENTIMETER  | x | x | x |
| Q4171 | INTERFYL 1 MG  | x | x | x |
| Q4173 | PALINGEN OR PALINGEN XPLUS, PER SQUARE CENTIMETER                                      | x | x | x |
| Q4174 | PALINGEN/PROMATRX 0.36 MG P 0.25 CC  | x | x | x |
| Q4175 | MIRODERM, PER SQUARE CENTIMETER  | x | x | x |
| Q4186 | EPIFIX PER SQ CM   |   |   | x |
| Q5001 | HOSPICE/HOME HLTH CARE PT HOME/RES   | x | x | x |
| Q5002 | HOSPICE/HHC PROV ASSTD LIVING FACL   | x | x | x |
| Q5003 | HOSPICE CARE PRVO LTC/NON-SKILL NF   | x | x | x |
| Q5004 | HOSPICE CARE PROVIDED IN SNF   | x | x | x |
| Q5005 | HOSPICE CARE PROV IN IP HOSPITAL   | x | x | x |
| Q5006 | HOSPICE CARE PROV IP HOSPICE FACL  | x | x | x |
| Q5007 | HOSPICE CARE PROV IN LTC FACL  | x | x | x |
| Q5008 | HOSPICE CARE PROV IP PSYCH FACILITY  | x | x | x |
| Q5009 | HOSPICE/HOME HLTH CARE IN PLACE NOS  | x | x | x |
| Q5010 | HOSPICE HOME CARE PROV HOSPICE FACL  | x | x | x |
| Q5101 | FILGRASTIM BIOSIMILAR 1 MCG  | x | x | x |
| Q5103 | Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg                             | x | x | x |
| Q5104 | Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg                             | x | x | x |
| Q5105 | Injection, epoetin alfa, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units      | x | x | x |

|       |   |   |   |   |
|-------|---|---|---|---|
| Q5106 | Injection, epoetin alfa, biosimilar, (Retacrit) (for non-ESRD use), 1000 units      | x | x | x |
| Q5107 | INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG   | x | x | x |
| Q5108 | Injection, pegfilgrastim-jmdb, biosimilar, (Fulphila), 0.5 mg                       | x | x | x |
| Q5109 | INJECTION INFlixIMAB-QBTX BIOSIMILAR 10 MG  | x | x | x |
| Q5110 | Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg                           | x | x | x |
| Q5111 | INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MG                                      | x | x | x |
| Q5112 | Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg                         | x | x | x |
| Q5113 | Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg                           | x | x | x |
| Q5114 | Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg                            | x | x | x |
| Q5115 | Injection, rituximab-abbs, biosimilar, 10 mg  | x | x | x |
| Q5116 | Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg                         | x | x | x |
| Q5117 | Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg                          | x | x | x |
| Q5118 | Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg                           | x | x | x |
| Q5119 | Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg                            | x | x | x |
| Q5120 | Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg                      | x | x | x |
| Q5121 | Injection, infliximab-axxq, biosimilar, (avsoia), 10 mg                             | x | x | x |
| Q5122 | Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg                       | x | x | x |
| Q5123 | Injection, rituximab-arrx, biosimilar, (riabni), 10 mg                              | x | x | x |
| Q5124 | Byooviz   |   | x | x |
| Q5125 | Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram                      |   | x | x |
| Q5126 | Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg                           |   |   | x |
| Q5127 | Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg                       |   |   | x |
| Q5128 | Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg                           |   |   | x |
| Q5129 | Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg                           |   |   | x |
| Q5130 | Injection, pegfilgrastim-pbbk (flyneta), biosimilar, 0.5 mg                         |   |   | x |
| Q5131 | Injection, adalimumab-aacf (idacio), biosimilar, 20 mg                              |   |   | x |
| Q9991 | Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg | x | x |   |
| Q9992 | Injection, buprenorphine extended-release (Sublocade), greater than 100 mg          | x | x |   |
| S0013 | Esketamine, nasal spray, 1 mg   | x | x | x |
| S0145 | PEGYLATD IFN ALFA-2A 180 MCG ML   | x | x |   |
| S0148 | PEGYLATD INTRFER ALFA-2B 10 MCG   | x | x |   |
| S0189 | TESTOSTERONE PELLET 75 MG   | x | x | x |
| S0199 | MED INDUCED AB ORAL INGEST MED  | x | x | x |
| S0201 | PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOU                                  | x | x | x |
| S0209 | WHEELCHAIR VAN, MILEAGE, PER MILE   | x |   |   |
| S0215 | NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE                                     | x | x | x |
| S1030 | CONTINUOUS NONINVASIVE GLUCOSE MONITORING DEVICE,                                   | x | x | x |
| S1031 | CONTINUOUS NONINVASIVE GLUCOSE MONITORING DEVICE,                                   | x | x | x |
| S1034 | ARTIF PANCREAS DEVC SYS THAT CMNCT W/ALL DEVC                                       | x | x | x |
| S1035 | SENSOR; INVASV DSPBL USE ARTIF PANCREAS DEVC SYS                                    | x | x | x |
| S1036 | TRANSMITTER; EXT USE W/ARTIF PANCREAS DEVC SYS                                      | x | x | x |
| S1037 | RECEIVER; EXTERNAL USE W/ARTIF PANCREAS DEVC SYS                                    | x | x | x |
| S1091 | Stent, non-coronary, temporary, with delivery system (propel)                       | x | x | x |
| S2053 | TRANSPLANTATION OF SMALL INTESTINE AND LIVER ALLOG                                  | x | x | x |
| S2054 | TRANSPLANTATION OF MULTIVISCERAL ORGANS   | x | x | x |
| S2055 | HARVESTING OF DONOR MULTIVISCERAL ORGANS, WITH PRE                                  | x | x | x |
| S2060 | LOBAR LUNG TRANSPLANTATION  | x | x | x |
| S2061 | DONOR LOBECTOMY (LUNG) FOR TRANSPLANTATION, LIVING                                  | x | x | x |
| S2065 | SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION  | x | x | x |
| S2066 | BREAST GAP FLAP RECONST   | x | x | x |
| S2067 | BRST RECN 1 BRST DIEP&/GAP FLP(S)   | x | x | x |
| S2068 | BREAST RECON DIEP/SIEA FLAP UNI   | x | x | x |
| S2070 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOS                                  | x | x | x |
| S2079 | LAP ESOPHAGOMYOTOMY HELLER TYPE   | x | x | x |
| S2080 | LASER-ASSISTED UVULOPALATOPLASTY (LAUP)   | x | x | x |
| S2083 | ADJUSTMENT OF GASTRIC BAND DIAMETER VIA SUBCUTANEO                                  | x | x | x |
| S2095 | TRANSCATHETER OCCLUSION OR EMBOLIZATION FOR TUMOR                                   | x | x | x |
| S2102 | ISLET CELL TISSUE TRANSPLANT FROM PANCREAS; ALLOGE                                  | x | x | x |
| S2103 | ADRENAL TISSUE TRANSPLANT TO BRAIN  | x | x | x |
| S2107 | ADOPTIVE IMMUNOTHERAPY I.E. DEVELOPMENT OF SPECIFI                                  | x | x | x |
| S2112 | ARTHROSCOPY, KNEE, SURGICAL FOR HARVESTING OF CART                                  | x | x | x |
| S2115 | OSTEOTOMY, PERIACETABULAR, WITH INTERNAL FIXATION                                   | x | x | x |
| S2117 | ARTHROEREISIS SUBTALAR  | x | x | x |
| S2118 | METL-ON-METL TOT HIP RESRFC ACETAB&FEM CMPNT  | x | x | x |
| S2140 | CORD BLOOD HARVESTING FOR TRANSPLANTATION, ALLOGEN                                  | x | x | x |
| S2142 | CORD BLOOD-DERIVED STEM-CELL TRANSPLANTATION, ALLO                                  | x | x | x |
| S2150 | BONE MARROW OR BLOOD-DERIVED STEM CELLS (PERIPHERA                                  | x | x | x |
| S2152 | SOLID ORGAN(S), COMPLETE OR SEGMENTAL, SINGLE ORGA                                  | x | x | x |
| S2202 | ECHOSCLEROTHERAPY   | x | x | x |
| S2205 | MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS S                                  | x | x | x |
| S2206 | MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS S                                  | x | x | x |
| S2207 | MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS S                                  | x | x | x |
| S2208 | MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS S                                  | x | x | x |
| S2209 | MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS S                                  | x | x | x |
| S2225 | MYRINGOTOMY, LASER-ASSISTED   | x | x | x |

|       |  |   |   |   |
|-------|--|---|---|---|
| S2260 | INDUCED ABORTION, 17 TO 24 WEEKS, ANY SURGICAL MET   | X | X | X |
| S2265 | ABORTION FOR FETAL INDICATION, 25-28 WEEKS   | X | X | X |
| S2266 | ABORTION FOR FETAL INDICATION, 29-31 WEEKS   | X | X | X |
| S2267 | ABORTION FOR FETAL INDICATION, 32 WEEKS OR GREATER   | X | X | X |
| S2300 | ARTHROSCOPY, SHOULDER, SURGICAL; WITH THERMALLY-IN   | X | X | X |
| S2325 | Hip core decompression   | X | X | X |
| S2340 | CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CO   | X | X | X |
| S2341 | CHEMODENERVATION OF ADDUCTOR MUSCLE(S) OF VOCAL CO   | X | X | X |
| S2342 | NASAL ENDOSCOPY FOR POST-OPERATIVE DEBRIDEMENT FOL   | X | X | X |
| S2348 | DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS  | X | X | X |
| S2350 | DISSECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL   | X | X | X |
| S2351 | DISSECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL   | X | X | X |
| S2400 | REPAIR, CONGENITAL DIAPHRAGMATIC HERNIA IN THE FET   | X | X | X |
| S2401 | REPAIR, URINARY TRACT OBSTRUCTION IN THE FETUS, PR   | X | X | X |
| S2402 | REPAIR, CONGENITAL CYSTIC ADENOMATOID MALFORMATION   | X | X | X |
| S2403 | REPAIR, EXTRALOBAR PULMONARY SEQUESTRATION IN THE  | X | X | X |
| S2404 | REPAIR, MYELOMENINGOCELE IN THE FETUS, PROCEDURE P   | X | X | X |
| S2405 | REPAIR OF SACROCOCCYGEAL TERTOMA IN THE FETUS, PR  | X | X | X |
| S2409 | REPAIR, CONGENITAL MALFORMATION OF FETUS, PROCEDUR   | X | X | X |
| S2411 | FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-   | X | X | X |
| S3005 | PRFRM MSR EVAL PT SELF ASSESS DPRSS  | X | X | X |
| S3650 | SALIVA TEST, HORMONE LEVEL; DURING MENOPAUSE   | X | X | X |
| S3800 | GENETIC TESTING ALS  | X | X | X |
| S3840 | DNA ANALYSIS FOR GERMLINE MUTATIONS OF THE RET PRO   | X | X | X |
| S3841 | GENETIC TESTING FOR RETINOBLASTOMA   | X | X | X |
| S3842 | GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE  | X | X | X |
| S3844 | DNA ANALYSIS OF THE CONNEXIN 26 GENE (GJB2) FOR SU   | X | X | X |
| S3845 | GENETIC TESTING FOR ALPHA-THALASSEMIA  | X | X | X |
| S3846 | GENETIC TESTING FOR HEMOGLOBIN E BETA-THALASSEMIA  | X | X | X |
| S3849 | GENETIC TESTING FOR NIEMANN-PICK DISEASE   | X | X | X |
| S3850 | GENETIC TESTING FOR SICKLE CELL ANEMIA   | X | X | X |
| S3852 | DNA ANALYSIS FOR APOE EPILSON 4 ALLELE FOR SUSCEPT   | X | X | X |
| S3853 | GENETIC TESTING FOR MYOTONIC MUSCULAR DYSTROPHY  | X | X | X |
| S3854 | GENE EXPRESSION PROFILING PANEL FOR USE IN THE MAN   | X | X | X |
| S3861 | GENETIC TESTING SCN5A & VARIANTS FOR SUSPECTED BS  | X | X | X |
| S3865 | COMPREHENSIVE GENE SEQUENCE ANALYSIS FOR HYPERTROP   | X | X | X |
| S3866 | GENETIC ANALYSIS FOR A SPECIFIC GENE MUTATION FOR HYPERTROPHIC CARDIOMYOPATHY (HCM) IN AN INDIVIDUAL WITH A KNOWN HCM MUTATION IN THE FAMILY | X | X | X |
| S3870 | CGD MICROARRAY TEST DD ASD &/OR INTELL DISABILITY  | X | X | X |
| S4981 | INSERTION OF LEVONORGESTREL-RELEASING INTRAUTERINE   | X | X | X |
| S5497 | HOME INFUS TX CATH CARE NOC; DIEM  | X | X | X |
| S5498 | HOME INFUS TX CATH CARE SIMPLE DIEM  | X | X | X |
| S5501 | HOME INFUS TX CATH CARE COMPLEX DIEM   | X | X | X |
| S5502 | HIT CATH CARE IMPL ACSS DEVC PD  | X | X | X |
| S5517 | HIT SPL RESTOR CATH PATENCY/DELOT  | X | X | X |
| S5518 | HIT ALL SPL NECES FOR CATH REPAIR  | X | X | X |
| S8030 | SCLERAL APPLICATION OF TANTALUM RING(S) FOR LOCALI   | X | X | X |
| S8035 | MAGNETIC SOURCE IMAGING  | X | X | X |
| S8037 | MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)   | X | X | X |
| S8040 | TOPOGRAPHIC BRAIN MAPPING  | X | X | X |
| S8042 | MAGNETIC RESONANCE IMAGING (MRI), LOW-FIELD  | X | X | X |
| S8080 | SCINTIMAMMOGRAPHY (RADIOIMMUNOSCINTIGRAPHY OF THE  | X | X | X |
| S8085 | FLUORINE-18 FLUORODEOXYGLUCOSE (F-18 FDG) IMAGING  | X | X | X |
| S8092 | ELECTRON BEAM COMPUTED TOMOGRAPHY (ALSO KNOWN AS U   | X | X | X |
| S8948 | APPLICATION OF A MODALITY (REQUIRING CONSTANT PROV   | X | X | X |
| S9001 | HOME UTERINE MONITOR WITH OR WITHOUT ASSOCIATED NU   | X | X | X |
| S9024 | PARANASAL SINUS ULTRASOUND   | X | X | X |
| S9025 | OMNICARDIOGRAM/CARDIOINTEGRAM  | X | X | X |
| S9055 | PROCUREN OR OTHER GROWTH FACTOR PREPARATION TO PRO   | X | X | X |
| S9056 | COMA STIMULATION PER DIEM  | X | X | X |
| S9061 | HOME ADMIN AEROSOLIZED DRUG TX DIEM  | X | X | X |
| S9090 | VERTEBRAL AXIAL DECOMPRESSION, PER SESSION   | X | X | X |
| S9110 | TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH  | X | X | X |
| S9122 | HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PRO   | X | X | X |
| S9123 | NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PE   | X | X | X |
| S9124 | NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL N   | X | X | X |
| S9125 | RESPIRE CARE, IN THE HOME, PER DIEM  | X | X | X |
| S9126 | HOSPICE CARE, IN THE HOME, PER DIEM  | X | X | X |
| S9127 | SOCIAL WORK VISIT, IN THE HOME, PER DIEM   | X | X | X |
| S9128 | SPEECH THERAPY, IN THE HOME, PER DIEM  | X | X | X |
| S9129 | OCCUPATIONAL THERAPY, IN THE HOME, PER DIEM  | X | X | X |
| S9131 | PHYSICAL THERAPY; IN THE HOME, PER DIEM  | X | X | X |
| S9208 | HOME MANAGEMENT OF PRETERM LABOR, INCLUDING ADMINI   | X | X | X |
| S9209 | HOME MANAGEMENT OF PRETERM PREMATURE RUPTURE OF ME   | X | X | X |
| S9211 | HOME MANAGEMENT OF GESTATIONAL HYPERTENSION, INCLU   | X | X | X |



|       |  |   |   |   |
|-------|--|---|---|---|
| S9212 | HOME MANAGEMENT OF POSTPARTUM HYPERTENSION, INCLUD | X | X | X |
| S9213 | HOME MANAGEMENT OF PREECLAMPSIA, INCLUDES ADMINIST | X | X | X |
| S9214 | HOME MANAGEMENT OF GESTATIONAL DIABETES, INCLUDES  | X | X | X |
| S9325 | HOME INFUSION THERAPY, PAIN MANAGEMENT INFUSION; A | X | X | X |
| S9326 | HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOU | X | X | X |
| S9327 | HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWE | X | X | X |
| S9328 | HOME INFUSION THERAPY, IMPLANTED PUMP PAIN MANAGEM | X | X | X |
| S9329 | HOME INFUSION THERAPY, CHEMOTHERAPY INFUSION; ADMI | X | X | X |
| S9330 | HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOU | X | X | X |
| S9331 | HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWE | X | X | X |
| S9335 | HOME THERAPY, HEMODIALYSIS; ADMINISTRATIVE SERVICE | X | X | X |
| S9336 | HOME INFUSION THERAPY, CONTINUOUS ANTICOAGULANT IN | X | X | X |
| S9338 | HOME INFUSION THERAPY, IMMUNOTHERAPY, ADMINISTRATI | X | X | X |
| S9339 | HOME THERAPY; PERITONEAL DIALYSIS, ADMINISTRATIVE  | X | X | X |
| S9340 | HOME THERAPY; ENTERAL NUTRITION; ADMINISTRATIVE SE | X | X | X |
| S9341 | HOME THERAPY; ENTERAL NUTRITION VIA GRAVITY; ADMIN | X | X | X |
| S9342 | HOME THERAPY; ENTERAL NUTRITION VIA PUMP; ADMINIST | X | X | X |
| S9343 | HOME THERAPY; ENTERAL NUTRITION VIA BOLUS; ADMINIS | X | X | X |
| S9345 | HOME INFUSION THERAPY, ANTI-HEMOPHILIC AGENT INFUS | X | X | X |
| S9346 | HOME INFUSION THERAPY, ALPHA-1-PROTEINASE INHIBITO | X | X | X |
| S9347 | HOME INFUSION THERAPY, UNINTERRUPTED, LONG-TERM, C | X | X | X |
| S9348 | HOME INFUSION THERAPY, SYMPATHOMIMETIC/NOTROPIC A  | X | X | X |
| S9349 | HOME INFUSION THERAPY, TOCOLYTIC INFUSION THERAPY; | X | X | X |
| S9351 | HOME INFUSION THERAPY, CONTINUOUS ANTI-EMETIC INFU | X | X | X |
| S9353 | HOME INFUSION THERAPY, CONTINUOUS INSULIN INFUSION | X | X | X |
| S9355 | HOME INFUSION THERAPY, CHELATION THERAPY; ADMINIST | X | X | X |
| S9357 | HOME INFUSION THERAPY, ENZYME REPLACEMENT INTRAVEN | X | X | X |
| S9359 | HOME INFUSION THERAPY, ANTI-TUMOR NECROSIS FACTOR  | X | X | X |
| S9361 | HOME INFUSION THERAPY, DIURETIC INTRAVENOUS THERAP | X | X | X |
| S9363 | HOME INFUSION THERAPY, ANTI-SPASMOTIC INTRAVENOUS  | X | X | X |
| S9364 | HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION  | X | X | X |
| S9365 | HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION  | X | X | X |
| S9366 | HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION  | X | X | X |
| S9367 | HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION  | X | X | X |
| S9368 | HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION  | X | X | X |
| S9370 | HOME THERAPY, INTERMITTENT ANTI-EMETIC INJECTION T | X | X | X |
| S9372 | HOME THERAPY; INTERMITTENT ANTICOAGULANT INJECTION | X | X | X |
| S9373 | HOME INFUSION THERAPY, HYDRATION THERAPY; ADMINIST | X | X | X |
| S9374 | HOME INFUSION THERAPY, HYDRATION THERAPY; ONE LITE | X | X | X |
| S9375 | HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THA | X | X | X |
| S9376 | HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THA | X | X | X |
| S9377 | HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THA | X | X | X |
| S9379 | ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SER | X | X | X |
| S9433 | MED FOOD NUTR ORAL 100% NUTR INTAKE                | X | X | X |
| S9434 | MODIFIED SOLID FOOD SUPPLEMENTS FOR INBORN ERRORS  | X | X | X |
| S9435 | MEDICAL FOODS INBORN ERRORS METAB                  | X | X | X |
| S9436 | CHLDBRTH PREP/LAMAZE CLASS PER SESS                | X | X |   |
| S9437 | CHILDBIRTH REFRESH CLASS PER SESS                  | X | X |   |
| S9438 | CESAREAN BRTH CLASS NON-MD PER SESS                | X | X | X |
| S9439 | VBAC CLASSES NON-MD PER SESSION                    | X | X | X |
| S9442 | BIRTHING CLASSES NON-PHYS PROV-SESS                | X | X |   |
| S9443 | LACTATION CLASS NON-PHYS PROV-SESS                 | X | X |   |
| S9452 | NUTRITION CLASSES, NON-PHYSICIAN PROVIDER, PER SES | X | X | X |
| S9455 | DIABETIC MGMT PROGM GROUP SESSION                  | X | X | X |
| S9460 | DIABETIC MGMT PROGM NURSE VISIT                    | X | X | X |
| S9465 | DIABETIC MGMT PROGM DIETITIAN VISIT                | X | X | X |
| S9470 | NUTRITIONAL COUNSELING, DIETITIAN VISIT            | X | X | X |
| S9472 | CARD REHAB PROGM NON-PHYS PROV DIEM                | X | X |   |
| S9475 | AMBULATORY SETTING SUBSTANCE ABUSE TREATMENT OR DE | X | X | X |
| S9480 | INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIE | X | X | X |
| S9482 | FAMILY STABILIZATION SERVICES, PER 15 MINUTES      | X | X | X |
| S9484 | CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER HO | X | X | X |
| S9485 | CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER DI | X | X | X |
| S9490 | HOME INFUSION THERAPY, CORTICOSTEROID INFUSION; AD | X | X | X |
| S9494 | HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR A | X | X | X |
| S9497 | HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR A | X | X | X |
| S9500 | HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR A | X | X | X |
| S9501 | HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR A | X | X | X |
| S9502 | HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR A | X | X | X |
| S9503 | HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR A | X | X | X |
| S9504 | HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR A | X | X | X |
| S9529 | ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S) | X | X | X |
| S9537 | HOME THERAPY; HEMATOPOIETIC HORMONE INJECTION THER | X | X | X |
| S9538 | HOME TRANSFUSION OF BLOOD PRODUCT(S); ADMINISTRATI | X | X | X |
| S9542 | HOME INJECTABLE THERAPY, NOT OTHERWISE CLASSIFIED, | X | X | X |

[illegible]