WELLFLEET

Approval of the following codes is not a guarantee that benefits will be paid under the health care plan. All benefit determinations are subject to eligibility at the time of service and all terms, limitations, and provisions of the plan document or policy. You may find the specific plan language at https://wellfleetstudent.com/ under "Search Your School".

This Precertification List is inclusive with Hines. This list is updated at least annually. Addition of codes are noted with the entire row highlighted in green. Category changes are noted with green in the Category column. Codes that have been removed from the Precertification list are in red cells.

CATEGORY	CODE	DESCRIPTION	NOTES
Outpatient Procedures	11950	subq inject filling mater	
Outpatient Procedures	11951	subq inject filling mater	
Outpatient Procedures	11952	subq inject filling mater	
Outpatient Procedures	11954	subq inject filling mater	
Outpatient Procedures	11980	IMPLANT HORMONE PELLET(S	
Outpatient Procedures	15150	CULT SKIN GRFT T/ARM/LEG	
Outpatient Procedures	15151	CULT SKIN GRFT T/A/L ADD	
Outpatient Procedures	15152	CULT SKIN GRAFT T/A/L +%	
Outpatient Procedures	15155	CULT SKIN GRAFT F/N/HF/G	
Outpatient Procedures	15156	CULT SKIN GRFT F/N/HFG A	
Outpatient Procedures	15157	CULT EPIDERM GRFT F/N/HF	
Outpatient Procedures	15271	SKIN SUB GRAFT TRNK/ARM/	
Outpatient Procedures	15272	SKIN SUB GRAFT T/A/L ADD	
Outpatient Procedures	15273	SKIN SUB GRFT T/ARM/LG	
Outpatient Procedures	15274	SKN SUB GRFT T/A/L CHILD	
Investigational/Experimental	15275	SKN SUB GRAFT FACE/NK/HF	
Outpatient Procedures	15276	SKN SUB GRAFT F/N/HF/G A	
Outpatient Procedures	15277	SKN SUB GRFT F/N/HF/G CH	
Outpatient Procedures	15278	SKN SUB GRFT F/N/HF/G CH	

Outpatient Procedures	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	
Outpatient Procedures	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; 50 CC OR LESS INJECTATE	
Outpatient Procedures	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)	
Outpatient Procedures	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	
Outpatient Procedures	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)	
Investigational/Experimental	15777	ACELLULAR DERM MATRIX IM	
Outpatient Procedures	15786	Abrasion; single lesion	

Outpatient Procedures	15787	Abrasion; each add lesions	
Outpatient Procedures	15819	PLASTIC SURGERY NECK	
Outpatient Procedures	15820	REVISION OF LOWER EYELID	
Outpatient Procedures	15821	Blepharoplasty	
Outpatient Procedures	15822	Blepharoplasty	
Outpatient Procedures	15823	Blepharoplasty	
Outpatient Procedures	15824	Rhytidectomy	
Outpatient Procedures	15825	Rhytidectomy	
Outpatient Procedures	15828	Rhytidectomy	
Outpatient Procedures	15829	Rhytidectomy	
Outpatient Procedures	15830	EXC SKIN ABD	
Outpatient Procedures	15832	Excis excess skin , non-abd	
Outpatient Procedures	15833	Excis excess skin , non-abd	
Outpatient Procedures	15834	Excis excess skin , non-abd	
Outpatient Procedures	15835	Excis excess skin , non-abd	
Outpatient Procedures	15836	Excis excess skin , non-abd	
Outpatient Procedures	15837	Excis excess skin , non-abd	
Outpatient Procedures	15838	Excis excess skin , non-abd	
Outpatient Procedures	15839	Excis excess skin , non-abd	
Outpatient Procedures	15847	Excis, excess skin subq tissue	
Outpatient Procedures	15876	suction lipectomy	
Outpatient Procedures	15877	suction lipectomy	
Outpatient Procedures	15878	suction lipectomy	
Outpatient Procedures	15879	suction lipectomy	
Unlisted Codes	15999	Unlisted procedure, excision pressure ulcer	
Outpatient Procedures	17106	Destruc of cutan vasc prolif les	
Outpatient Procedures	17107	Destruc of cutan vasc prolif les	
Outpatient Procedures	17108	Destruc of cutan vasc prolif les	
Unlisted Codes	17999	Unlisted procedure, skin, mucous memb, subq tiss	
Investigational/Experimental	19105	Cryosurg ablat fibroademoma	
Outpatient Procedures	19300	Mastectomy for gynecomastia	
Outpatient Procedures	19316	Mastopexy	
Outpatient Procedures	19318	Reduction mammaplasty	
Outpatient Procedures	19325	Mammaplasty, augmentation; with prosthetic implant	
Outpatient Procedures	19328	Removal of intact mammary implant	

Outpatient Procedures	19330	Removal of mammary implant material	
Outpatient Procedures	19340	IMMEDIATE BREAST PROSTHE	
Outpatient Procedures	19342	DELAYED BREAST PROSTHESI	
Outpatient Procedures	19350	Nipple/areola reconstruction	
Outpatient Procedures	19355	Correction of inverted nipples	
Outpatient Procedures	19357	Breast reconstruc w/tissue expander	
Outpatient Procedures	19370	Open periprosthetic capsulotomy, breast	
Outpatient Procedures	19371	Periprosthetic capsulectomy, breast	
Outpatient Procedures	19380	Revision of reconstructed breast	
Unlisted Codes	19499	Unlisted procedure, breast	
Outpatient Procedures	20527	INJ DUPUYTREN CORD W/ENZ	
Therapies	20552	Injection(s); single or multiple trigger point(s), one or two muscle(s)	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Therapies	20553	Injection(s); single or multiple trigger point(s), three or more muscle(s)	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Outpatient Procedures	20910	REMOVE CARTILAGE FOR GRA	
Outpatient Procedures	20912	REMOVE CARTILAGE FOR GRA	
Spinal Procedures	20930	Allograft, for spine surgery only	
Spinal Procedures	20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	
Spinal Procedures	20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)	

Spinal Procedures	20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	
Spinal Procedures	20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	
Spinal Procedures	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)	
Outpatient Procedures	20975	ELECTRICAL BONE STIMULAT	
Unlisted Codes	20999	Unlisted procedure, musculoskeletal system, general	
Outpatient Procedures	21025	Excision of bone mandible	
Outpatient Procedures	21032	Excision of maxillary torus palatinus	
Outpatient Procedures	21050	Condylectomy, temporomandibular joint (TMJ)	
Outpatient Procedures	21060	Meniscectomy, TMJ	
Investigational/Experimental	21073	MNPJ OF TMJ W/ANESTH	
Outpatient Procedures	21085	Impress and custom prep; oral surgical splint	
Outpatient Procedures	21088	facial prosthesis	
Unlisted Codes	21089	Unlisted maxillofacial procedure	
Outpatient Procedures	21110	Applic/remov, interdental fix dev, not for fx/disloc	
Outpatient Procedures	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	

Outpatient Procedures	21121	Genioplasty, sliding osteotomy	
Outpatient Procedures	21122	Genioplasty, sliding osteotomies	
Outpatient Procedures	21123	Genioplasty; sliding, aug w/bone grafts	
Outpatient Procedures	21125	Augment, mandible; prosthetic material	
Outpatient Procedures	21127	Augment, mandibule; bone graft	
Outpatient Procedures	21137	Forehead reduction	
Outpatient Procedures	21138	Forehead reduction	
Outpatient Procedures	21139	Forehead reduction	
Outpatient Procedures	21141	Reconstruction midface, LeFort I;	
Outpatient Procedures	21142	Reconstruction midface, LeFort I;	
Outpatient Procedures	21143	Reconstruction midface, LeFort I;	
Outpatient Procedures	21145	Reconstruction midface, LeFort I;	
Outpatient Procedures	21146	Reconstruction midface, LeFort I;	
Outpatient Procedures	21147	Reconstruction midface, LeFort I;	
Outpatient Procedures	21150	Reconstruction midface, LeFort II;	
Outpatient Procedures	21151	Reconstruction midface, LeFort II;	
Outpatient Procedures	21154	Reconstruction midface, LeFort III extracranial,	
Outpatient Procedures	21155	Reconstruction midface, LeFort III extracranial,	
Outpatient Procedures	21159	Reconstruction midface, LeFort III extracranial,	
Outpatient Procedures	21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement requiring bone grafts ; with LeFort I	
Outpatient Procedures	21172	Reconstrction sup-lat orb rim/lower forehead	
Outpatient Procedures	21179	Reconstr forehead/supraorb rims	

Outpatient Procedures	21180	Reconstr forehead/supraorb rims	
Outpatient Procedures	21181	Reconstruct/contour benign tumor cran bones	
Outpatient Procedures	21182	Reconstr forehead/supraorb rims, benign tmr	
Outpatient Procedures	21188	Reconstr midface, osteotomies & bone grafts	
Outpatient Procedures	21193	Reconstruc of mandib rami,	
Outpatient Procedures	21194	Reconstruc of mandib rami,	
Outpatient Procedures	21195	Reconstruc of mandib rami,	
Outpatient Procedures	21196	Reconstruc of mandib rami,	
Outpatient Procedures	21198	Osteotomy, mandible, segmental	
Outpatient Procedures	21199	Osteotomy, mandible, segmental	
Outpatient Procedures	21206	Osteotomy, maxilla, segmental	
Outpatient Procedures	21208	Osteoplasty, facial bones; aug	
Outpatient Procedures	21209	Osteoplasty, facial bones; reduction	
Outpatient Procedures	21210	Graft, bone; nasal, maxillary or malar areas	
Outpatient Procedures	21215	Graft, bone; mandible (includes obtaining graft)	
Outpatient Procedures	21230	RIB CARTILAGE GRAFT	
Outpatient Procedures	21235	Graft; ear cartilage, autogenous, to nose or ear	
Outpatient Procedures	21240	Arthroplasty, TMJ	
Outpatient Procedures	21242	Arthroplasty, TMJ	
Outpatient Procedures	21243	Arthroplasty, TMJ	
Outpatient Procedures	21244	Reconstruction of mandible,	
Outpatient Procedures	21245	Reconstruction of mandible or maxilla,	
Outpatient Procedures	21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	
Outpatient Procedures	21247	Reconstruction of mandibular condyle	

Outpatient Procedures	21248	Reconstruction of mandible or maxilla,	
Outpatient Procedures	21249	Reconstruction of mandible or maxilla,	
Outpatient Procedures	21270	Malar augmentation, prosthetic material	
Outpatient Procedures	21280	Medial canthopexy (separate procedure)	
Outpatient Procedures	21282	Lateral canthopexy	
Unlisted Codes	21299	Unlisted craniofacial and maxillofacial procedure	
Outpatient Procedures	21325	Open treatment of nasal fracture;	
Outpatient Procedures	21347	Open tx of nasomaillary complex fx LeFort II	
Outpatient Procedures	21348	Open tx of nasomaillary complex fx LeFort II	
Outpatient Procedures	21432	Open tx of nasomaillary complex fx LeFort III	
Outpatient Procedures	21433	Open tx of nasomaillary complex fx LeFort III	
Outpatient Procedures	21435	Open tx of nasomaillary complex fx LeFort III	
Outpatient Procedures	21436	Open tx of nasomaillary complex fx LeFort III	
Outpatient Procedures	21497	Interdental Wiring	
Unlisted Codes	21499	Unlisted musculoskeletal procedure, head	
Outpatient Procedures	21685	Hyoid myotomy and suspension	
Outpatient Procedures	21740	Reconstruc repair of pectus	
Outpatient Procedures	21742	Reconstruc repair of pectus	
Outpatient Procedures	21743	Reconstruc repair of pectus	
Unlisted Codes	21899	Unlisted procedure, neck or thorax	
Spinal Procedures	22102	Part excis post vertebral component	
Spinal Procedures	22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	

Spinal Procedures	22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	
Spinal Procedures	22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	
Spinal Procedures	22214	REVISION OF LUMBAR SPINE	
Spinal Procedures	22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	
Spinal Procedures	22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	
Spinal Procedures	22224	Osteotomy of spine, including diskectomy, anterior approach	
Spinal Procedures	22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	
Spinal Procedures	22325	Open tx &/or reducof vert fx(s) &/or disloc(s), postr approach	
Spinal Procedures	22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical	

Spinal Procedures	22328	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)	
Spinal Procedures	22505	Manip spine req anesth	
Spinal Procedures	22510	PERQ CERVICOTHORACIC INJECT	
Spinal Procedures	22511	PERQ LUMBOSACRAL INJECTION	
Spinal Procedures	22512	VERTEBROPLASTY ADDL INJECT	
Spinal Procedures	22513	PERQ VERTEBRAL AUGMENTATION	
Spinal Procedures	22514	PERQ VERTEBRAL AUGMENTATION	
Spinal Procedures	22515	PERQ VERTEBRAL AUGMENTATION	
Investigational/Experimental	22526	Perc intradisc elect-therm annuloplasty	
Investigational/Experimental	22527	Perc intradisc elect-therm annuloplasty	
Spinal Procedures	22533	Arthrodesis, lateral extracavitary technique,	
Spinal Procedures	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	
Spinal Procedures	22551	ARTHRODESIS, ANTERIOR INTERBODY,	
Spinal Procedures	22552	ARTHRODESIS, ANTERIOR INTERBODY,	
Spinal Procedures	22554	NECK SPINE FUSION	
Spinal Procedures	22558	Arthrodesis, anterior interbody technique,	

Spinal Procedures	22585	Arthrodesis, anterior interbody technique,	
Spinal Procedures	22586	PRESCRL FUSE W/ INSTR L5	
Spinal Procedures	22600	NECK SPINE FUSION	
Spinal Procedures	22612	Arthrodesis, posterior or posterolateral technique,	
Spinal Procedures	22614	Arthrodesis, posterior or posterolateral technique,	
Spinal Procedures	22630	Arthrodesis, posterior interbody technique,	
Spinal Procedures	22632	Arthrodesis, posterior interbody technique,	
Spinal Procedures	22633	LUMBAR SPINE FUSION COMB	
Spinal Procedures	22634	SPINE FUSION EXTRA SEGME	
Spinal Procedures	22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	
Spinal Procedures	22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	
Spinal Procedures	22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	
Spinal Procedures	22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	

Spinal Procedures	22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	
Spinal Procedures	22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	
Spinal Procedures	22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	
Spinal Procedures	22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	
Spinal Procedures	22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	
Spinal Procedures	22849	Reinsertion of spinal fixation device	
Spinal Procedures	22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	
Spinal Procedures	22852	Removal of posterior segmental instrumentation	
Spinal Procedures	22853	INSJ BIOMECHANICAL DEVICE	

Spinal Procedures	22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	
Spinal Procedures	22855	Removal of anterior instrumentation	
Spinal Procedures	22856	CERV ARTIFIC DISKECTOMY]	
Spinal Procedures	22857	Tot disc arthroplasty (artif disc), ant aprch	
Spinal Procedures	22858	SECOND LEVEL CER DISKECTOMY	
Spinal Procedures	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)	
Spinal Procedures	22861	Revis tot disc arthroplasty (artif disc), ant	
Spinal Procedures	22862	Revis tot disc arthroplasty (artif disc), ant	
Spinal Procedures	22867	INSJ STABLJ DEV W/DCMPRN	
Spinal Procedures	22868	INSJ STABLJ DEV W/DCMPRN	
Spinal Procedures	22869	INSJ STABLJ DEV W/O DCMPRN	
Spinal Procedures	22870	INSJ STABLJ DEV W/O DCMPRN	
Unlisted Codes	22899	Unlisted Spinal Procedure	

Unlisted Codes	22999	Unlisted procedure, abdomen, musculoskeletal system	
Outpatient Procedures	23000	REMOVAL OF CALCIUM DEPOS	Musculoskeletal
Outpatient Procedures	23020	RELEASE SHOULDER JOINT	Musculoskeletal
Outpatient Procedures	23030	DRAIN SHOULDER LESION	Musculoskeletal
Outpatient Procedures	23031	DRAIN SHOULDER BURSA	Musculoskeletal
Outpatient Procedures	23035	DRAIN SHOULDER BONE LESI	Musculoskeletal
Outpatient Procedures	23040	EXPLORATORY SHOULDER SUR	Musculoskeletal
Outpatient Procedures	23044	EXPLORATORY SHOULDER SUR	Musculoskeletal
Outpatient Procedures	23065	BIOPSY SHOULDER TISSUES	Musculoskeletal
Outpatient Procedures	23066	BIOPSY SHOULDER TISSUES	Musculoskeletal
Outpatient Procedures	23071	EXC SHOULDER LES SC 3 CM	Musculoskeletal
Outpatient Procedures	23073	EXC SHOULDER TUM DEEP 5	Musculoskeletal
Outpatient Procedures	23075	REMOVAL OF SHOULDER LESI	Musculoskeletal
Outpatient Procedures	23076	REMOVAL OF SHOULDER LESI	Musculoskeletal
Outpatient Procedures	23077	REMOVE TUMOR OF SHOULDER	Musculoskeletal
Outpatient Procedures	23078	RESECT SHOULDER TUM 5 CM	Musculoskeletal
Outpatient Procedures	23100	BIOPSY OF SHOULDER JOINT	Musculoskeletal
Outpatient Procedures	23101	SHOULDER JOINT SURGERY	Musculoskeletal
Outpatient Procedures	23105	REMOVE SHOULDER JOINT LI	Musculoskeletal
Outpatient Procedures	23106	INCISION OF COLLARBONE J	Musculoskeletal
Outpatient Procedures	23107	EXPLORE TREAT SHOULDER J	Musculoskeletal
Outpatient Procedures	23120	PARTIAL REMOVAL COLLAR B	Musculoskeletal
Outpatient Procedures	23130	acromioplasty/-nectomy, partial	Musculoskeletal
Outpatient Procedures	23140	REMOVAL OF BONE LESION	Musculoskeletal
Outpatient Procedures	23145	REMOVAL OF BONE LESION	Musculoskeletal
Outpatient Procedures	23146	REMOVAL OF BONE LESION	Musculoskeletal

Outpatient Procedures	23150	REMOVAL OF HUMERUS LESIO	Musculoskeletal
Outpatient Procedures	23155	REMOVAL OF HUMERUS LESIO	Musculoskeletal
Outpatient Procedures	23156	REMOVAL OF HUMERUS LESIO	Musculoskeletal
Outpatient Procedures	23170	REMOVE COLLAR BONE LESIO	Musculoskeletal
Outpatient Procedures	23172	REMOVE SHOULDER BLADE LE	Musculoskeletal
Outpatient Procedures	23174	REMOVE HUMERUS LESION	Musculoskeletal
Outpatient Procedures	23180	REMOVE COLLAR BONE LESIO	Musculoskeletal
Outpatient Procedures	23182	REMOVE SHOULDER BLADE LE	Musculoskeletal
Outpatient Procedures	23184	REMOVE HUMERUS LESION	Musculoskeletal
Outpatient Procedures	23195	REMOVAL OF HEAD OF HUMER	
Outpatient Procedures	23200	REMOVAL OF COLLAR BONE	Musculoskeletal
Outpatient Procedures	23210	REMOVAL OF SHOULDER BLAD	Musculoskeletal
Outpatient Procedures	23220	PARTIAL REMOVAL OF HUMER	Musculoskeletal
Outpatient Procedures	23330	REMOVE SHOULDER FOREIGN	Musculoskeletal
Outpatient Procedures	23333	REMOVE SHOULDER FB DEEP	Musculoskeletal
Outpatient Procedures	23334	SHOULDER PROSTHESIS REMOVAL	Musculoskeletal
Outpatient Procedures	23335	SHOULDER PROSTHESIS REMOVAL	Musculoskeletal
Outpatient Procedures	23400	FIXATION OF SHOULDER BLA	Musculoskeletal
Outpatient Procedures	23410	REPAIR ROTATOR CUFF ACUT	Musculoskeletal
Outpatient Procedures	23412	REPAIR ROTATOR CUFF CHRO	Musculoskeletal
Outpatient Procedures	23415	coracoacromial lig release	Musculoskeletal
Outpatient Procedures	23420	REPAIR OF SHOULDER	Musculoskeletal
Outpatient Procedures	23430	REPAIR BICEPS TENDON	Musculoskeletal
Outpatient Procedures	23440	REMOVE/TRANSPLANT TENDON	Musculoskeletal

Outpatient Procedures	23450	REPAIR SHOULDER CAPSULE	Musculoskeletal
Outpatient Procedures	23455	REPAIR SHOULDER CAPSULE	Musculoskeletal
Outpatient Procedures	23460	REPAIR SHOULDER CAPSULE	Musculoskeletal
Outpatient Procedures	23462	REPAIR SHOULDER CAPSULE	Musculoskeletal
Outpatient Procedures	23465	REPAIR SHOULDER CAPSULE	Musculoskeletal
Outpatient Procedures	23466	REPAIR SHOULDER CAPSULE	Musculoskeletal
Outpatient Procedures	23470	RECONSTRUCT SHOULDER JOI	Musculoskeletal
Outpatient Procedures	23472	RECONSTRUCT SHOULDER JOI	Musculoskeletal
Outpatient Procedures	23473	REVIS RECONST SHOULDER J	Musculoskeletal
Outpatient Procedures	23474	REVIS RECONST SHOULDER J	Musculoskeletal
Outpatient Procedures	23490	REINFORCE CLAVICLE	Musculoskeletal
Outpatient Procedures	23491	REINFORCE SHOULDER BONES	Musculoskeletal
Investigational/Experimenta	23700	FIXATION OF SHOULDER	Musculoskeletal
Outpatient Procedures	23800	FUSION OF SHOULDER JOINT	Musculoskeletal
Outpatient Procedures	23802	FUSION OF SHOULDER JOINT	Musculoskeletal
Unlisted Codes	23929	Unlisted procedure, shoulder	Musculoskeletal
Outpatient Procedures	24300	MANIPULATE ELBOW W/ANEST	
Unlisted Codes	24999	Unlisted procedure, humerus or elbow	
Outpatient Procedures	25259	MANIPULATE WRIST W/ANEST	
Investigational/Experimenta l	25675	TREAT WRIST DISLOCATION	
Unlisted Codes	25999	Unlisted procedure, forearm and wrist	
Outpatient Procedures	26341	MANIPULAT PALM CORD POST	
Unlisted Codes	26989	Unlisted procedure, hands or fingers	
Outpatient Procedures	26990	DRAINAGE OF PELVIS LESIO	Musculoskeletal

Outpatient Procedures	26991	DRAINAGE OF PELVIS BURSA	Musculoskeletal
Outpatient Procedures	26992	Incis bone cortex, pelvis or hip	Musculoskeletal
Outpatient Procedures	27030	DRAINAGE OF HIP JOINT	Musculoskeletal
Outpatient Procedures	27033	EXPLORATION OF HIP JOINT	Musculoskeletal
Outpatient Procedures	27040	BIOPSY OF SOFT TISSUES	Musculoskeletal
Outpatient Procedures	27041	BIOPSY OF SOFT TISSUES	Musculoskeletal
Outpatient Procedures	27043	EXC HIP PELVIS LES SC 3	Musculoskeletal
Outpatient Procedures	27045	EXC HIP/PELV TUM DEEP 5	Musculoskeletal
Outpatient Procedures	27047	REMOVE HIP/PELVIS LESION	Musculoskeletal
Outpatient Procedures	27048	REMOVE HIP/PELVIS LESION	Musculoskeletal
Outpatient Procedures	27049	EXTENSIVE FOREARM SURGER	Musculoskeletal
Outpatient Procedures	27050	BIOPSY OF SACROILIAC JOI	
Outpatient Procedures	27052	BIOPSY OF HIP JOINT	Musculoskeletal
Outpatient Procedures	27054	REMOVAL OF HIP JOINT LIN	Musculoskeletal
Outpatient Procedures	27057	BUTTOCK FASCIOTOMY]	
Outpatient Procedures	27059	RESECT HIP/PELV TUM > 5	Musculoskeletal
Outpatient Procedures	27065	REMOVE HIP BONE LES SUPE	Musculoskeletal
Outpatient Procedures	27066	REMOVE HIP BONE LES DEEP	Musculoskeletal
Outpatient Procedures	27067	REMOVE/GRAFT HIP BONE LE	Musculoskeletal
Outpatient Procedures	27070	PART REMOVE HIP BONE SUP	Musculoskeletal
Outpatient Procedures	27071	PART REMOVAL HIP BONE DE	Musculoskeletal
Outpatient Procedures	27075	EXTENSIVE HIP SURGERY	Musculoskeletal
Outpatient Procedures	27076	RESECT HIP TUM INCL ACET	Musculoskeletal
Outpatient Procedures	27077	EXTENSIVE HIP SURGERY	Musculoskeletal
Outpatient Procedures	27078	EXTENSIVE HIP SURGERY	Musculoskeletal
Outpatient Procedures	27086	REMOVE HIP FOREIGN BODY	Musculoskeletal
Outpatient Procedures	27087	REMOVE HIP FOREIGN BODY	Musculoskeletal
Outpatient Procedures	27090	REMOVAL OF HIP PROSTHESI	Musculoskeletal
Outpatient Procedures	27091	REMOVAL OF HIP PROSTHESI	Musculoskeletal

Outpatient Procedures	27096	INJECT SACROILIAC JOINT	Musculoskeletal
Outpatient Procedures	27098	TRANSFER TENDON TO PELVI	
Outpatient Procedures	27100	TRANSFER OF ABDOMINAL MU	
Outpatient Procedures	27105	TRANSFER OF SPINAL MUSCL	
Outpatient Procedures	27111	TRANSFER OF ILIOPSOAS MU	
Outpatient Procedures	27120	RECONSTRUCTION OF HIP SO	Musculoskeletal
Outpatient Procedures	27122	RECONSTRUCTION OF HIP SO	Musculoskeletal
Outpatient Procedures	27125	PARTIAL HIP REPLACEMENT	Musculoskeletal
Outpatient Procedures	27130	TOTAL HIP ARTHROPLASTY	Musculoskeletal
Outpatient Procedures	27132	TOTAL HIP ARTHROPLASTY	Musculoskeletal
Outpatient Procedures	27134	REVISE HIP JOINT REPLACE	Musculoskeletal
Outpatient Procedures	27137	REVISE HIP JOINT REPLACE	Musculoskeletal
Outpatient Procedures	27138	REVISE HIP JOINT REPLACE	Musculoskeletal
Outpatient Procedures	27140	TRANSPLANT FEMUR RIDGE	Musculoskeletal
Outpatient Procedures	27146	INCISION OF HIP BONE	Musculoskeletal
Outpatient Procedures	27147	REVISION OF HIP BONE	Musculoskeletal
Outpatient Procedures	27151	INCISION OF HIP BONES	Musculoskeletal
Outpatient Procedures	27156	REVISION OF HIP BONES	Musculoskeletal
Outpatient Procedures	27158	REVISION OF PELVIS	Musculoskeletal
Outpatient Procedures	27161	INCISION OF NECK OF FEMU	Musculoskeletal
Outpatient Procedures	27165	INCISION/FIXATION OF FEM	Musculoskeletal
Outpatient Procedures	27170	REPAIR/GRAFT FEMUR HEAD/	
Outpatient Procedures	27175	TREAT SLIPPED EPIPHYSIS	Musculoskeletal
Outpatient Procedures	27176	Tx slip fem epiph by pin in situ	Musculoskeletal
Outpatient Procedures	27177	TREAT SLIPPED EPIPHYSIS	Musculoskeletal
Outpatient Procedures	27178	Open tx slip fem epiph w/pin	Musculoskeletal
Outpatient Procedures	27179	REVISE HEAD/NECK OF FEMU	Musculoskeletal
Outpatient Procedures	27181	TREAT SLIPPED EPIPHYSIS	Musculoskeletal
Outpatient Procedures	27185	REVISION OF FEMUR EPIPHY	
Outpatient Procedures	27187	REINFORCE HIP BONES	Musculoskeletal

Outpatient Procedures	27197	CLSD TX PELVIC RING FX	
Outpatient Procedures	27198	CLSD TX PELVIC RING FX	
Investigational/Experimental	27275	MANIPULATION OF HIP JOIN	
Spinal Procedures	27279	ARTHRODESIS SACROILIAC JOINT	
Spinal Procedures	27280	Arthrodesis, sacroililiac joint (including obtaining graft)	
Outpatient Procedures	27282	FUSION OF PUBIC BONES	
Outpatient Procedures	27284	FUSION OF HIP JOINT	
Outpatient Procedures	27286	FUSION OF HIP JOINT	
Unlisted Codes	27299	Unlisted procedure, pelvis or hip joint	
Outpatient Procedures	27301	DRAIN THIGH/KNEE LESION	Musculoskeletal
Outpatient Procedures	27303	DRAINAGE OF BONE LESION	Musculoskeletal
Outpatient Procedures	27305	INCISE THIGH TENDON & FA	
Outpatient Procedures	27306	INCISION OF THIGH TENDON	
Outpatient Procedures	27307	INCISION OF THIGH TENDON	
Outpatient Procedures	27310	EXPLORATION OF KNEE JOIN	Musculoskeletal
Outpatient Procedures	27323	BIOPSY THIGH SOFT TISSUE	Musculoskeletal
Outpatient Procedures	27324	BIOPSY THIGH SOFT TISSUE	Musculoskeletal
Outpatient Procedures	27327	REMOVAL OF THIGH LESION	Musculoskeletal
Outpatient Procedures	27328	REMOVAL OF THIGH LESION	Musculoskeletal
Outpatient Procedures	27329	REMOVE TUMOR, THIGH/KNEE	Musculoskeletal
Outpatient Procedures	27330	Arthrotomy knee w/ bx	Musculoskeletal
Outpatient Procedures	27331	EXPLORE/TREAT KNEE JOINT	Musculoskeletal
Outpatient Procedures	27332	REMOVAL OF KNEE CARTILAG	Musculoskeletal
Outpatient Procedures	27333	REMOVAL OF KNEE CARTILAG	Musculoskeletal
Outpatient Procedures	27334	REMOVE KNEE JOINT LINING	Musculoskeletal
Outpatient Procedures	27335	REMOVE KNEE JOINT LINING	Musculoskeletal
Outpatient Procedures	27337	EXC THIGH/KNEE LES SC 3	Musculoskeletal
Outpatient Procedures	27339	EXC THIGH/KNEE TUM DEP 5	Musculoskeletal

Outpatient Procedures	27340	REMOVAL OF KNEECAP BURSA	Musculoskeletal
Outpatient Procedures	27347	REMOVE KNEE CYST	Musculoskeletal
Outpatient Procedures	27350	REMOVAL OF KNEECAP	
Outpatient Procedures	27355	REMOVE FEMUR LESION	Musculoskeletal
Outpatient Procedures	27356	REMOVE FEMUR LESION/GRAF	Musculoskeletal
Outpatient Procedures	27357	REMOVE FEMUR LESION/GRAF	Musculoskeletal
Outpatient Procedures	27358	REMOVE FEMUR LESION/FIXA	Musculoskeletal
Outpatient Procedures	27360	PARTIAL REMOVAL LEG BONE	Musculoskeletal
Outpatient Procedures	27364	RESECT THIGH/KNEE TUM >5	Musculoskeletal
Outpatient Procedures	27365	EXTENSIVE LEG SURGERY	Musculoskeletal
Outpatient Procedures	27372	REMOVAL OF FOREIGN BODY	Musculoskeletal
Outpatient Procedures	27381	REPAIR/GRAFT KNEECAP TEN	
Outpatient Procedures	27386	REPAIR/GRAFT OF THIGH MU	
Outpatient Procedures	27390	INCISION OF THIGH TENDON	
Outpatient Procedures	27396	TRANSPLANT OF THIGH TEND	
Outpatient Procedures	27397	TRANSPLANTS OF THIGH TEN	
Outpatient Procedures	27400	REVISE THIGH MUSCLES/TEN	
Outpatient Procedures	27403	REPAIR OF KNEE CARTILAGE	Musculoskeletal
Outpatient Procedures	27405	REPAIR OF KNEE LIGAMENT	Musculoskeletal
Outpatient Procedures	27407	REPAIR OF KNEE LIGAMENT	Musculoskeletal
Outpatient Procedures	27409	Repair torn knee capsule /lig	Musculoskeletal
Outpatient Procedures	27412	AUTOCHONDROCYTE IMPLANT	Musculoskeletal
Outpatient Procedures	27415	OSTEOCHONDRAL KNEE ALLOG	Musculoskeletal
Outpatient Procedures	27416	OSTEOCHONDRAL KNEE AUTOG	Musculoskeletal
Outpatient Procedures	27418	REPAIR DEGENERATED KNEEC	Musculoskeletal

Outpatient Procedures	27420	REVISION OF UNSTABLE KNE	Musculoskeletal
Outpatient Procedures	27422	REVISION OF UNSTABLE KNE	Musculoskeletal
Outpatient Procedures	27424	REVISION/REMOVAL OF KNEE	Musculoskeletal
Outpatient Procedures	27425	LAT RETINACULAR RELEASE	Musculoskeletal
Outpatient Procedures	27427	RECONSTRUCTION KNEE	Musculoskeletal
Outpatient Procedures	27428	RECONSTRUCTION, KNEE	Musculoskeletal
Outpatient Procedures	27429	RECONSTRUCTION, KNEE	Musculoskeletal
Outpatient Procedures	27430	REVISION OF THIGH MUSCLE	
Outpatient Procedures	27435	INCISION OF KNEE JOINT	
Outpatient Procedures	27437	REVISE KNEECAP	
Outpatient Procedures	27438	REVISE KNEECAP WITH IMPL	Musculoskeletal
Outpatient Procedures	27440	REVISION OF KNEE JOINT	Musculoskeletal
Outpatient Procedures	27441	REVISION OF KNEE JOINT	Musculoskeletal
Outpatient Procedures	27442	REVISION OF KNEE JOINT	Musculoskeletal
Outpatient Procedures	27443	REVISION OF KNEE JOINT	Musculoskeletal
Outpatient Procedures	27445	REVISION OF KNEE JOINT	Musculoskeletal
Outpatient Procedures	27446	REVISION OF KNEE JOINT	Musculoskeletal
Outpatient Procedures	27447	TOTAL KNEE ARTHROPLASTY	Musculoskeletal
Outpatient Procedures	27448	INCISION OF THIGH	Musculoskeletal
Outpatient Procedures	27450	INCISION OF THIGH	Musculoskeletal
Outpatient Procedures	27454	REALIGNMENT OF THIGH BON	Musculoskeletal
Outpatient Procedures	27455	REALIGNMENT OF KNEE	Musculoskeletal
Outpatient Procedures	27457	Arrest epiphyseal	Musculoskeletal
Outpatient Procedures	27465	SHORTENING OF THIGH BONE	Musculoskeletal
Outpatient Procedures	27466	LENGTHENING OF THIGH BON	Musculoskeletal
Outpatient Procedures	27468	SHORTEN/LENGTHEN THIGHS	Musculoskeletal
Outpatient Procedures	27470	REPAIR OF THIGH	Musculoskeletal
Outpatient Procedures	27472	REPAIR/GRAFT OF THIGH	Musculoskeletal
Outpatient Procedures	27475	SURGERY TO STOP LEG GROW	
Outpatient Procedures	27477	SURGERY TO STOP LEG GROW	
Outpatient Procedures	27486	REVISE/REPLACE KNEE JOIN	Musculoskeletal

Outpatient Procedures	27487	REVISE/REPLACE KNEE JOIN	Musculoskeletal
Outpatient Procedures	27488	REMOVAL OF KNEE PROSTHES	Musculoskeletal
Outpatient Procedures	27495	REINFORCE THIGH	Musculoskeletal
Outpatient Procedures	27496	DECOMPRESSION OF THIGH/K	
Outpatient Procedures	27497	DECOMPRESSION OF THIGH/K	
Outpatient Procedures	27498	DECOMPRESSION OF THIGH/K	
Outpatient Procedures	27499	DECOMPRESSION OF THIGH/K	
Outpatient Procedures	27570	FIXATION OF KNEE JOINT	Musculoskeletal
Unlisted Codes	27599	Unlisted procedure, femur or knee	
Outpatient Procedures	27702	RECONSTRUCT ANKLE JOINT	Musculoskeletal
Outpatient Procedures	27703	RECONSTRUCTION ANKLE JOI	Musculoskeletal
Outpatient Procedures	27860	FIXATION OF ANKLE JOINT	Musculoskeletal
Unlisted Codes	27899	Unlisted procedure, leg or ankle	
Investigational/Experimental	28446	Osteochondral autograft, talus	Musculoskeletal
Investigational/Experimental	28890	Extra corp shock, plantar fascia	Musculoskeletal
Unlisted Codes	28899	Unlisted procedure, foot or toes	
Unlisted Codes	29799	Unlisted procedure, casting or strapping	
Outpatient Procedures	29800	Arthroscopy, TMJ	
Outpatient Procedures	29804	Arthroscopy , TMJ, surgical	
Outpatient Procedures	29805	SHOULDER ARTHROSCOPY DX	Musculoskeletal
Outpatient Procedures	29806	SHOULDER ARTHROSCOPY/SUR	Musculoskeletal
Outpatient Procedures	29807	SHOULDER ARTHROSCOPY/SUR	Musculoskeletal
Outpatient Procedures	29819	SHOULDER ARTHROSCOPY/SUR	Musculoskeletal
Outpatient Procedures	29820	SHOULDER ARTHROSCOPY/SUR	Musculoskeletal
Outpatient Procedures	29821	SHOULDER ARTHROSCOPY/SUR	Musculoskeletal

Outpatient Procedures	29822	SHOULDER ARTHROSCOPY/SUR	Musculoskeletal
Outpatient Procedures	29823	SHOULDER ARTHROSCOPY/SUR	Musculoskeletal
Outpatient Procedures	29824	SHOULDER ARTHROSCOPY/SUR	Musculoskeletal
Outpatient Procedures	29825	SHOULDER ARTHROSCOPY/SUR	Musculoskeletal
Outpatient Procedures	29826	Arthoscopy, shoulder, coracoacrom lig release	Musculoskeletal
Outpatient Procedures	29827	Arthoscopy, shoulder, rotator cuff repair	Musculoskeletal
Outpatient Procedures	29828	ARTHROSCOPY BICEPS TENOD	Musculoskeletal
Outpatient Procedures	29850	KNEE ARTHROSCOPY/SURGERY	Musculoskeletal
Outpatient Procedures	29851	KNEE ARTHROSCOPY/SURGERY	Musculoskeletal
Outpatient Procedures	29855	Arthroscop aided tx tib fx	Musculoskeletal
Outpatient Procedures	29856	Arthroscop aided tx tib fx	Musculoskeletal
Outpatient Procedures	29860	Arthroscopy, hip, diagnostic	Musculoskeletal
Outpatient Procedures	29861	Arthroscopy, hip, surgical	Musculoskeletal
Outpatient Procedures	29862	Arthroscopy, hip, surgical	Musculoskeletal
Outpatient Procedures	29863	Arthroscopy, hip, surgical	Musculoskeletal
Outpatient Procedures	29866	Arthroscopy, knee, surgical	Musculoskeletal
Outpatient Procedures	29867	Arthroscopy, knee, surgical	Musculoskeletal
Outpatient Procedures	29868	MENISCAL TRNSPL KNEE W/S	Musculoskeletal
Outpatient Procedures	29870	Arthroscopy, knee, diagnostic	Musculoskeletal
Outpatient Procedures	29871	Arthroscopy, knee, surgical	Musculoskeletal
Outpatient Procedures	29873	Arthroscopy, knee, surgical	Musculoskeletal
Outpatient Procedures	29874	Arthroscopy, knee, surgical	Musculoskeletal
Outpatient Procedures	29875	Arthroscopy, knee, surgical	Musculoskeletal
Outpatient Procedures	29876	Arthroscopy, knee, surgical	Musculoskeletal
Outpatient Procedures	29877	Arthroscopy, knee, surgical	Musculoskeletal

Outpatient Procedures	29879	Arthroscopy, knee, surgical	Musculoskeletal
Outpatient Procedures	29880	KNEE ARTHROSCOPY/SURGERY	Musculoskeletal
Outpatient Procedures	29881	KNEE ARTHROSCOPY/SURGERY	Musculoskeletal
Outpatient Procedures	29882	Arthroscopy, knee, surgical	Musculoskeletal
Outpatient Procedures	29883	Arthroscopy, knee, surgical	Musculoskeletal
Outpatient Procedures	29884	Arthroscopy, knee, surgical	Musculoskeletal
Outpatient Procedures	29885	Arthroscopy, knee, surgical	Musculoskeletal
Outpatient Procedures	29886	Arthroscopy, knee, surgical	Musculoskeletal
Outpatient Procedures	29887	Arthroscopy, knee, surgical	Musculoskeletal
Outpatient Procedures	29888	KNEE ARTHROSCOPY/SURGERY	Musculoskeletal
Outpatient Procedures	29889	KNEE ARTHROSCOPY/SURGERY	Musculoskeletal
Outpatient Procedures	29914	HIP ARTHRO W/FEMOROPLAST	Musculoskeletal
Outpatient Procedures	29915	HIP ARTHRO ACETABULOPLAS	Musculoskeletal
Outpatient Procedures	29916	HIP ARTHRO W/LABRAL REPA	Musculoskeletal
Unlisted Codes	29999	Unlisted procedure, arthroscopy	
Outpatient Procedures	30150	Rhinectomy; partial	
Outpatient Procedures	30400	rhinoplasty	
Outpatient Procedures	30410	rhinoplasty	
Outpatient Procedures	30420	rhinoplasty	
Outpatient Procedures	30430	rhinoplasty	
Outpatient Procedures	30435	rhinoplasty	
Outpatient Procedures	30450	rhinoplasty	
Outpatient Procedures	30460	REVISION OF NOSE	
Outpatient Procedures	30462	REVISION OF NOSE	
Outpatient Procedures	30465	Repari Of Nasal Vestib Stenosis	
Investigational/Experimental	30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	
Outpatient Procedures	30620	Intranasal Reconstruction	
Unlisted Codes	30999	Unlisted procedure, nose	

Outpatient Procedures	31253	Nasal/sinus endoscopy	
Outpatient Procedures	31257	Nasal/sinus endoscopy	
Outpatient Procedures	31259	Nasal/sinus endoscopy	
Outpatient Procedures	31295	SINUS ENDO W/BALLOON DIL	
Outpatient Procedures	31296	SINUS ENDO W/BALLOON DIL	
Outpatient Procedures	31297	SINUS ENDO W/BALLOON DIL	
Outpatient Procedures	31298	Nasal/sinus endoscopy	
Unlisted Codes	31299	Unlisted procedure, accessory sinuses	
Outpatient Procedures	31599	Unlist proc larynx	
Unlisted Codes	31599	Unlisted procedure, larynx	
Outpatient Procedures	31647	BRONCHIAL VALVE INIT INS	
Outpatient Procedures	31651	BRONCHIAL VALVE ADDL INS	
Investigational/Experimental	31660	BRONCH THERMOPLSTY 1 LOB	
Investigational/Experimental	31661	BRONCH THERMOPLSTY 2/> L	
Unlisted Codes	31899	Unlisted procedure, trachea, bronchi	
Outpatient Procedures	32491	LUNG VOLUME REDUCTION	
Outpatient Procedures	32664	THORACOSCOPY W/ TH NRVE	
Transplant	32850	DONOR PNEUMONECTOMY	
Transplant	32851	LUNG TRANSPLANT SINGLE	
Transplant	32852	LUNG TRANSPLANT WITH BYP	
Transplant	32853	LUNG TRANSPLANT DOUBLE	
Transplant	32854	LUNG TRANSPLANT WITH BYP	
Unlisted Codes	32999	Unlisted procedure, lungs and pleura	
Diagnostic Radiology	33206	INSERT HEART PM ATRIAL	No precert required 18 and under
Diagnostic Radiology	33207	INSERT HEART PM VENTRICU	No precert required 18 and under
Diagnostic Radiology	33208	INSRT HEART PM ATRIAL &	No precert required 18 and under
Outpatient Procedures	33224	INSERT PACING LEAD & CON	
Outpatient Procedures	33225	L VENTRIC PACING LEAD AD	

Outpatient Procedures	33230	INSRT PULSE GEN W/DUAL L	
Outpatient Procedures	33231	INSRT PULSE GEN W/MULT L	
Outpatient Procedures	33240	INSRT PULSE GEN W/SINGL	
Outpatient Procedures	33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber	
Investigational/Experimenta	33254	ABLATE ATRIA LMTD	
Investigational/Experimenta l	33255	ABLATE ATRIA W/O BYPASS	
Outpatient Procedures	33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	
Outpatient Procedures	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 proc	
Outpatient Procedures	33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	
Outpatient Procedures	33270	INS/REP SUBQ DEFIBRILLATOR	
Outpatient Procedures	33271	INSJ SUBQ IMPLTBL DFB ELCTRD	

Diagnostic Radiology	33274	TCAT INSJ/RPL PERM LDLS PM	No precert required 18 and under
Investigational/Experimenta	33275	TCAT RMVL PERM LDLS PM	
Outpatient Procedures	33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	
Outpatient Procedures	33289	TCAT IMPL WRLS P-ART PRS SNR	
Investigational/Experimenta l	33340	PERQ CLSR TCAT L ATR APNDGE	
Outpatient Procedures	33361	REPLACE AORTIC VALVE PER	
Outpatient Procedures	33362	REPLACE AORTIC VALVE OPE	
Outpatient Procedures	33363	REPLACE AORTIC VALVE OPE	
Outpatient Procedures	33364	REPLACE AORTIC VALVE OPE	
Outpatient Procedures	33365	REPLACE AORTIC VALVE OPE	
Outpatient Procedures	33366	TRCATH REPLACE AORTIC VALVE	
Outpatient Procedures	33367	REPLACE AORTIC VALVE W/B	
Outpatient Procedures	33368	REPLACE AORTIC VALVE W/B	
Outpatient Procedures	33369	REPLACE AORTIC VALVE W/B	
Outpatient Procedures	33418	REPAIR TCAT MITRAL VALVE	
Outpatient Procedures	33419	REPAIR TCAT MITRAL VALVE	
Outpatient Procedures	33477	IMPLANT TCAT PULM VLV PERQ	
Outpatient Procedures	33548	Surg ventric restor proc	
Outpatient Procedures	33880	ENDOVASC TAA REPR INCL S	
Outpatient Procedures	33881	ENDOVASC TAA REPR W/O SU	
Outpatient Procedures	33883	INSERT ENDOVASC PROSTH T	
Outpatient Procedures	33884	ENDOVASC PROSTH TAA ADD-	
Outpatient Procedures	33886	ENDOVASC PROSTH DELAYED	
Investigational/Experimenta	33927	Implant artificial heart	
Outpatient Procedures	33928	Remove artificial heart	
Outpatient Procedures	33929	Remove/replace artificial heart	

Transplant	33935	TRANSPLANTATION HEART/LU	
Transplant	33945	TRANSPLANTATION OF HEART	
Transplant	33975	IMPLANT VENTRICULAR DEVI	
Transplant	33976	IMPLANT VENTRICULAR DEVI	
Transplant	33977	REMOVE VENTRICULAR DEVIC	
Transplant	33978	REMOVE VENTRICULAR DEVIC	
Transplant	33979	INSERT INTRACORPOREAL DE	
Transplant	33980	REMOVE INTRACORPOREAL DE	
Transplant	33981	REPLACE VAD PUMP EXT	
Transplant	33982	REPLACE VAD INTRA W/O BP	
Transplant	33983	REPLACE VAD INTRA W/BP	
Outpatient Procedures	33990	INSERT VAD ARTERY ACCESS	
Outpatient Procedures	33991	INSERT VAD ART&VEIN ACCE	
Outpatient Procedures	33993	REPOSITION VAD DIFF SESS	
Transplant	33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	
Transplant	33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion	
Unlisted Codes	33999	Unlisted procedure, cardiac surgery	

Investigational/Experimental	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)	
Outpatient Procedures	34718	EVASC RPR N/A A-ILIAC NDGFT	
Investigational/Experimental	34841	ENDOVASC VISC AORTA 1 GRAFT	
Investigational/Experimental	34842	ENDOVASC VISC AORTA 2 GRAFT	
Investigational/Experimental	34843	ENDOVASC VISC AORTA 3 GRAFT	
Investigational/Experimental	34844	ENDOVASC VISC AORTA 4 GRAFT	
Investigational/Experimental	34845	VISC & INFRAREN ABD 1 PROSTH	
Investigational/Experimental	34846	VISC & INFRAREN ABD 2 PROSTH	
Investigational/Experimental	34847	VISC & INFRAREN ABD 3 PROSTH	
Investigational/Experimental	34848	VISC & INFRAREN ABD 4+ PROST	

Investigational/Experimenta	35884	REVISE GRAFT W/VEIN	
Outpatient Procedures	36260	INSERTION OF INFUSION PU	
Unlisted Codes	36299	Unlisted procedure, vascular injection	
Outpatient Procedures	36465	Inject vein sclerosant	
Outpatient Procedures	36466	Inject vein sclerosant	
Outpatient Procedures	36468	Inject vein sclerosant	
Outpatient Procedures	36470	Inject vein sclerosant	
Outpatient Procedures	36471	Inject vein sclerosant	
Outpatient Procedures	36473	ENDOVENOUS MCHNCHEM 1ST VEIN	
Outpatient Procedures	36474	ENDOVENOUS MCHNCHEM ADD-ON	
Outpatient Procedures	36475	Ablat incomp vein	
Outpatient Procedures	36476	Ablat incomp vein	
Outpatient Procedures	36478	Ablat incomp vein	
Outpatient Procedures	36479	ENDOVENOUS LASER VEIN AD	
Investigational/Experimenta l	36482	ENDOVEN THER CHEM ADHES 1ST	
Investigational/Experimenta l	36483	ENDOVEN THER CHEM ADHES SBSQ	
Outpatient Procedures	36514	APHERESIS PLASMA	
Outpatient Procedures	36516	APHERESIS SELECTIVE	
Outpatient Procedures	36522	PHOTOPHERESIS	
Outpatient Procedures	37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	
Outpatient Procedures	37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	
Spinal Procedures	37217	STENT PLACEMT RETRO CAROTID	

Outpatient Procedures	37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	
Outpatient Procedures	37220	ILIAC REVASC	
Outpatient Procedures	37221	ILIAC REVASC W/STENT	
Outpatient Procedures	37222	ILIAC REVASC ADD-ON	
Outpatient Procedures	37223	ILIAC REVASC W/STENT ADD	
Outpatient Procedures	37224	FEM/POPL REVAS W/TLA	
Outpatient Procedures	37225	FEM/POPL REVAS W/ATHER	
Outpatient Procedures	37226	FEM/POPL REVASC W/STENT	
Outpatient Procedures	37227	FEM/POPL REVASC STNT & A	
Outpatient Procedures	37228	TIB/PER REVASC W/TLA	
Outpatient Procedures	37229	TIB/PER REVASC W/ATHER	
Outpatient Procedures	37230	TIB/PER REVASC W/STENT	
Outpatient Procedures	37231	TIB/PER REVASC STENT & A	
Outpatient Procedures	37232	TIB/PER REVASC ADD-ON	
Outpatient Procedures	37233	TIBPER REVASC W/ATHER AD	
Outpatient Procedures	37234	REVSC OPN/PRQ TIB/PERO S	
Outpatient Procedures	37235	TIB/PER REVASC STNT & AT	
Outpatient Procedures	37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	

Outpatient Procedures	37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	
Outpatient Procedures	37241	Vasc emoliz/occlus, venous	
Outpatient Procedures	37244	Vasc emoliz/occlus, venous/arterial for hemorr	
Outpatient Procedures	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	
Outpatient Procedures	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)	
Outpatient Procedures	37500	Vasc endosc, surg, w/lig of perf veins, (SEPS)	
Unlisted Codes	37501	Unlisted vascular endoscopy procedure	
Outpatient Procedures	37700	Ligation/division long saphenous vein	
Outpatient Procedures	37718	Ligat/divis/stripping, short saphenous vein	
Outpatient Procedures	37722	Ligat/divis/strip, long saphenous veins	

Outpatient Procedures	37735	Lig/div/strip long or short saphenous veins	
Outpatient Procedures	37760	Ligation of perforator veins,	
Outpatient Procedures	37761	Ligate leg veins open	
Outpatient Procedures	37765	Stab phlebectomy of varicose veins,	
Outpatient Procedures	37766	Stab phlebectomy of varicose veins,	
Outpatient Procedures	37780	Lig/div short saphenous vein	
Outpatient Procedures	37785	Lig/division/excis varicose vein cluster(s)	
Outpatient Procedures	37790	Penile venous occlusive procedure	
Unlisted Codes	37799	Unlisted procedure, vascular surgery	
Unlisted Codes	38129	Unlisted laparoscopy procedure, spleen	
Transplant	38204	BL DONOR SEARCH MANAGEME	
Transplant	38205	HARVEST ALLOGENEIC STEM	
Transplant	38206	HARVEST AUTO STEM CELLS	
Transplant	38207	CRYOPRESERVE STEM CELLS	
Transplant	38208	THAW PRESERVED STEM CELL	
Transplant	38209	WASH HARVEST STEM CELLS	
Transplant	38210	T-CELL DEPLETION OF HARV	
Transplant	38211	TUMOR CELL DEPLETE OF HA	
Transplant	38212	RBC DEPLETION OF HARVEST	
Transplant	38213	PLATELET DEPLETE OF HARV	
Transplant	38214	VOLUME DEPLETE OF HARVES	
Transplant	38215	HARVEST STEM CELL CONCEN	
Transplant	38230	BONE MARROW HARVEST ALLO	
Transplant	38232	BONE MARROW HARVEST AUTO	

Transplant	38240	BN MARROW/STM TRANSPLT A	
Transplant	38241	BN MARROW/STM TRANSPLT A	
Transplant	38242	LYMPHOCYTE INFUSE TRANSP	
Transplant	38243	TRANSPLJ HEMATOPOIETIC B	
Unlisted Codes	38589	Unlisted laparoscopy procedure, lymphatic system	
Unlisted Codes	38999	Unlisted procedure, hemic or lymphatic system	
Unlisted Codes	39499	Unlisted procedure, mediastinum	
Unlisted Codes	39599	Unlisted procedure, diaphragm	
Unlisted Codes	40799	Unlisted procedure, lips	
Unlisted Codes	40899	Unlisted procedure, vestibule of mouth	
Outpatient Procedures	41512	Tongue base suspension,	
Outpatient Procedures	41530	Radiofreq ablat tongue base	
Unlisted Codes	41599	Unlisted procedure, tongue, floor of mouth	
Outpatient Procedures	41820	EXCISION GUM EACH QUADRA	
Outpatient Procedures	41874	REPAIR TOOTH SOCKET	
Unlisted Codes	41899	Unlisted procedure, dentoalveolar structures	
Outpatient Procedures	42140	EXCISION OF UVULA	
Outpatient Procedures	42145	REPAIR PALATE PHARYNX/UV	
Outpatient Procedures	42160	TREATMENT MOUTH ROOF LES	
Unlisted Codes	42299	Unlisted procedure, palate, uvula	
Unlisted Codes	42699	Unlisted procedure, salivary glands or ducts	
Outpatient Procedures	42950	RECONSTRUCTION OF THROAT	

Outpatient Procedures	42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic	
Unlisted Codes	42999	Unlisted procedure, pharynx, adenoids, or tonsils	
Investigational/Experimental	43210	EGD ESOPHAGOGASTRC FNDOPLSTY	
Radiation Therapy	43241	UPPER GI ENDOSCOPY WITH	
Investigational/Experimental	43257	UGI endosc deliv thermal energy	
Investigational/Experimental	43284	LAPS ESOPHGL SPHNCTR AGMNTJ	
Outpatient Procedures	43285	RMVL ESOPHGL SPHNCTR DEV	
Unlisted Codes	43289	Unlisted laparoscopy procedure, esophagus	
Outpatient Procedures	43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	
Unlisted Codes	43499	Unlisted procedure, esophagus	
Outpatient Procedures	43631	Gastrectomy, part w/gastroduodenost	
Outpatient Procedures	43632	Gastrectomy, part w/gastrojejunostomy	
Outpatient Procedures	43633	REMOVAL OF STOMACH PARTI	
Outpatient Procedures	43634	REMOVAL OF STOMACH PARTI	
Outpatient Procedures	43644	Lap gastric byp and Roux-en-Y	
Outpatient Procedures	43645	Lap gastric byp& sm intest reconstruc	
Outpatient Procedures	43647	Lap implant/replace gastric neurostim	

Investigational/Experimental	43648	Lap revise/remove gastric neurostim	
Outpatient Procedures	43659	Unlisted lap procedure, stomach	
Unlisted Codes	43659	Unlisted laparoscopy procedure, stomach	
Outpatient Procedures	43770	Lap gastric band and subq port	
Outpatient Procedures	43771	Lap revis adjust gastric restrict device	
Outpatient Procedures	43772	Lap remov adjust gastric restrict device	
Outpatient Procedures	43773	Lap remov/replace adjust gast restr dev	
Outpatient Procedures	43774	Lap remov adjust gast restri dev & port	
Outpatient Procedures	43775	Lap sleeve gastrectomy	
Outpatient Procedures	43842	Vertical-banded gastroplasty	
Outpatient Procedures	43843	Gastric restr proc w/o bypas, not VBG	
Investigational/Experimental	43845	GASTROPLASTY DUODENAL SW	
Outpatient Procedures	43845	pylor-preserv duodenoileo-&ileoileost	
Outpatient Procedures	43846	short limb Roux-en-Y gastroenterost	
Outpatient Procedures	43847	w/gast bypass w/sm intest reconstruc	
Outpatient Procedures	43848	Revision, open, not adj gast restric dev	
Outpatient Procedures	43855	REVISE STOMACH-BOWEL FUSION	
Outpatient Procedures	43860	REVISE STOMACH-BOWEL FUSION	
Outpatient Procedures	43865	REVISE STOMACH-BOWEL FUSION	
Outpatient Procedures	43881	Imp,ant/replace gastice neurostim, open	
Outpatient Procedures	43886	open; revision of subq port	
Outpatient Procedures	43888	open; remov & replac subq port	
Outpatient Procedures	43999	Unlisted procedure, stomach	
Unlisted Codes	43999	Unlisted procedure, stomach	

Transplant	44132	ENTERECTOMY CADAVER DONO	
Transplant	44133	ENTERECTOMY LIVE DONOR	
Transplant	44135	INTESTINE TRANSPLNT CADA	
Transplant	44136	INTESTINE TRANSPLANT LIV	
Unlisted Codes	44238	Unlisted laparoscopy procedure, intestine (xcpt rectum)	
Outpatient Procedures	44705	PREPARE FECAL MICROBIOTA	
Transplant	44715	PREPARE DONOR INTESTINE	
Transplant	44720	PREP DONOR INTESTINE/VEN	
Transplant	44721	PREP DONOR INTESTINE/ART	
Unlisted Codes	44799	Unlisted procedure, intestine	
Unlisted Codes	44899	Unlisted procedure, Meckel's diverticulum & mesentery	
Unlisted Codes	44979	Unlisted laparoscopy procedure, appendix	
Unlisted Codes	45399	UNLISTED PROCEDURE COLON	
Unlisted Codes	45499	Unlisted laparoscopy procedure, rectum	
Unlisted Codes	45999	Unlisted procedure, rectum	
Investigational/Experimental	46707	REPAIR ANORECTAL FIST W/	
Unlisted Codes	46999	Unlisted procedure, anus	
Transplant	47135	TRANSPLANTATION OF LIVER	
Transplant	47140	PARTIAL REMOVAL DONOR LI	
Transplant	47141	PARTIAL REMOVAL DONOR LI	
Transplant	47142	PARTIAL REMOVAL DONOR LI	
Transplant	47143	PREP DONOR LIVER WHOLE	
Transplant	47144	PREP DONOR LIVER 3-SEGME	

Transplant	47145	PREP DONOR LIVER LOBE SP	
Transplant	47146	PREP DONOR LIVER/VENOUS	
Transplant	47147	PREP DONOR LIVER/ARTERIA	
Unlisted Codes	47379	Unlisted laparoscopic procedure, live	
Unlisted Codes	47399	LIVER SURGERY PROCEDURE	
Unlisted Codes	47579	Unlisted laparoscopy procedure, biliary tract	
Unlisted Codes	47999	Unlisted procedure, biliary tract	
Transplant	48160	PANCREAS REMOVAL/TRANSPL	
Transplant	48550	DONOR PANCREATECTOMY	
Transplant	48551	PREP DONOR PANCREAS	
Transplant	48552	PREP DONOR PANCREAS/VENO	
Transplant	48554	TRANSPL ALLOGRAFT PANCRE	
Transplant	48556	REMOVAL ALLOGRAFT PANCRE	
Unlisted Codes	48999	Unlisted procedure, pancreas	
Unlisted Codes	49329	Unlisted lap procedure, abd, peritoneum and omentum	
Unlisted Codes	49659	Unlisted lap proc, hernioplast, herniorrhaph, herniotom	
Unlisted Codes	49999	Unlisted procedure, abd, peritoneum and omentum	
Transplant	50320	REMOVE KIDNEY LIVING DON	
Transplant	50325	PREP DONOR RENAL GRAFT	
Transplant	50327	PREP RENAL GRAFT/VENOUS	
Transplant	50328	PREP RENAL GRAFT/ARTERIA	
Transplant	50329	PREP RENAL GRAFT/URETERA	
Transplant	50340	REMOVAL OF KIDNEY	

Transplant	50360	TRANSPLANTATION OF KIDNE	
Transplant	50365	TRANSPLANTATION OF KIDNE	
Transplant	50370	REMOVE TRANSPLANTED KIDN	
Outpatient Procedures	50380	REIMPLANTATION OF KIDNEY	
Transplant	50547	LAPARO REMOVAL DONOR KID	
Unlisted Codes	50549	Unlisted laparoscopy procedure, renal	
Unlisted Codes	50949	Unlisted laparoscopy procedure, ureter	
Unlisted Codes	51999	Unlisted laparoscopy procedure, bladder	
Outpatient Procedures	52441	CYSTOURETHRO W/IMPLANT	
Outpatient Procedures	52442	CYSTOURETHRO W/ADDL IMPLANT	
Outpatient Procedures	53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	
Outpatient Procedures	53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	
Outpatient Procedures	53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon	

Outpatient Procedures	53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	
Outpatient Procedures	53854	TRURL DSTRJ PRST8 TISS RF WV	
Investigational/Experimental	53860	TRANSURETHRAL RF TREATME	
Unlisted Codes	53899	Unlisted procedure, urinary system	
Outpatient Procedures	54125	REMOVAL OF PENIS	
Outpatient Procedures	54161	CIRCUMCISION	
Outpatient Procedures	54400	INSERT SEMI-RIGID PROSTH	
Outpatient Procedures	54401	INSERT SELF-CONTD PROSTH	
Outpatient Procedures	54405	INSERT MULTI-COMP PENIS	
Outpatient Procedures	54408	REPAIR MULTI-COMP PENIS	
Outpatient Procedures	54410	REMOVE/REPLACE PENIS PRO	
Outpatient Procedures	54416	REMV/REPL PENIS CONTAIN	
Outpatient Procedures	54417	REMV/REPLC PENIS PROS CO	
Outpatient Procedures	54660	Insertion of testicular prosthesis	
Unlisted Codes	54699	Unlisted laparoscopy procedure, testis	
Investigational/Experimental	55874	Transperineal place biodegrad mat	
Outpatient Procedures	55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	
Unlisted Codes	55899	Unlisted procedure, male genital system	
Outpatient Procedures	55970	SEX TRANSFORMATION M TO	
Outpatient Procedures	55980	SEX TRANSFORMATION F TO	
Outpatient Procedures	56620	Vulvectomy simple; partial	

Outpatient Procedures	56805	REPAIR CLITORIS	
Outpatient Procedures	57110	REMOVE VAGINA WALL COMPL	
Outpatient Procedures	57291	CONSTRUCTION OF VAGINA	
Outpatient Procedures	57292	CONSTRUCT VAGINA WITH GR	
Outpatient Procedures	57335	REPAIR VAGINA	
Investigational/Experimenta	57700	REVISION OF CERVIX	
Infertility	58321	Artificial insemination; intra-cervical	
Infertility	58322	Artificial insemination; intra-uterine	
Unlisted Codes	58578	Unlisted laparoscopy procedure, uterus	
Unlisted Codes	58579	Unlisted hysteroscopy procedure, uterus	
Investigational/Experimenta l	58674	LAPS ABLTJ UTERINE FIBROIDS	
Unlisted Codes	58679	Unlisted laparoscopy procedure, oviduct, ovary	
Infertility	58970	Follicle puncture for oocyte retrieval, any method	
Infertility	58974	Embryo transfer, intrauterine	
Infertility	58976	Gamete, zygote, or embryo intrafallopian transfer, any method	
Unlisted Codes	58999	Unlisted proc female genital syst	
Unlisted Codes	59897	Unlisted fetal inva proc, including ultrasound guidance	
Unlisted Codes	59898	Unlisted lap procedure, maternity care and delivery	
Unlisted Codes	59899	Unlisted procedure, maternity care and delivery	
Unlisted Codes	60659	Unlisted laparoscopy procedure, endocrine system	
Unlisted Codes	60699	Unlisted procedure, endocrine system	

Spinal Procedures	61624	TRANSCATH OCCLUSION CNS	
Spinal Procedures	61630	INTRACRANIAL ANGIOPLASTY	
Spinal Procedures	61635	INTRACRAN ANGIOPLSTY W/S	
Outpatient Procedures	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	
Outpatient Procedures	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)	
Outpatient Procedures	61863	IMPLANT NEUROELECTRODE	
Outpatient Procedures	61867	IMPLANT NEUROELECTRODE	
Outpatient Procedures	61885	Insert/replace cranial neurostim generator	
Outpatient Procedures	61886	Insert/replace cranial neurostim receiver	
Outpatient Procedures	61888	Revise/remove cranial neurostim gen/rec	
Spinal Procedures	62263	Percutaneous lysis of epidural adhes, solution injection	Musculoskeletal
Spinal Procedures	62264	Percutaneous lysis of epidural adhes, solution injection	Musculoskeletal
Outpatient Procedures	62280	TREAT SPINAL CORD LESION	Musculoskeletal

Outpatient Procedures	62281	TREAT SPINAL CORD LESION	Musculoskeletal
Outpatient Procedures	62282	TREAT SPINAL CANAL LESIO	Musculoskeletal
Spinal Procedures	62287	Aspirat or decompres proc, perc, of nucleus pulp of disk,	
Spinal Procedures	62290	Injection procedure for discography, lumbar	
Spinal Procedures	62291	Injection procedure for discography, cervical or thoracic	
Outpatient Procedures	62320	NJX INTERLAMINAR CRV/THRC	Musculoskeletal
Outpatient Procedures	62321	NJX INTERLAMINAR CRV/THRC	Musculoskeletal
Outpatient Procedures	62322	NJX INTERLAMINAR LMBR/SAC	Musculoskeletal
Outpatient Procedures	62323	NJX INTERLAMINAR LMBR/SAC	Musculoskeletal
Outpatient Procedures	62324	NJX INTERLAMINAR CRV/THRC	Musculoskeletal
Outpatient Procedures	62325	NJX INTERLAMINAR CRV/THRC	Musculoskeletal
Outpatient Procedures	62326	NJX INTERLAMINAR LMBR/SAC	Musculoskeletal
Outpatient Procedures	62327	NJX INTERLAMINAR LMBR/SAC	Musculoskeletal
Outpatient Procedures	62350	IMPLANT SPINAL CANAL CAT	Musculoskeletal
Outpatient Procedures	62351	IMPLANT SPINAL CANAL CAT	Musculoskeletal
Outpatient Procedures	62360	INSERT SPINE INFUSION DE	Musculoskeletal
Spinal Procedures	62361	IMPLANT SPINE INFUSION P	Musculoskeletal
Spinal Procedures	62362	IMPLANT SPINE INFUSION P	Musculoskeletal
Investigational/Experimental	62380	NDSC DCMPRN 1 NTRSPC LUMBAR	
Spinal Procedures	63005	Laminect/explor/decompre SC/cauda equina,	
Spinal Procedures	63012	Laminectom/remov abnor facets/pars/decompres cauda	
Spinal Procedures	63017	Laminectom/exploration/decompres SC/cauda equina	

Spinal Procedures	63030	Laminotomy (hemilaminectomy)/decompres nerve root(s)	
Spinal Procedures	63042	Laminotomy (hemilaminectomy)/decompres nerve root(s)	
Spinal Procedures	63047	Laminectom/facetectom/foraminotom/decompress/	
Spinal Procedures	63048	Laminectom/facetectom/foraminotom/decompress/	
Spinal Procedures	63056	Transpedicular approach with decompression	
Spinal Procedures	63057	Transpedicular approach with decompression	
Spinal Procedures	63087	Vertebral corpectomy (vertebral body resection), decompres	
Spinal Procedures	63088	Vertebral corpectomy (vertebral body resection), decompres	
Spinal Procedures	63090	Vertebral corpectomy (vertebral body resection), decompres	
Spinal Procedures	63091	Vertebral corpectomy (vertebral body resection), decompres	
Radiation Therapy	63620	SRS SPINAL LESION	
Radiation Therapy	63621	SRS SPINAL LESION ADDL	
Spinal Procedures	63650	IMPLANT NEUROELECTRODES	Musculoskeletal
Spinal Procedures	63655	IMPLANT NEUROELECTRODES	Musculoskeletal
Spinal Procedures	63685	INSRT/REDO SPINE N GENER	Musculoskeletal
Outpatient Procedures	64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Musculoskeletal
Outpatient Procedures	64479	INJ FORAMEN EPIDURAL C/T	Musculoskeletal
Outpatient Procedures	64480	INJ FORAMEN EPIDURAL ADD	Musculoskeletal
Outpatient Procedures	64483	INJ FORAMEN EPIDURAL L/S	Musculoskeletal
Outpatient Procedures	64484	INJ FORAMEN EPIDURAL ADD	Musculoskeletal

Outpatient Procedures	64490	INJ PARAVERT F JNT C/T 1	Musculoskeletal
Outpatient Procedures	64491	INJ PARAVERT F JNT C/T 2	Musculoskeletal
Outpatient Procedures	64492	INJ PARAVERT F JNT C/T 3	Musculoskeletal
Outpatient Procedures	64493	INJ PARAVERT F JNT L/S 1	Musculoskeletal
Outpatient Procedures	64494	INJ PARAVERT F JNT L/S 2	Musculoskeletal
Outpatient Procedures	64495	INJ PARAVERT F JNT L/S 3	Musculoskeletal
Outpatient Procedures	64510	N BLOCK STELLATE GANGLIO	Musculoskeletal
Outpatient Procedures	64520	N BLOCK LUMBAR/THORACIC	Musculoskeletal
Spinal Procedures	64553	Neurostim cranial nerve	
Investigational/Experimental	64555	Neurostim perif (exclud sacral) nerve	
Spinal Procedures	64561	IMPLANT NEUROELECTRODES	
Spinal Procedures	64566	Post tibial neurostim	
Spinal Procedures	64568	INC FOR VAGUS N ELECT IM	
Spinal Procedures	64569	REVISE/REPL VAGUS N ELTR	
Spinal Procedures	64575	IMPLANT NEUROELECTRODES	
Spinal Procedures	64581	IMPLANT NEUROELECTRODES	
Outpatient Procedures	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	
Outpatient Procedures	64590	INSRT/REDO PERPH N GENER	
Outpatient Procedures	64611	CHEMODENERV SALIV GLANDS	
Outpatient Procedures	64612	Chemodenerv of muscle(s) innerv by facial nerve	
Outpatient Procedures	64615	CHEMODENERV MUSC MIGRAIN	
Outpatient Procedures	64620	INJECTION TREATMENT OF N	

Outpatient Procedures	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Musculoskeletal
Outpatient Procedures	64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	
Outpatient Procedures	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)	
Spinal Procedures	64633	Destruc, neurolytic agent, paravertebral facet jt nerve(s), fluor	Musculoskeletal
Spinal Procedures	64634	Destruc, neurolytic agent, paravertebral facet jt nerve(s), fluor	Musculoskeletal
Spinal Procedures	64635	Destruc, neurolytic agent, paravertebral facet jt nerve(s), fluor	Musculoskeletal
Spinal Procedures	64636	Destruc, neurolytic agent, paravertebral facet jt nerve(s), fluor	Musculoskeletal
Spinal Procedures	64714	REVISE LOW BACK NERVE(S)	
Outpatient Procedures	64804	REMOVE SYMPATHETIC NERVE	
Investigational/Experimental	64912	NRV RPR W/NRV ALGRFT 1ST	
Investigational/Experimental	64913	NRV RPR W/NRV ALGRFT EA ADDL	

Unlisted Codes	64999	Unlisted procedure, nervous system	
Outpatient Procedures	65710	Keratoplasty (corneal transplant)	
Investigational/Experimenta	65760	REVISION OF CORNEA	
Investigational/Experimenta	65765	REVISION OF CORNEA	
Investigational/Experimenta l	65767	CORNEAL TISSUE TRANSPLAN	
Outpatient Procedures	65771	Radial Keratotomy	
Outpatient Procedures	65772	Corneal relax incis, correc astigmatism	
Outpatient Procedures	65785	Implant of intrastromal corneal ring seg(s)	
Outpatient Procedures	66174	TRANSLUM DIL EYE CANAL	
Outpatient Procedures	66175	TRANSLUM DIL EYE CANAL W	
Outpatient Procedures	66179	Aq shunt, eye	
Outpatient Procedures	66183	INSERT ANT DRAINAGE DEVICE	
Outpatient Procedures	66184	REVISION OF AQUEOUS SHUNT	
Unlisted Codes	66999	Unlisted procedure, anterior segment of eye	
Unlisted Codes	67299	Unlisted procedure, posterior segment	
Unlisted Codes	67399	Unlisted procedure, ocular muscle	
Unlisted Codes	67599	Unlisted procedure, orbit	
Outpatient Procedures	67900	Repair of brow ptosis	
Outpatient Procedures	67901	Repair of blepharoptosis;	
Outpatient Procedures	67902	Repair of blepharoptosis;	
Outpatient Procedures	67903	Repair of blepharoptosis;	
Outpatient Procedures	67904	Repair of blepharoptosis;	
Outpatient Procedures	67906	Repair of blepharoptosis;	
Outpatient Procedures	67908	Repair of blepharoptosis;	
Outpatient Procedures	67909	Reduction of overcorrect of ptosis	
Outpatient Procedures	67911	Correction of lid retraction	
Unlisted Codes	67999	Unlisted procedure, eyelids	
Unlisted Codes	68399	Unlisted procedure, conjunctiva	
Unlisted Codes	68899	Unlisted procedure, lacrimal system	
Outpatient Procedures	69300	Otoplasty, protruding ear	

Unlisted Codes	69399	Unlisted procedure, external ear	
Investigational/Experimental	69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	
Investigational/Experimental	69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	
Outpatient Procedures	69714	IMPLANT TEMPLE BONE W/ST	
Outpatient Procedures	69715	TEMPLE BNE IMPLNT W/STIM	
Outpatient Procedures	69717	TEMPLE BONE IMPLANT REVI	
Outpatient Procedures	69718	REVISE TEMPLE BONE IMPLA	
Outpatient Procedures	69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	
Unlisted Codes	69799	Unlisted procedure, middle ear	
Outpatient Procedures	69930	IMPLANT COCHLEAR DEVICE	
Unlisted Codes	69949	Unlisted procedure, inner ear	
Unlisted Codes	69979	Unlisted procedure, temporal bone, middle fossa appr	
Diagnostic Radiology	70336	MAGNETIC IMAGE JAW JOINT	
Diagnostic Radiology	70450	CT HEAD/BRAIN W/O DYE	
Diagnostic Radiology	70460	CT HEAD/BRAIN W/DYE	
Diagnostic Radiology	70470	CT HEAD/BRAIN W/O & W/DY	
Diagnostic Radiology	70480	CT ORBIT/EAR/FOSSA W/O D	
Diagnostic Radiology	70481	CT ORBIT/EAR/FOSSA W/DYE	

Diagnostic Radiology	70482	CT ORBIT/EAR/FOSSA W/O&W	
Diagnostic Radiology	70486	CT MAXILLOFACIAL W/O DYE	
Diagnostic Radiology	70487	CT MAXILLOFACIAL W/DYE	
Diagnostic Radiology	70488	CT MAXILLOFACIAL W/O & W	
Diagnostic Radiology	70490	CT SOFT TISSUE NECK W/O	
Diagnostic Radiology	70491	CT SOFT TISSUE NECK W/DY	
Diagnostic Radiology	70492	CT SFT TSUE NCK W/O & W/	
Diagnostic Radiology	70496	CT ANGIOGRAPHY HEAD	
Diagnostic Radiology	70498	CT ANGIOGRAPHY NECK	
Diagnostic Radiology	70540	MRI ORBIT/FACE/NECK W/O	
Diagnostic Radiology	70542	MRI ORBIT/FACE/NECK W/DY	
Diagnostic Radiology	70543	MRI ORBT/FAC/NCK W/O & W	
Diagnostic Radiology	70544	MR ANGIOGRAPHY HEAD W/O	
Diagnostic Radiology	70545	MR ANGIOGRAPHY HEAD W/DY	
Diagnostic Radiology	70546	MR ANGIOGRAPH HEAD W/O&W	
Diagnostic Radiology	70547	MR ANGIOGRAPHY NECK W/O	
Diagnostic Radiology	70548	MR ANGIOGRAPHY NECK W/DY	
Diagnostic Radiology	70549	MR ANGIOGRAPH NECK W/O&W	
Diagnostic Radiology	70551	MRI BRAIN W/O DYE	
Diagnostic Radiology	70552	MRI BRAIN W/DYE	
Diagnostic Radiology	70553	MRI BRAIN W/O & W/DYE	
Diagnostic Radiology	70554	FMRI BRAIN BY TECH	
Diagnostic Radiology	70555	FMRI BRAIN BY PHYS/PSYCH	
Diagnostic Radiology	71250	CT THORAX W/O DYE	
Diagnostic Radiology	71260	CT THORAX W/DYE	
Diagnostic Radiology	71270	CT THORAX W/O & W/DYE	
Diagnostic Radiology	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	
Diagnostic Radiology	71275	CT ANGIOGRAPHY CHEST	
Diagnostic Radiology	71550	MRI CHEST W/O DYE	

Diagnostic Radiology	71551	MRI CHEST W/DYE	
Diagnostic Radiology	71552	MRI CHEST W/O & W/DYE	
Diagnostic Radiology	71555	MRI ANGIO CHEST W OR W/O	
Diagnostic Radiology	72125	CT NECK SPINE W/O DYE	
Diagnostic Radiology	72126	CT NECK SPINE W/DYE	
Diagnostic Radiology	72127	CT NECK SPINE W/O & W/DY	
Diagnostic Radiology	72128	CT CHEST SPINE W/O DYE	
Diagnostic Radiology	72129	CT CHEST SPINE W/DYE	
Diagnostic Radiology	72130	CT CHEST SPINE W/O & W/D	
Diagnostic Radiology	72131	CT LUMBAR SPINE W/O DYE	
Diagnostic Radiology	72132	CT LUMBAR SPINE W/DYE	
Diagnostic Radiology	72133	CT LUMBAR SPINE W/O & W/	
Diagnostic Radiology	72141	MRI NECK SPINE W/O DYE	
Diagnostic Radiology	72142	MRI NECK SPINE W/DYE	
Diagnostic Radiology	72146	MRI CHEST SPINE W/O DYE	
Diagnostic Radiology	72147	MRI CHEST SPINE W/DYE	
Diagnostic Radiology	72148	MRI LUMBAR SPINE W/O DYE	
Diagnostic Radiology	72149	MRI LUMBAR SPINE W/DYE	
Diagnostic Radiology	72156	MRI NECK SPINE W/O & W/D	
Diagnostic Radiology	72157	MRI CHEST SPINE W/O & W/	
Diagnostic Radiology	72158	MRI LUMBAR SPINE W/O & W	
Diagnostic Radiology	72159	MR ANGIO SPINE W/O&W/DYE	
Diagnostic Radiology	72191	CT ANGIOGRAPH PELV W/O&W	
Diagnostic Radiology	72192	CT PELVIS W/O DYE	
Diagnostic Radiology	72193	CT PELVIS W/DYE	
Diagnostic Radiology	72194	CT PELVIS W/O & W/DYE	
Diagnostic Radiology	72195	MRI PELVIS W/O DYE	
Diagnostic Radiology	72196	MRI PELVIS W/DYE	
Diagnostic Radiology	72197	MRI PELVIS W/O & W/DYE	
Diagnostic Radiology	72198	MR ANGIO PELVIS W/O & W/	
Spinal Procedures	72285	Discography, cerv/thor radiological supervis and interpret	
Diagnostic Radiology	73200	CT UPPER EXTREMITY W/O D	

Diagnostic Radiology	73201	CT UPPER EXTREMITY W/DYE	
Diagnostic Radiology	73202	CT UPPR EXTREMITY W/O&W/	
Diagnostic Radiology	73206	CT ANGIO UPR EXTRM W/O&W	
Diagnostic Radiology	73218	MRI UPPER EXTREMITY W/O	
Diagnostic Radiology	73219	MRI UPPER EXTREMITY W/DY	
Diagnostic Radiology	73220	MRI UPPR EXTREMITY W/O&W	
Diagnostic Radiology	73221	MRI JOINT UPR EXTREM W/O	
Diagnostic Radiology	73222	MRI JOINT UPR EXTREM W/D	
Diagnostic Radiology	73223	MRI JOINT UPR EXTR W/O&W	
Diagnostic Radiology	73225	MR ANGIO UPR EXTR W/O&W/	
Diagnostic Radiology	73700	CT LOWER EXTREMITY W/O D	
Diagnostic Radiology	73701	CT LOWER EXTREMITY W/DYE	
Diagnostic Radiology	73702	CT LWR EXTREMITY W/O&W/D	
Diagnostic Radiology	73706	CT ANGIO LWR EXTR W/O&W/	
Diagnostic Radiology	73718	MRI LOWER EXTREMITY W/O	
Diagnostic Radiology	73719	MRI LOWER EXTREMITY W/DY	
Diagnostic Radiology	73720	MRI LWR EXTREMITY W/O&W/	
Diagnostic Radiology	73721	MRI JNT OF LWR EXTRE W/O	
Diagnostic Radiology	73722	MRI JOINT OF LWR EXTR W/	
Diagnostic Radiology	73723	MRI JOINT LWR EXTR W/O&W	
Diagnostic Radiology	73725	MR ANG LWR EXT W OR W/O	
Diagnostic Radiology	74150	CT ABDOMEN W/O DYE	
Diagnostic Radiology	74160	CT ABDOMEN W/DYE	
Diagnostic Radiology	74170	CT ABDOMEN W/O & W/DYE	

Diagnostic Radiology	74174	CT ANGIO ABD&PELV W/O&W/	
Diagnostic Radiology	74175	CT ANGIO ABDOM W/O & W/D	
Diagnostic Radiology	74176	CT ABD & PELVIS	
Diagnostic Radiology	74177	CT ABD & PELV W/CONTRAST	
Diagnostic Radiology	74178	CT ABD & PELV 1+ REGNS	
Diagnostic Radiology	74181	MRI ABDOMEN W/O DYE	
Diagnostic Radiology	74182	MRI ABDOMEN W/DYE	
Diagnostic Radiology	74183	MRI ABDOMEN W/O & W/DYE	
Diagnostic Radiology	74185	MRI ANGIO ABDOM W ORW/O	
Diagnostic Radiology	74261	CT COLONOGRAPHY, W/O DYE	
Diagnostic Radiology	74262	CT COLONOGRAPHY DX W/DYE	
Diagnostic Radiology	74263	CT COLONOGRAPHY SCREENIN	
Diagnostic Radiology	75557	CARDIAC MRI FOR MORPH WO	
Diagnostic Radiology	75559	CARDIAC MRI W/STRESS IMG	
Diagnostic Radiology	75561	CARDIAC MRI FOR MORPH W/	
Diagnostic Radiology	75563	CARD MRI W/STRESS IMG &	
Diagnostic Radiology	75565	CARD MRI VELOC FLOW MAPP	
Diagnostic Radiology	75571	Coronary artery Ca score, heart scan, ultrafast CT heart, electron beam CT	
Diagnostic Radiology	75572	CT HEART W/WO DYE FUNCT	
Diagnostic Radiology	75573	CT HRT W/3D IMAGE CONGEN	
Diagnostic Radiology	75635	CT ANGIO ABDOMINAL ARTER	

Diagnostic Radiology	76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	
Diagnostic Radiology	76380	CAT SCAN FOLLOW-UP STUDY	
Diagnostic Radiology	76390	Magnetic resonance spectroscopy (MRS)	
Diagnostic Radiology	76391	MR ELASTOGRAPHY	
Unlisted Codes	76496	Unlisted fluoroscopic procedure (e.g., diagnostic, interventional)	
Unlisted Codes	76497	Unlisted computed tomography procedure (e.g., diagnostic, interventional)	
Unlisted Codes	76498	Unlisted magnetic resonance procedure (e.g., diagnostic, interventional)	
Unlisted Codes	76499	Unlisted diagnostic radiographic procedure	
Infertility	76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	
Unlisted Codes	76999	Unlisted ultrasound procedure (e.g., diagnostic, interventional)	
Diagnostic Radiology	77011	CT SCAN FOR LOCALIZATION	
Diagnostic Radiology	77046	MRI BREAST C- UNILATERAL	
Diagnostic Radiology	77047	MRI BREAST C- BILATERAL	
Diagnostic Radiology	77048	MRI BREAST C-+ W/CAD UNI	
Diagnostic Radiology	77049	MRI BREAST C-+ W/CAD BI	
Diagnostic Radiology	77078	CT BONE DENSITY AXIAL	
Diagnostic Radiology	77084	MAGNETIC IMAGE BONE MARR	
Radiation Therapy	77293	RESPIRATOR MOTION MGMT SIMUL	
Unlisted Codes	77299	Unlisted procedure, therapeutic radiology clinical treatment planning	

Radiation Therapy	77373	SBRT DELIVERY	
Unlisted Codes	77399	Unlisted procedure, medical radiation physics, dosimetry and tx dev, and spec. svcs	
Unlisted Codes	77499	Unlisted procedure, therapeutic radiology treatment management	
Radiation Therapy	77520	PROTON TRMT SIMPLE W/O C	
Radiation Therapy	77522	PROTON TRMT SIMPLE W/COM	
Radiation Therapy	77523	PROTON TRMT INTERMEDIATE	
Radiation Therapy	77525	PROTON TREATMENT COMPLEX	
Radiation Therapy	77767	HDR RDNCL SKN SURF BRACHYTX	
Radiation Therapy	77768	HDR RDNCL SKN SURF BRACHYTX	
Unlisted Codes	77799	Unlisted procedure, clinical brachytherapy	
Unlisted Codes	78099	Unlisted endocrine procedure, diagnostic nuclear medicine	
Unlisted Codes	78199	Unlisted hemat/retic-endothl/lymph proc, dx nuc med	
Unlisted Codes	78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine	
Unlisted Codes	78399	Unlisted musc-skel- proc, diagnostic nuclear medicine	
Diagnostic Radiology	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	

Diagnostic Radiology	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	
Diagnostic Radiology	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	
Diagnostic Radiology	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);	
Diagnostic Radiology	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	

Diagnostic Radiology	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)	
Diagnostic Radiology	78451	HT MUSCLE IMAGE SPECT SI	
Diagnostic Radiology	78452	HT MUSCLE IMAGE SPECT MU	
Diagnostic Radiology	78453	HT MUSCLE IMAGE PLANAR S	
Diagnostic Radiology	78454	HT MUSC IMAGE PLANAR MUL	
Investigational/Experimental	78456	ACUTE VENOUS THROMBUS IM	
Diagnostic Radiology	78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	
Diagnostic Radiology	78466	HEART INFARCT IMAGE	
Diagnostic Radiology	78468	HEART INFARCT IMAGE (EF)	
Diagnostic Radiology	78469	HEART INFARCT IMAGE (3D)	
Diagnostic Radiology	78472	GATED HEART PLANAR SINGL	
Diagnostic Radiology	78473	GATED HEART MULTIPLE	
Diagnostic Radiology	78481	HEART FIRST PASS SINGLE	
Diagnostic Radiology	78483	HEART FIRST PASS MULTIPL	
Diagnostic Radiology	78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	
Diagnostic Radiology	78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	
Diagnostic Radiology	78494	HEART IMAGE SPECT	
Diagnostic Radiology	78496	HEART FIRST PASS ADD-ON	
Unlisted Codes	78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	

Unlisted Codes	78599	Unlisted respiratory procedure, diagnostic nuclear medicine	
Diagnostic Radiology	78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	
Diagnostic Radiology	78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	
Unlisted Codes	78799	Unlisted genitourinary procedure, diagnostic nuclear medicine	
Diagnostic Radiology	78811	Positrom emission tomography (PET) imaging; limited area.(e.g chest, head/neck)	
Diagnostic Radiology	78812	Positrom emission tomography (PET) imaging; skull base to mid-thigh	
Diagnostic Radiology	78813	Positrom emission tomography (PET) imaging; whole body	
Diagnostic Radiology	78814	Positrom emission tomography (PET) imaging with cocurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area. (e.gchest, head/neck)	
Diagnostic Radiology	78815	Positrom emission tomography (PET) imaging with cocurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid-thigh.	
Diagnostic Radiology	78816	Positrom emission tomography (PET) imaging with cocurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body.	
Unlisted Codes	78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine	
Radiation Therapy	79005	Radiopharmaceutical therapy, by oral administration	

Unlisted Codes	79999	Radiopharmaceutical therapy, unlisted procedure	
Unlisted Codes	81099	Unlisted urinalysis procedure	
Outpatient Procedures	81162	BRCA1&2 SEQ & FULL DUP/DEL	
Outpatient Procedures	81163	BRCA1&2 GENE FULL SEQ ALYS	
Outpatient Procedures	81164	BRCA1&2 GEN FUL DUP/DEL ALYS	
Outpatient Procedures	81165	BRCA1 GENE FULL SEQ ALYS	
Outpatient Procedures	81166	BRCA1 GENE FULL DUP/DEL ALYS	
Outpatient Procedures	81167	BRCA2 GENE FULL DUP/DEL ALYS	
Outpatient Procedures	81173	AR GENE FULL GENE SEQUENCE	
Outpatient Procedures	81176	ASXL1 GENE TARGET SEQ ALYS	
Outpatient Procedures	81185	CACNA1A GENE FULL GENE SEQ	
Investigational/Experimenta	81201	APC GENE FULL SEQUENCE	
Investigational/Experimenta l	81202	APC GENE KNOWN FAM VARIA	
Investigational/Experimenta l	81203	APC GENE DUP/DELET VARIA	
Investigational/Experimenta	81210	BRAF GENE	
Investigational/Experimenta l	81212	BRCA1&2 185&5385&6174 VA	
Investigational/Experimenta l	81215	BRCA1 GENE KNOWN FAM VAR	
Investigational/Experimenta l	81216	BRCA2 GENE FULL SEQUENCE	
Investigational/Experimenta l	81217	BRCA2 GENE KNOWN FAM VAR	
Outpatient Procedures	81219	CALR GENE COM VARIANTS	
Investigational/Experimenta l	81223	CFTR GENE FULL SEQUENCE	
Investigational/Experimenta l	81226	CYP2D6 GENE COM VARIANTS	
Investigational/Experimenta l	81228	CYTOGEN MICRARRAY COPY N	
Investigational/Experimenta l	81229	CYTOGEN M ARRAY COPY NO&	

Outpatient Procedures	81232	DPYD GENE COMMON VARIANTS	
Outpatient Procedures	81233	BTK GENE COMMON VARIANTS	
Investigational/Experimental	81235	EGFR GENE COM VARIANTS	
Outpatient Procedures	81236	EZH2 GENE FULL GENE SEQUENCE	
Outpatient Procedures	81237	EZH2 GENE COMMON VARIANTS	
Outpatient Procedures	81274	HTT GENE CHARAC ALLELES	
Outpatient Procedures	81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	
Outpatient Procedures	81287	MGMT GENE METHYLATION ANAL	
Outpatient Procedures	81288	MLH1 GENE	
Outpatient Procedures	81292	MLH1 GENE FULL SEQ	
Outpatient Procedures	81293	MLH1 GENE KNOWN VARIANTS	
Outpatient Procedures	81294	MLH1 GENE DUP/DELETE VAR	
Outpatient Procedures	81295	MSH2 GENE FULL SEQ	
Outpatient Procedures	81296	MSH2 GENE KNOWN VARIANTS	
Outpatient Procedures	81297	MSH2 GENE DUP/DELETE VAR	
Outpatient Procedures	81298	MSH6 GENE FULL SEQ	
Outpatient Procedures	81299	MSH6 GENE KNOWN VARIANTS	
Outpatient Procedures	81300	MSH6 GENE DUP/DELETE VAR	
Outpatient Procedures	81306	NUDT15 GENE COMMON VARIANTS	
Outpatient Procedures	81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	

Outpatient Procedures	81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	
Outpatient Procedures	81309	PIK3CA (phosphatidylinositol- 4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	
Outpatient Procedures	81313	PCA3/KLK3 ANTIGEN	
Outpatient Procedures	81317	PMS2 GENE FULL SEQ ANALY	
Outpatient Procedures	81318	PMS2 KNOWN FAMILIAL VARI	
Outpatient Procedures	81319	PMS2 GENE DUP/DELET VARI	
Outpatient Procedures	81321	PTEN GENE FULL SEQUENCE	
Outpatient Procedures	81322	PTEN GENE KNOWN FAM VARI	
Outpatient Procedures	81323	PTEN GENE DUP/DELET VARI	
Investigational/Experimenta	81324	PMP22 GENE DUP/DELET	
Outpatient Procedures	81325	PMP22 GENE FULL SEQUENCE	
Outpatient Procedures	81326	PMP22 GENE KNOWN FAM VAR	
Investigational/Experimenta l	81328	SLCO1B1 GENE COM VARIANTS	
Outpatient Procedures	81331	SNRPN/UBE3A GENE	
Outpatient Procedures	81333	TGFBI GENE COMMON VARIANTS	
Outpatient Procedures	81335	TPMT GENE COM VARIANTS	Labs

Outpatient Procedures	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	Labs
Outpatient Procedures	81407	MOPATH PROCEDURE LEVEL 8	
Outpatient Procedures	81408	MOPATH PROCEDURE LEVEL 9	
Outpatient Procedures	81410	AORTIC DYSFUNCTION/DILATION	
Outpatient Procedures	81411	AORTIC DYSFUNCTION/DILATION	
Outpatient Procedures	81412	ASHKENAZI JEWISH ASSOC DIS	
Outpatient Procedures	81415	EXOME SEQUENCE ANALYSIS	
Outpatient Procedures	81416	EXOME SEQUENCE ANALYSIS	
Outpatient Procedures	81417	EXOME RE-EVALUATION	
Outpatient Procedures	81425	GENOME SEQUENCE ANALYSIS	Labs
Outpatient Procedures	81426	GENOME SEQUENCE ANALYSIS	
Outpatient Procedures	81427	GENOME RE-EVALUATION	
Outpatient Procedures	81430	HEARING LOSS SEQUENCE ANALYS	
Outpatient Procedures	81431	HEARING LOSS DUP/DEL ANALYS	
Outpatient Procedures	81434	HEREDITARY RETINAL DISORDERS	
Outpatient Procedures	81437	HEREDTRY NURONDCRN TUM DSRDR	
Outpatient Procedures	81438	HEREDTRY NURONDCRN TUM DSRDR	
Outpatient Procedures	81440	MITOCHONDRIAL GENE	
Outpatient Procedures	81442	NOONAN SPECTRUM DISORDERS	

Outpatient Procedures	81460	WHOLE MITOCHONDRIAL GENOME	
Outpatient Procedures	81465	WHOLE MITOCHONDRIAL GENOME	
Outpatient Procedures	81470	X-LINKED INTELLECTUAL DBLT	
Outpatient Procedures	81471	X-LINKED INTELLECTUAL DBLT	
Unlisted Codes	81479	Unlisted molecular pathology procedure	
Outpatient Procedures	81506	ENDO ASSAY SEVEN ANAL	
Outpatient Procedures	81518	ONC BRST MRNA 11 GENES	
Outpatient Procedures	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	
Outpatient Procedures	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 lymp	
Outpatient Procedures	81538	ONCOLOGY LUNG	
Outpatient Procedures	81539	ONCOLOGY PROSTATE PROB SCORE	
Outpatient Procedures	81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin- fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	

Investigational/Experimental	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)	
Outpatient Procedures	81552	ONC UVEAL MLNMA MRNA 15 GENE	
Outpatient Procedures	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 interstiti	
Outpatient Procedures	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	
Outpatient Procedures	81595	CARDIOLOGY HRT TRNSPL MRNA	
Unlisted Codes	81599	Unlisted multianalyte assay with algorithmic analysis	
Outpatient Procedures	83006	GROWTH STIMULATION GENE 2	
Unlisted Codes	84999	Unlisted chemistry procedure	
Unlisted Codes	85999	Unlisted hematology or coag procedure	
Outpatient Procedures	86486	SKIN TEST NOS ANTIGEN	
Unlisted Codes	86849	Unlisted immunology procedure	

Unlisted Codes	86999	Unlisted transfusion medicine procedure	
Unlisted Codes	87299	Infectious agent antigen detection by immunofluorescent technique; NOS, ea org	
Unlisted Codes	87999	Unlisted microbiology procedure	
Unlisted Codes	88199	Unlisted cytopathology procedure	
Unlisted Codes	88299	Unlisted cytogenetic study	
Investigational/Experimental	88375	OPTICAL ENDOMICROSCPY IN	
Unlisted Codes	88399	Unlisted surgical pathology procedure	
Unlisted Codes	88749	Unlisted in vivo (eg, transcutaneous) laboratory service	
Unlisted Codes	89240	Unlisted miscellaneous pathology test	
Infertility	89250	Culture of oocyte(s)/embryo(s), less than 4 days	
Investigational/Experimental	89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co- culture of oocyte(s)/embryos	
Infertility	89253	Assisted embryo hatching, microtechniques (any method)	
Infertility	89254	Oocyte identification from follicular fluid	
Infertility	89255	Preparation of embryo for transfer (any method)	
Infertility	89258	Cryopreservation; embryo(s)	
Infertility	89259	Cryopreservation; sperm	
Infertility	89260	Sperm isolation for insemination or anal	
Infertility	89261	Sperm isolation for insemination or anal	

Infertility	89264	Sperm ID from testes tiss, fresh or cryopreserved	
Infertility	89268	Insemination of oocytes	
Infertility	89272	Extended culture of oocytes/embryos, 4-7 days	
Infertility	89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	
Infertility	89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes 12 Infertility Services	
Infertility	89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos	
Infertility	89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos	
Infertility	89300	Semen analysis	
Infertility	89310	Semen analysis	
Infertility	89320	Semen analysis	
Infertility	89321	Semen analysis	
Infertility	89322	Semen analysis	
Infertility	89325	Semen antibodies	
Infertility	89329	Sperm eval, hamster penetration test	
Infertility	89330	Sperm eval, hamster penetration test	
Infertility	89331	Sperm eval for retrograde ejac	

Investigational/Experimental	89335	Cryopreserve, reproductive tissue, testicular	
Infertility	89337	Cryopreservation, mature oocyte(s)	
Infertility	89342	Storage, (per year); embryo(s)	
Infertility	89343	Storage (per year); sperm	
Investigational/Experimental	89344	Storage (per year); testicular	
Infertility	89346	Storage, (per year); oocyte(s)	
Infertility	89352	Thawing of cryopreserved; embryo(s)	
Infertility	89353	Thawing of cryopreserved; sperm	
Investigational/Experimental	89354	Thawing of cryopreserved; testicular/ovarian	
Infertility	89356	Thawing of cyropreserved; oocytes, each aliquot	
Unlisted Codes	89398	Unlisted reprod med lab proc	
Injection/Infusion	90281	Immune globulin, IM use	
Injection/Infusion	90283	Immune Globulin (IGIV), Human, For Intravenous Use	
Injection/Infusion	90284	Immune globulin, subcut infusions; 100 mg each	
Injection/Infusion	90378	Palivizumab (Synagis®) MedImmune	
Unlisted Codes	90399	Unlisted immune globulin	
Unlisted Codes	90749	Unlisted vaccine/toxoid	
Unlisted Codes	90899	Unlisted psychiatric service or procedure	
Investigational/Experimental	91111	ESOPHAGEAL CAPSULE ENDOS	
Investigational/Experimental	91112	GI WIRELESS CAPSULE MEAS	
Outpatient Procedures	91117	COLON MOTILITY 6 HR STUD	

Unlisted Codes	91299	Unlisted diagnostic gastroenterology procedure	
Outpatient Procedures	92274	MULTIFOCAL ERG W/I&R	
Unlisted Codes	92499	Unlisted ophthalmological service or procedure	
Therapies	92507	Tx of speech/voice d/o	No precert required for transgender
Therapies	92508	SPEECH/HEARING THERAPY	No precert required for transgender
Unlisted Codes	92700	Unlisted otorhinolaryngological service or procedure	
Investigational/Experimenta	92971	CARDIOASSIST EXTERNAL	
Outpatient Procedures	93264	REM MNTR WRLS P-ART PRS SNR	
Diagnostic Radiology	93350	ECHO TRANSTHORACIC	
Diagnostic Radiology	93351	STRESS TTE COMPLETE]	
Diagnostic Radiology	93451	RIGHT HEART CATH	
Diagnostic Radiology	93452	LEFT HRT CATH W/VENTRCLG	
Diagnostic Radiology	93453	R&L HRT CATH W/VENTRICLG	
Diagnostic Radiology	93454	CORONARY ARTERY ANGIO S&	
Diagnostic Radiology	93455	CORONARY ART/GRFT ANGIO	
Diagnostic Radiology	93456	R HRT CORONARY ARTERY AN	
Diagnostic Radiology	93457	R HRT ART/GRFT ANGIO	
Diagnostic Radiology	93458	L HRT ARTERY/VENTRICLE A	
Diagnostic Radiology	93459	L HRT ART/GRFT ANGIO	
Diagnostic Radiology	93460	R&L HRT ART/VENTRICLE AN	
Diagnostic Radiology	93461	R&L HRT ART/VENTRICLE AN	
Diagnostic Radiology	93530	RT HEART CATH CONGENITAL	
Diagnostic Radiology	93531	R & L HEART CATH CONGENI	
Diagnostic Radiology	93532	R & L HEART CATH CONGENI	
Diagnostic Radiology	93533	R & L HEART CATH CONGENI	
Investigational/Experimenta l	93580	TRANSCATH CLOSURE OF ASD	
Outpatient Procedures	93581	TRANSCATH CLOSURE OF VSD	

Outpatient Procedures	93582	PERQ TRANSCATH CLOSURE PDA	
Outpatient Procedures	93583	PERQ TRANSCATH SEPTAL REDUXN	
Outpatient Procedures	93590	PERQ TRANSCATH CLS MITRAL	
Outpatient Procedures	93591	PERQ TRANSCATH CLS AORTIC	
Outpatient Procedures	93592	PERQ TRANSCATH CLOSURE EACH	
Diagnostic Radiology	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	
Diagnostic Radiology	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	
Diagnostic Radiology	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	

Diagnostic Radiology	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	
Diagnostic Radiology	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	
Outpatient Procedures	93619	ELECTROPHYSIOLOGY EVALUA	
Outpatient Procedures	93620	ELECTROPHYSIOLOGY EVALUA	
Outpatient Procedures	93621	ELECTROPHYSIOLOGY EVALUA	
Outpatient Procedures	93622	ELECTROPHYSIOLOGY EVALUA	
Outpatient Procedures	93623	STIMULATION PACING HEART	
Outpatient Procedures	93624	ELECTROPHYSIOLOGIC STUDY	
Outpatient Procedures	93644	ELECTROPHYSIOLOGY EVALUATION	
Outpatient Procedures	93653	EP & ABLATE SUPRAVENT AR	
Outpatient Procedures	93654	EP & ABLATE VENTRIC TACH	
Outpatient Procedures	93655	ABLATE ARRHYTHMIA ADD ON	
Outpatient Procedures	93656	TX ATRIAL FIB PULM VEIN	
Outpatient Procedures	93657	TX L/R ATRIAL FIB ADDL	
Outpatient Procedures	93662	INTRACARDIAC ECG (ICE)	
Investigational/Experimental	93702	BIS XTRACELL FLUID ANALYSIS	

Therapies	93760	Thermogram; cephalic	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Therapies	93762	Thermogram; peripheral	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Unlisted Codes	93799	Unlisted cardiovascular service or procedure	
Unlisted Codes	93998	Unlisted noninvasive vascular diagnostic study	
Unlisted Codes	94799	Unlisted pulmonary service or procedure	
Unlisted Codes	95199	Unlisted allergy/clinical immunologic service or procedure	
Sleep Management	95782	Polysomnography; < 6 years,	
Sleep Management	95783	Polysomnography; < 6 years w/initit CPAP	
Sleep Management	95800	Sleep study, unattended,	
Sleep Management	95801	Sleep study, unattended,	
Sleep Management	95805	Mult sleep latency or maint of wakeful testing,	
Sleep Management	95806	Sleep study, unattended,	
Sleep Management	95807	SLEEP STUDY, ATTENDED	
Sleep Management	95808	POLYSOMNOGRAPHY; ATTENDED	
Sleep Management	95810	POLYSOMNOGRAPHY; ATTENDED	
Sleep Management	95811	POLYSOMNOGRAPHY; W/INITIAT CPAP	
Therapies	95860	Electromyography and nerve conduction tests	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Therapies	95861	Electromyography and nerve conduction tests	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Therapies	95862	Electromyography and nerve conduction tests	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO

Therapies	95863	Electromyography and nerve conduction tests	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Therapies	95864	Electromyography and nerve conduction tests	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Therapies	95865	Electromyography and nerve conduction tests	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Therapies	95866	Electromyography and nerve conduction tests	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Therapies	95867	Electromyography and nerve conduction tests	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Therapies	95907	Nerve conduction studies	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Therapies	95908	Nerve conduction studies	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Therapies	95909	Nerve conduction studies	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Therapies	95910	Nerve conduction studies	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Therapies	95911	Nerve conduction studies	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Therapies	95912	Nerve conduction studies	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Therapies	95913	Nerve conduction studies	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO

Therapies	95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Unlisted Codes	95999	Unlisted neuro/neuromusc diagnostic procedure	
Therapies	96000	Computer-based motion analysis	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Therapies	96001	Computer-based motion analysis	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Therapies	96002	Dynamic surface electromyography	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Therapies	96003	Dynamic fine wire electromyography	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Therapies	96004	Review of computer based motion analysis	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Unlisted Codes	96379	Unlisted therapeutic, prophylactic, or diagnostic IV or intra-arterial inject. or infus.	
Unlisted Codes	96549	Inpatient Injectable/Infusion	
Outpatient Procedures	96920	Laser tx for psoriasis	
Outpatient Procedures	96921	Laser tx for psoriasis	
Outpatient Procedures	96922	Laser tx for psoriasis	
Outpatient Procedures	96999	Unlist derm service or procedure	
Unlisted Codes	96999	Unlisted special dermatological service or procedure	
Therapies	97010	Application of hot or cold packs	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97012	Mechanical traction	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97014	Electrical stimulation (unattended)	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center

Therapies	97016	Vasopneumatic devices	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97018	Application of paraffin bath	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97022	Application of whirlpool	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97024	Diathermy (e.g. microwave)	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97026	Infrared	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97028	Application of ultraviolet	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97032	Application of electrical stimulation (manual), ea 15 min	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97033	Iontophoresis, ea 15 min	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97034	Application of ; contrast baths, ea 15 min	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97035	Ultrasound	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97036	Hubbard tank, ea 15 min	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97039	Unlisted modality	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97039	Unlisted modality (specify type and time if constant attendance)	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Therapies	97110	Therapeutic exercises ea 15 min	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97112	Neuromuscular reeducation of movement ea 15 min	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97113	aquat therapy ea 15 min	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97116	Ggait training ea 15 min	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center

Therapies	97124	Massage	PT/OT/Chiro Code List: Do not review until 13th visit per plan year.
Therapies	97127	Strategies to manage performance of activity ea 15 min	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Unlisted Codes	97139	Unlisted therapeutic procedure (specify)	
Therapies	97140	Myofascial release	PT/OT/Chiro Code List: Do not review until 13th visit per plan year.
Therapies	97150	Therapeutic procedure(s), group	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97161	Physical therapy eval: low complexity, 20 minutes	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97162	Physical therapy eval: mod complexity 30 minutes	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97163	Physical therapy eval: high complexity 45 minutes	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97164	Re-eval physical therapy 20 minutes	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97165	Occupational therapy eval, low complex 30 minutes	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97166	Occupational therapy eval, mod complexity 45 minutes	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97167	Occupational therapy eval, high complexity 60 minutes	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97168	Re-eval occupational therapy 30 minutes	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97530	Therapeutic activities ea 15 min	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97533	Sensory integrative techniques ea 15 min	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97535	Self-care/home management training ea 15 min	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97537	Community/work reintegration training ea 15 min	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97542	Wheelchair management ea 15 min	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center

Therapies	97545	Work hardening/conditioning; initial 2 hours	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97546	Work hardening/conditioning; each additional hour	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Outpatient Procedures	97610	LOW FREQUENCY NON-THERMAL US	
Therapies	97750	Physical perform measurement ea 15 min	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97755	Assistive technology assessment ea 15 min	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97760	Orthotic(s) management and training ea 15 min	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97761	Prosthetic training, upper and/or lower extremity(s), ea 15 min	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	97763	Orthotic(s)/prosthetic(s) management and/or training ea 15 min	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Unlisted Codes	97799	Unlisted physical medicine/rehabilitation service or procedure	
Therapies	97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of Acupuncture (CPG 024) Page 11 of 28 personal one-on-one contact with the patient	Do not review until 13th visit per plan year.
Therapies	97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one- one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	Do not review until 13th visit per plan year.
Therapies	97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	Do not review until 13th visit per plan year.

Therapies	97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one- one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)	Do not review until 13th visit per plan year.
Therapies	98940	CMT, spinal, one to two regions	PT/OT/Chiro Code List: Do not review until 13th visit per plan year.
Therapies	98941	CMT, spinal, three to four regions	PT/OT/Chiro Code List: Do not review until 13th visit per plan year.
Therapies	98942	CMT, spinal, five regions	PT/OT/Chiro Code List: Do not review until 13th visit per plan year.
Therapies	98943	Chiropractic manipulative treatment, Extraspinal 1 or more regions	PT/OT/Chiro Code List: Do not review until 13th visit per plan year.
Outpatient Procedures	99183	Supervis hyperbaric O2	
Unlisted Codes	99199	Unlisted special service, procedure or report	
Therapies	99202	Office visit for initial evaluation and management (E&M) of a new patient	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	99203	Office visit for initial evaluation and management (E&M) of a new patient	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	99204	Office visit for initial evaluation and management (E&M) of a new patient	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	99205	Office visit for initial evaluation and management (E&M) of a new patient	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	99212	Office visit for E&M of an established patient	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	99213	Office visit for E&M of an established patient	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	99214	Office visit for E&M of an established patient	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Therapies	99215	Office visit for E&M of an established patient	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center

Unlisted Codes	99429	Unlisted preventive medicine service	
Unlisted Codes	99499	Unlisted evaluation and management service	
Home Health Care	99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, nonstress test, uterine monitoring, and gestational diabetes monitoring	
Home Health Care	99501	Home visit for postnatal assessment and follow-up care	
Home Health Care	99502	Home visit for newborn care and assessment	
Home Health Care	99503	Home visit for respiratory therapy care (e.g., bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	
Home Health Care	99504	Home visit for mechanical ventilation care	
Home Health Care	99505	Home visit for stoma care and maintenance including colostomy and cystostomy	
Home Health Care	99506	Home visit for intramuscular injections	
Home Health Care	99507	Home visit for care and maintenance of catheter(s) (e.g., urinary, drainage, and enteral)	
Home Health Care	99509	Home visit for assistance with activities of daily living and personal care	
Home Health Care	99510	Home visit for individual, family, or marriage counseling	
Home Health Care	99511	Home visit for fecal impaction management and enema administration	
Unlisted Codes	99600	Unlisted home visit service or procedure	
Injection/Infusion	99601	Home infusion/specialty drug administration, per visit (up to 2 hours)	

Injection/Infusion	99602	Home infusion/specialty drug administration, per visit (up to 2 hours); hour (List separately in addition to code forprimary procedure)	
Investigational/Experimental	0002U	ONC CLRCT 3 UR METAB ALG PLP	
Outpatient Procedures	0003U	ONC OVAR 5 PRTN SER ALG SCOR	Labs
Investigational/Experimental	0006U	RX MNTR 120+ DRUGS & SBSTS	
Outpatient Procedures	0007M	ONC GASTRO 51 GENE NOMOGRAM	Labs
Outpatient Procedures	0007U	RX TEST PRSMV UR W/DEF CONF	Labs
Investigational/Experimental	0008U	HPYLORI DETCJ ABX RSTNC DNA	
Outpatient Procedures	0010U	NFCT DS STRN TYP WHL GEN SEQ	Labs
Outpatient Procedures	0012U	GERMLN DO GENE REARGMT DETCJ	Labs
Investigational/Experimental	0014M	LIVER DS ALYS 3 BMRK SRM ALG	
Outpatient Procedures	0014U	HEM HMTLMF NEO GENE REARGMT	Labs
Outpatient Procedures	0016U	ONC HMTLMF NEO RNA BCR/ABL1	Labs
Investigational/Experimental	0018M	TRNSPLJ RNL MEAS CD154+CLL	
Outpatient Procedures	0021U	ONC PRST8 DETCJ 8 AUTOANTB	Labs
Outpatient Procedures	0022U	TRGT GEN SEQ DNA&RNA 23 GENE	Labs
Outpatient Procedures	0023U	ONC AML DNA DETCJ/NONDETCJ	Labs
Outpatient Procedures	0025U	TENOFOVIR LIQ CHROM UR QUAN	Labs
Outpatient Procedures	0034U	TPMT NUDT15 GENES	Labs
Outpatient Procedures	0037U	TRGT GEN SEQ DNA 324 GENES	Labs
Outpatient Procedures	0046U	FLT3 GENE ITD VARIANTS QUAN	Labs
Outpatient Procedures	0048U	ONC SLD ORG NEO DNA 468 GENE	Labs

Outpatient Procedures	0049U	NPM1 GENE ANALYSIS QUAN	Labs
Outpatient Procedures	0050U	TRGT GEN SEQ DNA 194 GENES	Labs
Outpatient Procedures	0051U	RX MNTR LC-MS/MS UR 31 PNL	Labs
Outpatient Procedures	0053U	ONC PRST8 CA FISH ALYS 4 GEN	Labs
Outpatient Procedures	0054U	RX MNTR 14+ DRUGS & SBSTS	Labs
Outpatient Procedures	0055U	CARD HRT TRNSPL 96 DNA SEQ	Labs
Outpatient Procedures	0056U	HEM AML DNA GENE REARGMT	Labs
Outpatient Procedures	0058U	ONC MERKEL CLL CARC SRM QUAN	Labs
Outpatient Procedures	0059U	ONC MERKEL CLL CARC SRM +/-	Labs
Outpatient Procedures	0060U	TWN ZYG GEN SEQ ALYS CHRMS2	Labs
Outpatient Procedures	0061U	TC MEAS 5 BMRK SFDI M-S ALYS	Labs
Outpatient Procedures	0062U	AI SLE IGG&IGM ALYS 80 BMRK	Labs
Outpatient Procedures	0063U	NEURO AUTISM 32 AMINES ALG	Labs
Outpatient Procedures	0067U	ONC BRST IMHCHEM PRFL 4 BMRK	Labs
Outpatient Procedures	0068U	CANDIDA SPECIES PNL AMP PRB	Labs
Outpatient Procedures	0069U	ONC CLRCT MICRORNA MIR-31-3P	Labs
Outpatient Procedures	0070U	CYP2D6 GEN COM&SLCT RAR VRNT	Labs
Investigational/Experimental	0071T	U/S LEIOMYOMATA ABLATE <	
Outpatient Procedures	0071U	CYP2D6 FULL GENE SEQUENCE	Labs
Investigational/Experimental	0072T	U/S LEIOMYOMATA ABLATE >	
Outpatient Procedures	0072U	CYP2D6 GEN CYP2D6-2D7 HYBRID	Labs
Outpatient Procedures	0073U	CYP2D6 GEN CYP2D7-2D6 HYBRID	Labs
Outpatient Procedures	0074U	CYP2D6 NONDUPLICATED GENE	Labs

Outpatient Procedures	0075T	PERQ STENT/CHEST VERT AR	Labs
Outpatient Procedures	0075U	CYP2D6 5' GENE DUP/MLT	Labs
Outpatient Procedures	0076T	S&I STENT/CHEST VERT ART	Labs
Outpatient Procedures	0076U	CYP2D6 3' GENE DUP/MLT	Labs
Outpatient Procedures	0078U	PAIN MGT OPI USE GNOTYP PNL	Labs
Outpatient Procedures	0079U	CMPRTV DNA ALYS MLT SNPS	Labs
Outpatient Procedures	0080U	ONC LNG 5 CLIN RSK FACTR ALG	Labs
Outpatient Procedures	0082U	RX TEST DEF 90+ RX/SBSTS UR	Labs
Outpatient Procedures	0083U	ONC RSPSE CHEMO CNTRST TOMOG	Labs
Outpatient Procedures	0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score	Labs
Outpatient Procedures	0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection	Labs
Investigational/Experimental	0089U	ONC MLNMA PRAME & LINC00518	
Investigational/Experimental	0090U	ONC CUTAN MLNMA MRNA 23 GENE	

Outpatient Procedures	0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result	Labs
Investigational/Experimental	0093U	RX MNTR 65 COM DRUGS URINE	
Outpatient Procedures	0094U	GENOME RAPID SEQUENCE ALYS	Labs
Outpatient Procedures	0096U	HPV HI RISK TYPES MALE URINE	Labs
Spinal Procedures	0098T	REV ARTIFIC DISC ADDL	
Outpatient Procedures	0101U	HERED COLON CA DO 15 GENES	Labs
Outpatient Procedures	0102U	HERED BRST CA RLTD DO 17 GEN	Labs
Outpatient Procedures	0103U	HERED OVA CA PNL 24 GENES	Labs
Investigational/Experimental	0105U	NEPH CKD MULT ECLIA TUM NEC	
Investigational/Experimental	0107U	C DIFF TOX AG DETCJ IA STOOL	
Investigational/Experimental	0108U	GI BARRETT ESOPH 9 PRTN BMRK	
Investigational/Experimental	0109U	ID ASPERGILLUS DNA 4 SPECIES	
Investigational/Experimental	0110U	RX MNTR 1+ORAL ONC RX&SBSTS	
Outpatient Procedures	0111U	RX MNTR 1+ORAL ONC RX&SBSTS	Labs
Investigational/Experimental	0112U	RX MNTR 1+ORAL ONC RX&SBSTS	
Investigational/Experimental	0113U	RX MNTR 1+ORAL ONC RX&SBSTS	
Investigational/Experimental	0114U	RX MNTR 1+ORAL ONC RX&SBSTS	
Investigational/Experimental	0116U	RX MNTR 1+ORAL ONC RX&SBSTS	
Investigational/Experimental	0117U	RX MNTR 1+ORAL ONC RX&SBSTS	

Investigational/Experimental	0118U	RX MNTR 1+ORAL ONC RX&SBSTS	
Investigational/Experimental	0119U	RX MNTR 1+ORAL ONC RX&SBSTS	
Investigational/Experimental	0120U	RX MNTR 1+ORAL ONC RX&SBSTS	
Investigational/Experimental	0121U	RX MNTR 1+ORAL ONC RX&SBSTS	
Investigational/Experimental	0122U	RX MNTR 1+ORAL ONC RX&SBSTS	
Investigational/Experimental	0123U	RX MNTR 1+ORAL ONC RX&SBSTS	
Investigational/Experimental	0129U	RX MNTR 1+ORAL ONC RX&SBSTS	
Investigational/Experimental	0130U	RX MNTR 1+ORAL ONC RX&SBSTS	
Investigational/Experimental	0131U	RX MNTR 1+ORAL ONC RX&SBSTS	
Investigational/Experimental	0132U	RX MNTR 1+ORAL ONC RX&SBSTS	
Investigational/Experimental	0133U	RX MNTR 1+ORAL ONC RX&SBSTS	
Investigational/Experimental	0134U	RX MNTR 1+ORAL ONC RX&SBSTS	
Investigational/Experimental	0135U	RX MNTR 1+ORAL ONC RX&SBSTS	
Investigational/Experimental	0136U	RX MNTR 1+ORAL ONC RX&SBSTS	
Investigational/Experimental	0137U	RX MNTR 1+ORAL ONC RX&SBSTS	
Investigational/Experimental	0138U	RX MNTR 1+ORAL ONC RX&SBSTS	
Investigational/Experimental	0139U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 6 central carbon metabolites (ie, α-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, and succinate), LC- MS/MS, plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)	

Investigational/Experimental	0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected	
Outpatient Procedures	0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram- positive bacterial targets, 4 resistance genes, 1 pan gram- negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected	Labs
Investigational/Experimental	0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram- negative bacterial targets, 6 resistance genes, 1 pan gram- positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected	

Outpatient Procedures	0143U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Labs
Outpatient Procedures	0144U	Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Labs
Outpatient Procedures	0145U	Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Labs

Outpatient Procedures	0146U	Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Labs
Outpatient Procedures	0147U	Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Labs
Outpatient Procedures	0148U	Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Labs

Outpatient Procedures	0149U	Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Labs
Outpatient Procedures	0150U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Labs
Investigational/Experimental	0151U	Infectious disease (bacterial or viral respiratory tract infection), pathogen specific nucleic acid (DNA or RNA), 33 targets, real-time semi- quantitative PCR, bronchoalveolar lavage, sputum, or endotracheal aspirate, detection of 33 organismal and antibiotic resistance genes with limited semi-quantitative results	

Investigational/Experimental	0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)	
Outpatient Procedures	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)	Labs
Outpatient Procedures	0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Labs
Outpatient Procedures	0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Labs
Outpatient Procedures	0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Labs

Outpatient Procedures	0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	Labs
Investigational/Experimental	0163T	LUMB ARTIF DISKECTOMY AD	
Outpatient Procedures	0163U	Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto-1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC-screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas	Labs
Outpatient Procedures	0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	Labs
Outpatient Procedures	0172U	ONC SLD TUM ALYS BRCA1 BRCA2	Labs
Outpatient Procedures	0177U	ONC BRST CA DNA PIK3CA 11	Labs
Outpatient Procedures	0179U	ONC NONSM CLL LNG CA ALYS 23	Labs
Investigational/Experimental	0191T	INSERT ANT SEGMENT DRAIN	
Investigational/Experimental	0200T	PERQ SACRAL AUGMT UNILAT	

Investigational/Experimental	0201T	POST VERT ARTHRPLST 1 LU	
Outpatient Procedures	0204U	ONC THYR MRNA XPRSN ALYS 593	Labs
Investigational/Experimental	0208U	ONC MTC MRNA XPRSN ALYS 108	
Outpatient Procedures	0211U	ONC PAN-TUM DNA&RNA GNRJ SEQ	Labs
Outpatient Procedures	0212U	RARE DS GEN DNA ALYS PROBAND	Labs
Investigational/Experimenta	0213T	US FACET JT INJ CERV/T 1	
Outpatient Procedures	0213U	RARE DS GEN DNA ALYS EA COMP	Labs
Investigational/Experimenta	0214T	US FACET JT INJ CERV/T 2	
Outpatient Procedures	0214U	RARE DS XOM DNA ALYS PROBAND	Labs
Investigational/Experimenta	0215T	US FACET JT INJ CERV/T 3	
Outpatient Procedures	0215U	RARE DS XOM DNA ALYS EA COMP	Labs
Investigational/Experimenta	0216T	US FACET JT INJ LS 1 LEV	
Investigational/Experimenta	0217T	US FACET JT INJ LS 2 LEV	
Investigational/Experimenta	0218T	US FACET JT INJ LS 3 LEV	
Investigational/Experimenta	0219T	FUSE SPINE FACET JT CERV	
Spinal Procedures	0221T	PLMT POST FACET IMPLT LUUMB	
Spinal Procedures	0222T	PLACE POSTERIOR INTRAFACET IMPLANT(S),	
Investigational/Experimental	0227U	RX ASY PRSMV 30+RX/METABLT	
Outpatient Procedures	0230U	AR FULL SEQUENCE ANALYSIS	Labs
Outpatient Procedures	0231U	CACNA1A FULL GENE ANALYSIS	Labs
Investigational/Experimental	0232T	INJ PLSM IMG GUID HRVST&	
Outpatient Procedures	0232U	CSTB FULL GENE ANALYSIS	Labs
Outpatient Procedures	0233U	FXN GENE ANALYSIS	Labs
Outpatient Procedures	0234U	MECP2 FULL GENE ANALYSIS	Labs
Outpatient Procedures	0235U	PTEN FULL GENE ANALYSIS	Labs
Outpatient Procedures	0236U	SMN1&SMN2 FULL GENE ANALYSIS	Labs
Outpatient Procedures	0237U	CAR ION CHNLPTHY GEN SEQ PNL	Labs
Outpatient Procedures	0238U	ONC LNCH SYN GEN DNA SEQ ALY	Labs

Outpatient Procedures	0239U	TRGT GEN SEQ ALYS PNL 311+	Labs
Outpatient Procedures	0242U	TRGT GEN SEQ ALYS PNL 55-74	Labs
Outpatient Procedures	0244U	ONC SOLID ORGN DNA 257 GENES	Labs
Outpatient Procedures	0245U	ONC THYR MUT ALYS 10 GEN&37	Labs
Investigational/Experimental	0258U	AI PSOR MRNA 50-100 GEN ALG	
Investigational/Experimental	0260U	RARE DS ID OPT GENOME MAPG	
Investigational/Experimental	0261U	ONC CLRCT CA IMG ALYS W/AI	
Investigational/Experimental	0262U	ONC SLD TUM RT PCR 7 GEN	
Investigational/Experimental	0263T	IM B 1 MRW CEL THER CMP	
Investigational/Experimental	0264T	IM B 1 MRW CEL THER XCL	
Investigational/Experimental	0264U	RARE DS ID OPT GENOME MAPG	
Investigational/Experimental	0265T	IM B 1 MRW CEL THER HRVS	
Investigational/Experimental	0265U	RAR DO WHL GN&MTCDRL DNA ALS	
Investigational/Experimental	0266T	IMPLT/RPL CRTD SNS DEV T	
Investigational/Experimental	0266U	UNXPL CNST HRTBL DO GN XPRSN	
Investigational/Experimental	0267T	IMPLT/RPL CRTD SNS DEV L	
Investigational/Experimental	0267U	RARE DO ID OPT GEN MAPG&SEQ	
Investigational/Experimental	0268T	IMPLT/RPL CRTD SNS DEV G	
Investigational/Experimental	0269T	REV/REMVL CRTD SNS DEV T	
Investigational/Experimental	0270T	REV/REMVL CRTD SNS DEV L	
Investigational/Experimental	0271T	REV/REMVL CRTD SNS DEV G	
Investigational/Experimental	0274T	PERQ LAMOT/LAM CRV/THRC	
Investigational/Experimental	0275T	PERQ LAMOT/LAM LUMBAR	
Outpatient Procedures	0287U	ONC THYR DNA&MRNA 112 GENES	Labs

Outpatient Procedures	0288U	ONC LUNG MRNA QUAN PCR 11&3	Labs
Outpatient Procedures	0289U	NEURO ALZHEIMER MRNA 24 GEN	Labs
Investigational/Experimenta	0290T	LASER INC FOR PKP/LKP RE	
Outpatient Procedures	0290U	PAIN MGMT MRNA GEN XPRSN 36	Labs
Outpatient Procedures	0291U	PSYC MOOD DO MRNA 144 GENES	Labs
Outpatient Procedures	0292U	PSYC STRS DO MRNA 72 GENES	Labs
Outpatient Procedures	0293U	PSYC SUICIDAL IDEA MRNA 54	Labs
Outpatient Procedures	0294U	LNGVTY&MRTLTY RSK MRNA 18GEN	Labs
Outpatient Procedures	0295U	ONC BRST DUX CARC 7 PROTEINS	Labs
Outpatient Procedures	0296U	ONC ORL&/OROP CA 20 MLC FEAT	Labs
Outpatient Procedures	0297U	ONC PAN TUM WHL GEN SEQ DNA	Labs
Outpatient Procedures	0298U	ONC PAN TUM WHL TRNS SEQ RNA	Labs
Outpatient Procedures	0299U	ONC PAN TUM WHL GEN OPT MAPG	Labs
Outpatient Procedures	0300U	ONC PAN TUM WHL GEN SEQ&OPT	Labs
Investigational/Experimenta l	0306U	ONC MRD NXT-GNRJ ALYS 1ST	
Investigational/Experimenta l	0307U	ONC MRD NXT-GNRJ ALYS SBSQ	
Investigational/Experimenta l	0308T	INSJ OCULAR TELESCOPE PR	
Investigational/Experimenta l	0312T	LAPS IMPLTJ NSTIM VAGUS]	
Investigational/Experimenta l	0312U	AI DS SLE ALYS 8 IGG AUTOANT	
Investigational/Experimenta l	0313U	ONC PNCRS DNA&MRNA SEQ 74	
Investigational/Experimenta l	0314T	LAPS RMVL VGL ARRY & PLS	

Investigational/Experimental	0314U	ONC CUTAN MLNMA MRNA 35 GENE	
Investigational/Experimental	0315U	ONC CUTAN SQ CLL CA MRNA 40	
Investigational/Experimental	0317U	ONC LUNG CA 4-PRB FISH ASSAY	
Investigational/Experimental	0318U	PED WHL GEN MTHYLTN ALYS 50+	
Investigational/Experimental	0319U	NEPH RNA PRETRNSPL PERPH BLD	
Investigational/Experimental	0320U	NEPH RNA PSTTRNSPL PERPH BLD	
Investigational/Experimental	0321U	IADNA GU PTHGN 20BCT&FNG ORG	
Diagnostic Radiology	0331T	HEART SYMP IMAGE PLNR	
Diagnostic Radiology	0332T	HEART SYMP IMAGE PLNR SP	
Investigational/Experimental	0335T	EXTRAOSSEOUS JOINT STABLJ	
Investigational/Experimental	0345T	TRANSCATH MTRAL VLVE REPAIR	
Investigational/Experimental	0355T	Colon intralum imaging, capsule endoscop	
Outpatient Procedures	0376T	INSERT ANT SEGMENT DRAIN INT	
Radiation Therapy	0394T	HDR ELCTRNC SKN SURF BRCHYTX	
Radiation Therapy	0395T	HDR ELCTR NTRST/NTRCV BRCHTX	
Investigational/Experimenta	0402T	collagen x-link cornea	
Outpatient Procedures	0421T	WATERJET PROSTATE ABLTJ CMPL	
Investigational/Experimental	0424T	Neurostim for sleep apnea, dev insert	
Investigational/Experimental	0425T	Neurostim for sleep apnea, dev insert	
Investigational/Experimental	0426T	Neurostim for sleep apnea, dev insert	
Investigational/Experimental	0431T	Neurostim sleep apnea, dev remov/replac	
Investigational/Experimental	0440T	Perc cryoablat, UE dist/periph nerve	
Investigational/Experimental	0441T	Perc cryoablat, LE dist/periph nerve	

Investigational/Experimental	0442T	Perc cryoablat, nerve plexus	
Investigational/Experimental	0446T	Interstitial glucose sensor, innsert	
Investigational/Experimental	0447T	Interstitial glucose sensor, remove	
Investigational/Experimental	0448T	Interstitial glucose sensor, remove	
Investigational/Experimental	0449T	Aq drain dev w/out extraoc resev, insert	
Investigational/Experimental	0450T	Aq drain dev w/out extraoc resev, insert	
Investigational/Experimental	0466T	Insert chest resp sensor electrode array	
Investigational/Experimental	0467T	Revise chest resp sensor electrode array	
Investigational/Experimental	0468T	Remove chest resp sensor electrode array	
Investigational/Experimental	0474T	Insert ant seg aq drain device	
Investigational/Experimental	0479T	Ablat laser tx burn/scar tissue	
Investigational/Experimental	0480T	Ablat laser tx burn/scar tissue	
Investigational/Experimenta	0481T	Inject WBC concentrate	
Investigational/Experimental	0483T	TMVI perc apprch, prosthet valve	
Investigational/Experimenta	0494T	Cadaver donor lungs	
Investigational/Experimenta	0495T	Cadaver donor lungs	
Investigational/Experimenta	0496T	Cadaver donor lungs	
Investigational/Experimental	0505T	Fem-pop revasc art stent graft	
Investigational/Experimental	0508T	Pulse scho US bone density	
Outpatient Procedures	0523T	Intraop FFR with 3D mapping	
Transplant	0537T	BLD DRV T LYMPHCYT CAR-T CLL	
Transplant	0538T	BLD DRV T LYMPHCYT PREP TRNS	
Transplant	0539T	RECEIPT&PREP CAR-T CLL ADMN	
Transplant	0540T	CAR-T CLL ADMN AUTOLOGOUS	
Investigational/Experimental	0543T	TA MV RPR W/ARTIF CHORD TEND	

Investigational/Experimental	0544T	TCAT MV ANNULUS RCNSTJ	
Investigational/Experimenta	0545T	TCAT TV ANNULUS RCNSTJ	
Investigational/Experimental	0562T	ANTMC GUIDE 3D PRINT EA ADDL	
Outpatient Procedures	0572T	INSERTION SS DFB ELECTRODE	
Outpatient Procedures	0575T	PRGRMG DEV EVAL ICDS SS IP	
Outpatient Procedures	0576T	INTERROG DEV EVAL ICDS SS IP	
Outpatient Procedures	0577T	EPHYS EVAL ICDS SS	
Transplant	0584T	PERQ ISLET CELL TRANSPLANT	
Transplant	0585T	LAPS ISLET CELL TRANSPLANT	
Transplant	0586T	OPEN ISLET CELL TRANSPLANT	
Outpatient Procedures	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	
Outpatient Procedures	0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	
Outpatient Procedures	0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	
Outpatient Procedures	0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	

Outpatient Procedures	0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	
Outpatient Procedures	0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent	
Outpatient Procedures	0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours	
Diagnostic Radiology	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	
Diagnostic Radiology	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	
Diagnostic Radiology	0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	

Diagnostic Radiology	0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	
Diagnostic Radiology	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	
Diagnostic Radiology	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	
Diagnostic Radiology	0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	
Diagnostic Radiology	0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	

Outpatient Procedures	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	
Outpatient Procedures	0616T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens	
Outpatient Procedures	0617T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens	
Outpatient Procedures	0618T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange	
Outpatient Procedures	0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	
Diagnostic Radiology	0623T	AUTO QUANTIFICATION C PLAQUE	
Diagnostic Radiology	0624T	AUTO QUAN C PLAQ DATA PREP	
Diagnostic Radiology	0625T	AUTO QUAN C PLAQ CPTR ALYS	
Diagnostic Radiology	0626T	AUTO QUAN C PLAQ I&R	
Investigational/Experimental	0627T	PERQ NJX ALGC FLUOR LMBR 1ST	

Investigational/Experimental	0628T	PERQ NJX ALGC FLUOR LMBR EA	
Investigational/Experimental	0629T	PERQ NJX ALGC CT LMBR 1ST	
Investigational/Experimental	0630T	PERQ NJX ALGC CT LMBR EA	
Diagnostic Radiology	0633T	CT BREAST W/3D UNI C-	
Diagnostic Radiology	0634T	CT BREAST W/3D UNI C+	
Diagnostic Radiology	0635T	CT BREAST W/3D UNI C-/C+	
Diagnostic Radiology	0636T	CT BREAST W/3D BI C-	
Diagnostic Radiology	0637T	CT BREAST W/3D BI C+	
Diagnostic Radiology	0638T	CT BREAST W/3D BI C-/C+	
Diagnostic Radiology	0648T	QUAN MR ALYS TISS W/O MRI	
Diagnostic Radiology	0649T	QUAN MR ALYS TISS W/MRI	
Investigational/Experimental	0656T	VRT BDY TETHERING ANT <7 SEG	
Investigational/Experimental	0657T	VRT BDY TETHERING ANT 8+ SEG	
Transplant	0664T	DON HYSTERECTOMY OPEN CDVR	
Transplant	0665T	DON HYSTERECTOMY OPEN LIV	
Transplant	0666T	DON HYSTERECTOMY LAPS LIV	
Transplant	0667T	DON HYSTERECTOMY RCP UTER	
Transplant	0668T	DON HYSTERECTOMY RCP UTER	
Transplant	0669T	BKBENCH RCNSTJ DON UTER VEN	
Transplant	0670T	BKBENCH RCNSTJ DON UTER ARTL	
Outpatient Procedures	0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	

Outpatient Procedures	0692T	THERAPEUTIC ULTRAFILTRATION	
Investigational/Experimental	0695T	BDY SRF MPG PM/CVDFB TM IMPL	
Investigational/Experimental	0696T	BDY SURF MAPG PM/CVDFB F/UP	
Diagnostic Radiology	0697T	QUAN MR TIS WO MRI MLT ORGN	
Diagnostic Radiology	0698T	QUAN MR TISS W/MRI MLT ORGN	
Diagnostic Radiology	0710T	N-INVAS ARTL PLAQ ALYS	
Diagnostic Radiology	0711T	N-NVS ARTL PLAQ ALYS DAT PRP	
Diagnostic Radiology	0712T	N-NVS ARTL PLAQ ALYS QUAN	
Diagnostic Radiology	0713T	N-NVS ARTL PLAQ ALYS RVW I&R	
Investigational/Experimental	0714T	TPRNL LSR ABLT B9 PRST8 HYPR	
Investigational/Experimental	0715T	PERQ TRLUML CORONRY LITHOTRP	
Investigational/Experimental	0717T	ADRC THER PRTL RC TEAR	
Investigational/Experimental	0718T	ADRC THER PRTL RC TEAR NJX	
Investigational/Experimental	0719T	PST VRT JT RPLCMT LMBR 1 SGM	
Investigational/Experimental	0720T	PRQ ELC NRV STIM CN WO IMPLT	
Investigational/Experimental	0725T	VESTIBULAR DEV IMPLTJ UNI	
Investigational/Experimental	0727T	RMVL&RPLCMT IMPLT VSTBLR DEV	
Investigational/Experimental	0728T	DX ALYS VSTBLR IMPLT UNI 1ST	
Investigational/Experimental	0729T	DX ALYS VSTBLR IMPLT UNI SBQ	
Investigational/Experimental	0731T	AUGMNT AI-BASED FCL PHNT A/R	

Investigational/Experimental	0732T	IMMNTX ADMN ELECTROPORATN IM	
Investigational/Experimental	0735T	PREP TUM CAV IORT PRIM CRNOT	
Investigational/Experimental	A0140	NONEMERG TRANSP AIR ST	
Outpatient Procedures	A0430	FIXED WING AIR TRANSPORT	
Outpatient Procedures	A0435	FIXED WING AIR MILEAGE	
Unlisted Codes	A0999	Unlisted ambulance service	
Investigational/Experimental	A2001	Innovamatrix ac, per sq cm	
Investigational/Experimental	A2002	Mirragen adv wnd mat per sq	
Investigational/Experimenta	A2004	Xcellistem, per sq cm	
Investigational/Experimental	A2005	Microlyte matrix, per sq cm	
Investigational/Experimental	A2006	Novosorb synpath per sq cm	
Investigational/Experimenta	A2007	Restrata, per sq cm	
Investigational/Experimenta	A2008	Theragenesis, per sq cm	
Investigational/Experimenta	A2009	Symphony, per sq cm	
Investigational/Experimental	A2010	Apis, per square centimeter	
Outpatient Procedures	A2011	Supra sdrm, per sq cm	
Outpatient Procedures	A2012	Suprathel, per sq cm	
Outpatient Procedures	A2013	Innovamatrix fs, per sq cm	
Outpatient Procedures	A4100	Skin sub fda clrd as dev nos	
Unlisted Codes	A4335	Incontinence supply; miscellaneous	
Unlisted Codes	A4421	Ostomy supply; miscellaneous	
Investigational/Experimental	A4563	VAG INSER RECTAL CONTROL SYS	
Unlisted Codes	A4641	RADIOPHARM DX AGENT NOC	
Radiation Therapy	A4648	IMPLANTABLE TISSUE MARKE	
Unlisted Codes	A4649	Surgical supply; miscellaneous	

Radiation Therapy	A4650	IMPLANT RADIIATION DOSIM	
Outpatient Procedures	A6025	SILICONE GEL SHEET, EACH	
Unlisted Codes	A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 in	
DME	A9276	DISPOSABLE SENSOR, CGM S	
DME	A9277	EXTERNAL TRANSMITTER, CG	
DME	A9278	MONITORING FEATURE/DEVIC	
Diagnostic Radiology	A9590	Iodine i-131 iobenguane 1mci	
Unlisted Codes	A9699	RADIOPHARM RX AGENT NOC	
Investigational/Experimental	B4105	ENZYME CARTRIDGE ENTERAL NUT	
Injection/Infusion	B4187	Omegaven, 10 grams lipids	
Unlisted Codes	B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	
Unlisted Codes	B9998	NOC for enteral supplies	
Unlisted Codes	B9999	NOC for parenteral supplies	
Spinal Procedures	C1062	Intravertebral fx aug impl	
Radiation Therapy	C1715	BRACHYTHERAPY NEEDLE	
Radiation Therapy	C1716	BRACHYTX SOURCE,GOLD 198	
Radiation Therapy	C1717	BRACHYTX SOURCE, HDR IR-	
Radiation Therapy	C1719	BRACHYTX SOUR,NON-HDR IR	
Radiation Therapy	C1728	CATH, BRACHYTX SEED ADM	
Outpatient Procedures	C1761	Catheter, transluminal intravascular lithotripsy, coronary	
Outpatient Procedures	C1764	Event recorder, cardiac (implantable)	
Outpatient Procedures	C1767	GENERATOR, NEURO NON-REC	Musculoskeletal

Outpatient Procedures	C1772	INFUSION PUMP, PROGRAMMA	Musculoskeletal
Outpatient Procedures	C1778	LEAD, NEUROSTIMULATOR	Musculoskeletal
Outpatient Procedures	C1787	PATIENT PROGR, NEUROSTIM	Musculoskeletal
Outpatient Procedures	C1816	RECEIVER/TRANSMITTER, NE	Musculoskeletal
Outpatient Procedures	C1820	GENERATOR NEURO RECHG BA	Musculoskeletal
Investigational/Experimenta	C1821	INTERSPINOUS IMPLANT	
Outpatient Procedures	C1822	GEN, NEURO, HF, RECHG BAT	Musculoskeletal
Outpatient Procedures	C1823	Gen, neuro, trans sen/stim	
Outpatient Procedures	C1824	Generator, ccm, implant	
Outpatient Procedures	C1825	Gen, neuro, carot sinus baro	
Outpatient Procedures	C1831	Personalized, anterior and lateral interbody cage (implantable)	
Investigational/Experimenta	C1839	Iris prosthesis	
Outpatient Procedures	C1840	TELESCOPIC INTRAOCULAR L	
Investigational/Experimenta	C1841	RETINAL PROSTH INT/EXT C	
Investigational/Experimenta	C1842	RETINAL PROSTH, ADD-ON	
Outpatient Procedures	C1849	Skin substitute, synthetic	
Outpatient Procedures	C1883	ADAP/EXT/PAC/NEURO LEAD	Musculoskeletal
Unlisted Codes	C1889	Implant/insert device, noc	
Outpatient Procedures	C1897	LEAD, NEUROSTIM TEST KIT	
Outpatient Procedures	C2596	Probe, robotic, water-jet	Musculoskeletal
Investigational/Experimenta	C2614	PROBE, PERC LUMB DISC	
Investigational/Experimenta l	C2624	WIRELESS PRESSURE SENSOR	
Radiation Therapy	C2634	BRACHYTX SOURCE,HA,I-125	
Radiation Therapy	C2635	BRACHYTX SOURCE,HA,P-103	
Radiation Therapy	C2636	BRACHYTX LIN SRCE P-103	
Radiation Therapy	C2637	BRACHYTX, YTTERBIUM-169	
Radiation Therapy	C2638	BRACHYTX STRANDED I-125	
Radiation Therapy	C2639	BRACHYTX NON-STRANDED I-	
Radiation Therapy	C2640	BRACHYTX STRANDED P-103	

Radiation Therapy	C2641	BRACHYTX NON-STRANDED P-	
Radiation Therapy	C2642	BRACHYTX STRANDED C-131	
Radiation Therapy	C2643	BRACHYTX NON-STRANDED C-	
Radiation Therapy	C2644	BRACHYTX CESIUM-131 CHLORIDE	
Radiation Therapy	C2645	BRACHYTX PLANAR, P-103	
Radiation Therapy	C2698	BRACHYTX STRANDED NOS	
Radiation Therapy	C2699	BRACHYTX NON-STRANDED NO	
Outpatient Procedures	C5271	LOW COST SKIN SUBSTITUTE APP	
Outpatient Procedures	C5272	LOW COST SKIN SUBSTITUTE APP	
Outpatient Procedures	C5273	LOW COST SKIN SUBSTITUTE APP	
Outpatient Procedures	C5274	LOW COST SKIN SUBSTITUTE APP	
Outpatient Procedures	C5275	LOW COST SKIN SUBSTITUTE APP	
Outpatient Procedures	C5276	LOW COST SKIN SUBSTITUTE APP	
Outpatient Procedures	C5277	LOW COST SKIN SUBSTITUTE APP	
Outpatient Procedures	C5278	LOW COST SKIN SUBSTITUTE APP	
Diagnostic Radiology	C8900	MRA W/ CONTRAST ABDOMEN	
Diagnostic Radiology	C8901	MRA W/O CONTRAST ABDOMEN	
Diagnostic Radiology	C8902	MRA W/O-W CONTRST ABD	
Diagnostic Radiology	C8903	Magnetic resonance imaging with contrast breast; unilateral	
Diagnostic Radiology	C8905	Magnetic resonance imaging without contrast followed by with contrast breast; unilateral	
Diagnostic Radiology	C8906	Magnetic resonance imaging with contrast breast; bilateral	

Diagnostic Radiology	C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	
Diagnostic Radiology	C8909	MRI W/ CONTRAST CHEST	
Diagnostic Radiology	C8910	MRA W/O CONTRAST CHEST	
Diagnostic Radiology	C8911	MRA W/O-W CONTRAST CHEST	
Diagnostic Radiology	C8912	MRA W/ CONTRAST LWR EXTR	
Diagnostic Radiology	C8913	MRA W/O CONTRAST LWR EXT	
Diagnostic Radiology	C8914	MRA W/O-W CONTR LWR EXT	
Diagnostic Radiology	C8918	MRA W/CONT, PELVIS	
Diagnostic Radiology	C8919	MRA W/O CONT, PELVIS	
Diagnostic Radiology	C8920	MRA W/O FOL W/CONT, PELV	
Diagnostic Radiology	C8931	MRA W/DYE, SPINAL CANAL	
Diagnostic Radiology	C8932	MRA W/O DYE, SPINAL CANA	
Diagnostic Radiology	C8933	MRA W/O&W/DYE SPINAL CAN	
Diagnostic Radiology	C8934	MRA W/DYE, UPPER EXTREMI	
Diagnostic Radiology	C8935	MRA W/O DYE, UPPER EXTRE	
Diagnostic Radiology	C8936	MRA W/O&W/DYE, UPPER EXT	
Diagnostic Radiology	C8937	CAD BREAST MRI	
Injection/Infusion	C9047	INJECTION, CAPLACIZUMAB-YHDP	
Injection/Infusion	C9053	Inj, crizanlizumab-tmca	
Injection/Infusion	C9055	Inj, brexanolone	
Injection/Infusion	C9056	Injection, givosiran	
Injection/Infusion	C9058	Injection,pegfilgrastim-bmez	
Injection/Infusion	C9061	Injection, teprotumumab-trbw	
Injection/Infusion	C9062	Daratumumab hyaluronidase	
Injection/Infusion	C9063	Injection, eptinezumab-jjmr	
Injection/Infusion	C9064	Mitomycin pyelocalyceal inst	

Injection/Infusion	C9065	Romidepsin non-lyophilized	
Injection/Infusion	C9066	Sacituzumab govitecan-hziy	
Injection/Infusion	C9069	Belantamab mafodontin-blmf	
Injection/Infusion	C9070	Injection, tafasitamab-cxix	
Injection/Infusion	C9071	Injection, viltolarsen	
Injection/Infusion	C9072	Inj, imm glob asceniv	
Transplant	C9073	Brexucabtagene autoleucel ca	
Injection/Infusion	C9090	Plasminogen, human-tvmh 1 mg	
Injection/Infusion	C9091	Sirolimus, protein-bound,1mg	
Injection/Infusion	C9092	Inj., xipere, 1 mg	
Injection/Infusion	C9093	Inj., susvimo, 0.1 mg	
Injection/Infusion	C9122	Mometasone furoate (sinuva)	
Investigational/Experimental	C9352	NEURAGEN NERVE GUIDE, PE	
Investigational/Experimental	C9353	NEURAWRAP NERVE PROTECTO	
Investigational/Experimenta	C9358	SURGIMEND, FETAL	
Investigational/Experimenta	C9360	SURGIMEND, NEONATAL	
Investigational/Experimental	C9364	PORCINE IMPLANT, PERMACO	
Injection/Infusion	C9399	Unclassified drugs or biologicals	
Unlisted Codes	C9399	Unclassified drugs or biologicals	
Radiation Therapy	C9725	PLACE ENDORECTAL APP	
Radiation Therapy	C9726	RXT BREAST APPL PLACE/RE	
Investigational/Experimenta	C9727	INSERT PALATE IMPLANTS	
Radiation Therapy	C9728	PLACE DEVICE/MARKER NON-	
Outpatient Procedures	C9734	U/S TRTMT, NOT LEIOMYOMA	
Outpatient Procedures	C9739	CYSTOSCOPY PROSTATIC IMP 1-3	
Outpatient Procedures	C9740	CYSTO IMPL 4 OR MORE	
Investigational/Experimental	C9745	NASAL ENDO EUSTACHIAN TUBE	
Investigational/Experimental	C9747	ABLATION, HIFU, PROSTATE	

Outpatient Procedures	C9749	Repair nasal stenosis w/implants	
Outpatient Procedures	C9752	INTRAOSSEOUS DES LUMB/SACRUM	
Outpatient Procedures	C9753	INTRAOSSEOUS DESTRUCT ADD'L	
Outpatient Procedures	C9754	PERC AV FISTULA, DIRECT	
Outpatient Procedures	C9755	Rf magnetic-guide av fistula	
Spinal Procedures	C9757	Spine/lumbar disk surgery	
Outpatient Procedures	C9758	Interatrial shunt ide	
Investigational/Experimenta	C9759	Transcath intraop microinf	
Outpatient Procedures	C9760	Non-blind interatrial shunt	
Outpatient Procedures	C9761	Cysto, litho, vacuum kidney	
Diagnostic Radiology	C9762	Cardiac mri seg dys strain	
Diagnostic Radiology	C9763	Cardiac mri seg dys stress	
Investigational/Experimenta l	C9764	Revasc intravasc lithotripsy	
Investigational/Experimenta	C9765	Revasc intra lithotrip-stent	
Investigational/Experimenta	C9766	Revasc intra lithotrip-ather	
Investigational/Experimenta l	C9767	Revasc lithotrip-stent-ather	
Outpatient Procedures	C9768	Endo us-guide hep porto grad	
Outpatient Procedures	C9770	Vitrec/mech pars, subret inj	
Outpatient Procedures	C9771	Nsl/sins cryo post nasal tis	
Outpatient Procedures	C9772	Revasc lithotrip tibi/perone	
Outpatient Procedures	C9773	Revasc lithotr-stent tib/per	
Outpatient Procedures	C9774	Revasc lithotr-ather tib/per	
Outpatient Procedures	C9775	Revasc lith-sten-ath tib/per	
Investigational/Experimenta l	C9779	Endoscopic submucosal dissection (esd), including endoscopy or colonoscopy, mucosal closure, when performed	

Investigational/Experimental	C9780	Insertion of central venous catheter through central venous occlusion via inferior and superior approaches (e.g., inside- out technique), including imaging guidance	
Investigational/Experimental	C9781	Arthro/shoul surg; w/spacer	
Unlisted Codes	D0321	Other temporomandibular joint radiographic images, by report	
Unlisted Codes	D0502	Other oral pathology procedures, by report	
Unlisted Codes	D0999	Unspecified diagnostic procedure, by report	
Unlisted Codes	D2999	Unspecified restorative procedure, by report	
Unlisted Codes	D3999	Unspecified endodontic procedure, by report	
Unlisted Codes	D5899	Unspecified removable prosthodontic procedure, by report	
Outpatient Procedures	D5934	Mandibular resection prosthesis	
Outpatient Procedures	D5935	Mandibular resection prosthesis	
Outpatient Procedures	D5952	Speech aid prosthesis; pediatric	
Outpatient Procedures	D5953	Speech aid prosthesis; adult	
Outpatient Procedures	D5955	Palatal lift prosthesis, definitive	
Outpatient Procedures	D5958	Palatal lift prosthesis; interim	
Outpatient Procedures	D5959	Palatal lift prosthesis; modification	
Outpatient Procedures	D5960	Speech aid prosthesis; modification	
Unlisted Codes	D5999	Unspecified maxillofacial prosthesis, by report	
Unlisted Codes	D6999	Unspecified fixed prosthodontic procedure, by report	

Unlisted Codes	D7899	Unspecified temporomandibular joint dysfunctions (TMD) therapy, by report	
Unlisted Codes	D7999	Unspecified oral surgery procedure, by report	
Outpatient Procedures	D8999	Unspecified orthodontic procedure, by report	
Unlisted Codes	D8999	Unspecified orthodontic procedure, by report	
Unlisted Codes	D9630	Other drugs and/or medicaments dispensed in the office for home use by report	
Unlisted Codes	D9999	Unspecified adjunctive procedure, by report	
DME	E0118	CRUTCH SUBSTITUTE	
Unlisted Codes	E0446	Topical O2 delivery syst, NOS	
DME	E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	
DME	E0467	Home vent multi-function	
Investigational/Experimental	E0481	INTRAPULM PERCUS VENTN SYST	
DME	E0483	HIGH FREQ CHEST WALL OSCIL SYST	
Outpatient Procedures	E0616	CARDIAC EVENT RECORDER	
DME	E0627	Seat lift/lift-chair mechanism	
DME	E0629	Seat lift mech for pt owned furniture non-elec	
DME	E0635	Patient lift, electric, with seat or sling	
DME	E0637	Comb sit-stand syst, w/seat lift feature	
DME	E0638	Standing Frame System	
DME	E0639	Patient lift, moveable	
DME	E0640	Patient lift, fixed system,	
DME	E0641	Standing Frame System Multi Postn	
DME	E0642	Standing Frame System, Mobile	
DME	E0656	Segmnt pneumat appl for pump compr, trunk	

DME	E0657	Segmnt pneumat appl for pump compr, chest	
DME	E0670	Segmt pneu appl for pump compr, legs&trunk	
DME	E0691	ULTRAVIL PANEL <=2 SQ FT	
DME	E0692	ULTRAVIOLET PANEL 4 FOOT	
DME	E0693	ULTRAVIOLET PANEL 6 FOOT	
DME	E0747	Bone stim, elect, non-invas, non-spinal	
DME	E0748	Bone stim, elect, non-invas, , spinal	
DME	E0760	Bone stim, low intensultrasound, non-invasive	
DME	E0764	Neur0stim, transcut, muscles of amb, SC inj	
Investigational/Experimental	E0766	ELEC STIM CANCER TREATMENT	
DME	E0770	Elec transcut nerve/musc stim NOS	
Outpatient Procedures	E0782	NON-PRGRAMBL INFUSN PUMP	Musculoskeletal
DME	E0783	Infusion Pump, Implantable, Programmable	Musculoskeletal
DME	E0784	External ambulatory infusion pump, insulin	
Outpatient Procedures	E0785	INTRASPINAL CATH REPLCMT	
Outpatient Procedures	E0786	PROG INFUS PUMP REPLACE	Musculoskeletal
DME	E0986	MAN W/C PUSH-RIM POW ASSIST	Musculoskeletal
DME	E1002	W/C accessory, power seating system, tilt only	
DME	E1003	W/C acces pwr st syst,	
DME	E1004	W/C acces pwr st syst,	
DME	E1005	W/C acces pwr st syst,	
DME	E1006	W/C acces pwr st syst,	
DME	E1007	W/C acces pwr st syst,	
DME	E1008	W/C acces pwr st syst,	
DME	E1009	W/C acces pwr st syst,	
DME	E1010	W/C acces pwr st syst,	

DME	E1220	Wheelchair; specially sized or constructed number,	
DME	E1229	Wheelchair, pediatric size, NOS	
DME	E1230	Power operated vehicle	
DME	E1239	Power wheelchair, pediatric size, NOS	
Unlisted Codes	E1399	Durable medical equipment , miscellaneous	
DME	E1902	AAC NON-ELECTRONIC BOARD	
DME	E2300	Power W/C acces,	
DME	E2301	Power W/C acces,	
DME	E2502	Speech generating device,	
DME	E2504	Speech generating device,	
DME	E2506	Speech generating device,	
DME	E2508	Speech generating device,	
DME	E2510	Speech generating device,	
DME	E2511	Speech generating software program,	
DME	E2512	Access for speech generating device	
DME	E2599	Access for speech generating device NOS	
Therapies	G0153	SERVICES SPEECH LANGUAGE	Speech Therapy
Home Health Care	G0155	Services of Clinical Social Worker in home health setting, each 15 minutes (not applicable to Tufts Health Together)	
Home Health Care	G0156	Services of Home Health Aide in home setting, each 15 minutes	
Outpatient Procedures	G0166	EXTERNAL COUNTERPULSATIO	
Diagnostic Radiology	G0219	PET IMG WHOL NON-COVERD	
Diagnostic Radiology	G0235	PET imaging, any site, not otherwise specified	
Diagnostic Radiology	G0252	PET IMAG INIT DX BRST CA	
Outpatient Procedures	G0260	INJ FOR SACROILIAC JT AN	Musculoskeletal
DME	G0277	HBOT, FULL BODY CHAMBER, 30M	
Diagnostic Radiology	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	

Home Health Care	G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	
Home Health Care	G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	
Radiation Therapy	G0339	ROBOT RADIOSUR COMPL/1ST	
Radiation Therapy	G0340	ROBT LIN-RADSURG FRACTX	
Transplant	G0341	PERCUTANEOUS ISLET CELLS	
Transplant	G0342	LAPAROSCOPY ISLET CELLS	
Transplant	G0343	LAPAROTOMY ISLET CELL TR	
Sleep Management	G0398	Home sleep test (HST) type II portable monitor	
Sleep Management	G0399	Home sleep test (HST) type III portable monitor	
Sleep Management	G0400	Home sleep test (HST) type IV portable monitor	
Outpatient Procedures	G0422	INTENS CARDIAC REHAB W/E	
Outpatient Procedures	G0423	INTENS CARDIAC REHAB NO	
Investigational/Experimental	G0428	COLLAGEN MENISCUS IMPLAN	
Investigational/Experimenta	G0429	DERMAL FILLER INJECT FOR	
Outpatient Procedures	G0448	PLACE PERM PACING CARDIO	
Outpatient Procedures	G0455	FECAL MICROBIOTA PREP IN	
Therapies	G0515	Development of cognitive skills ea 15 min	PT/OT/Chiro Code List: Do not review until 13th visit per plan year. No Prior Auth if Performed in Tang Center
Investigational/Experimental	G2000	BLINDED CONV. TX MDD CLIN TR	
Investigational/Experimenta	G2170	Avf by tissue w thermal e	
Investigational/Experimenta	G2171	Avf use magnetic/art/ven	
Investigational/Experimental	G9143	WARFARIN RESPON GENETIC	
Unlisted Codes	H0046	Mental health services, not otherwise specified	

Unlisted Codes	H0047	Alcohol and/or other drug abuse services, not otherwise specified	
Injection/Infusion	J0129	Injection, Abatacept, 10 MG	
Injection/Infusion	J0135	Adalimumab (Humira®) Abbott Pharmaceutical	
Injection/Infusion	J0172	Inj, aducanumab-avwa, 2 mg	
Injection/Infusion	J0178	Aflibercept (Eylea®) Regeneron Pharmaceuticals	
Injection/Infusion	J0179	Inj, brolucizumab-dbll, 1 mg	
Injection/Infusion	J0180	Agalsidase Beta (Fabrazyme®)	
Injection/Infusion	J0185	Inj., aprepitant, 1 mg	
Injection/Infusion	J0202	Alemtuzumab Inj (LEMTRADA®)	
Injection/Infusion	J0205	Alglucarase	
Injection/Infusion	J0215	Alefacept, 0.5 mg	
Injection/Infusion	J0219	Inj aval alfa-nqpt 4mg	
Injection/Infusion	J0220	Alglucosidase	
Injection/Infusion	J0221	Alglucosidase Alfa (Lumizyme®) Genzyme Corp	
Injection/Infusion	J0222	Injection, Patisiran, 0.1 mg	
Injection/Infusion	J0223	Injection, givosiran, 0.5 mg.	
Injection/Infusion	J0224	Injection, lumasiran, 0.5 mg	
Injection/Infusion	J0256	Alpha 1- proteinase inhibitor – human, 10 mg	
Injection/Infusion	J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	
Injection/Infusion	J0364	Apomorphine (Apokyn®) Mylan, Inc	
Injection/Infusion	J0470	Dimercaprol, per 100 mg	
Injection/Infusion	J0485	BELATACEPT INJECTION	
Injection/Infusion	J0490	Belimumab (Benlysta®) GlaxoSmithKline	
Injection/Infusion	J0491	Inj anifrolumab-fnia 1mg	
Injection/Infusion	J0517	Benralizumab (Fasenra)	
Injection/Infusion	J0567	Cerliponase Alfa (Brineura)	

Injection/Infusion	J0584	Burosumab-twza (Crysvita)	
Injection/Infusion	J0585	Botulinum Toxin Type A OnobotulinumtoxinA (Botox®)	
Injection/Infusion	J0586	Botulinum Toxin A AbobotulinumtoxinA (Dysport®)	
Injection/Infusion	J0587	Botulinum Toxin B RimabotulinumtoxinB (Myobloc®)	
Injection/Infusion	J0588	Botulinum Toxin A IncobotulinumtoxinA (Xeomin®)	
Injection/Infusion	J0591	Injection, deoxycholic acid, 1 mg.	
Injection/Infusion	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)	
Injection/Infusion	J0596	C1 Esterase Inhibitor Recombinant (RUCONEST)	
Injection/Infusion	J0597	C1 Esterase Inhibitor (Berinert®; CLS Behring, Cinryze®; Lev Pharmaceuticals)	
Injection/Infusion	J0598	C1 Esterase Inhibitor (Berinert®; CLS Behring, Cinryze®; Lev Pharmaceuticals)	
Injection/Infusion	J0599	C1 Esterase inhibitor (Haegarda)	
Injection/Infusion	J0600	Edetate calcium disodium, up to 1,000 mg	
Injection/Infusion	J0606	inj., etelcalcetide 0.1 mg	
Injection/Infusion	J0638	Canakinumab (Ilaris®) Novartis	
Injection/Infusion	J0641	Levoleucovorin Inj (Fusilev®) Spectrum Pharmaceuticals	
Injection/Infusion	J0642	INJECTION, LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	
Injection/Infusion	J0717	Certolizumab Pegol (Cimzia)	
Injection/Infusion	J0725	CHORI GONADOTROPIN/1000U	

Injection/Infusion	J0741	Injection, cabotegravir and rilpivirine, 2mg/3mg	
Injection/Infusion	J0775	Collagenase Clostridium Histolyticum (Xiaflex®) Auxilium Pharmaceuticals	
Injection/Infusion	J0775	COLLAGENASE, CLOST HIST	
Injection/Infusion	J0791	Injection, crizanlizumab-tmca, 5 mg.	
Injection/Infusion	J0800	Corticotropin, Repository (H.P. Acthar® Gel) Questcor	
Injection/Infusion	J0879	Difelikefalin, esrd on dialy	
Injection/Infusion	J0881	Darbepoetin Alfa (Aranesp®) Amgen	
Injection/Infusion	J0882	DARBEPOETIN ALFA, ESRD U	
Injection/Infusion	J0885	Epoetin Alfa (Procrit®) Ortho Biotech	
Injection/Infusion	J0887	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)	
Injection/Infusion	J0888	Methoxy Polyethylene Glycol-Epoetin Beta (Mircera®)	
Injection/Infusion	J0890	Injection, peginesatide, 0. 1 mg (for esrd on dialysis)	
Injection/Infusion	J0894	Decitabine (Dacogen)	
Injection/Infusion	J0896	Injection, Luspatercept-aamt, 0.25 mg.	
Injection/Infusion	J0897	Denosumab (Prolia™) Amgen	
Injection/Infusion	J1290	Ecallantide (Kalbitor®) Dyax	
Injection/Infusion	J1300	Eculizumab (Soliris®) Alexion	
Injection/Infusion	J1301	Edaravone (Radicava)	
Injection/Infusion	J1303	Injection, ravulizumab-cwvz, 10 mg	
Injection/Infusion	J1305	Injection, evinacumab-dgnb, 5mg	
Injection/Infusion	J1322	Elosulfase Alfa (Vimizim®)	
Injection/Infusion	J1325	Epoprostenol (Flolan®) Gilead or generic manufacturers (Veletri®) Actelion Pharmaceuticals	

Injection/Infusion	J1426	Injection, casimersen, 10 mg.	
Injection/Infusion	J1427	Inj. viltolarsen	
Injection/Infusion	J1428	Eteplirsen (Exondys 51)	
Injection/Infusion	J1429	Injection, golodirsen, 10 mg.	
Injection/Infusion	J1438	Etanercept (Enbrel®) Amgen, Inc.	
Injection/Infusion	J1442	Filgrastim, G-CSF, (Neupogen®)	
Injection/Infusion	J1447	INJ TBO FILGRASTIM 1 MICROG	
Injection/Infusion	J1448	Injection, trilaciclib, 1mg	
Injection/Infusion	J1453	FOSAPREPITANT INJECTION]	
Injection/Infusion	J1454	Inj fosnetupitant, palonoset	
Injection/Infusion	J1458	Galsulfase (Naglazyme®) Biomarine	
Injection/Infusion	J1459	Immune Globulin, Intravenous IVIG	
Injection/Infusion	J1554	Inj. asceniv	
Injection/Infusion	J1555	Subcutaneous Immune Globulin (Cuvitru)	
Injection/Infusion	J1556	Immune Globulin, Intravenous IVIG	
Injection/Infusion	J1557	Immune Globulin, Intravenous IVIG	
Injection/Infusion	J1558	Injection, immune globulin (Xembify), 100 mg.	
Injection/Infusion	J1559	Immune Globulin, Subcutaneous (Hizentra® 20%) CSL Behring	
Injection/Infusion	J1561	Immune Globulin, Intravenous IVIG	
Injection/Infusion	J1562	Injection, Immune Globulin (Vivaglobin), 100 MG	
Injection/Infusion	J1566	Immune Globulin, Intravenous IVIG	
Injection/Infusion	J1568	Immune Globulin, Intravenous IVIG	
Injection/Infusion	J1569	Immune Globulin, Intravenous IVIG	
Injection/Infusion	J1572	Immune Globulin, Intravenous IVIG	

Injection/Infusion	J1575	Immune Globulin, Subcutaneous (Hizentra® 20%) CSL Behring	
Injection/Infusion	J1595	Multiple Sclerosis Drug Therapy Glatiramer (Copaxone®, Glatopa)	
Injection/Infusion	J1599	Injection, Immune Globulin, Intravenous, Non-Lyophilized (E. G. Liquid) not otherwise specified, 500 MG	
Injection/Infusion	J1602	Golimumab (Simponi Aria®)	
Injection/Infusion	J1620	GONADORELIN HYD/100 MCG	
Injection/Infusion	J1627	Granisetron (Sustol)	
Injection/Infusion	J1628	Guselkumab (Tremfya)	
Injection/Infusion	J1632	Injection, brexanolone, 1 mg	
Injection/Infusion	J1675	HISTRELIN ACETATE	
Injection/Infusion	J1726	MAKENA, 10 MG	
Injection/Infusion	J1743	Idursulfase (Elaprase®) Shire	
Injection/Infusion	J1744	Icatibant (Firazyr®)	
Injection/Infusion	J1745	Infliximab (Remicade®), Centocor	
Injection/Infusion	J1746	Ibalizumab-uiyk (Trogarzo)	
Injection/Infusion	J1786	Imiglucerase (Cerezyme®) Genzyme	
Injection/Infusion	J1823	Inj. inebilizumab-cdon, 1 mg	
Injection/Infusion	J1826	INTERFERON BETA-1A	
Injection/Infusion	J1830	INTERFER BETA-1B 0.25 MG	
Injection/Infusion	J1930	Lanreotide (Somatuline®) Ipsen Pharma Biotech	
Injection/Infusion	J1931	Laronidase (Aldurazyme®) BioMarin Pharmaceutical	
Injection/Infusion	J1950	LEUPROLIDE ACET /3.75 MG	
Injection/Infusion	J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg	
Injection/Infusion	J1952	Leuprolide inj, camcevi, 1mg	

Injection/Infusion	J2170	Mecasermin (Increlex®) Tercica	
Injection/Infusion	J2182	Mepolizumab (Nucala®)	
Injection/Infusion	J2323	Natalizumab (Tysabri®) Biogen Idec	
Injection/Infusion	J2326	Nusinersen (Spinraza)	
Injection/Infusion	J2350	Ocrelizumab (Ocrevus)	
Injection/Infusion	J2353	Octreotide IM Injection (Sandostatin LAR Depot®) Novartis	
Injection/Infusion	J2354	Octreotide (Sandostatin® SC/IV) Novartis	
Injection/Infusion	J2357	Omalizumab (Xolair®) Genentech	
Injection/Infusion	J2469	Palonosetron (Aloxi®) Distributed by Eisai Inc. Licensed by Helsinn	
Injection/Infusion	J2502	Pasireotide Diaspartate (Signifor®, Signifor LAR®)	
Injection/Infusion	J2503	Pegaptanib (Macugen®) Pfizer	
Injection/Infusion	J2504	Injection, pegademase bovine, 25 IU	
Injection/Infusion	J2505	Pegfilgrastim (Neulasta®)	
Injection/Infusion	J2506	Inj pegfilgrast ex bio 0.5mg	
Injection/Infusion	J2507	Pegloticase (Krystexxa) Savient Pharmaceuticals	
Injection/Infusion	J2562	PLERIXAFOR INJECTION	
Injection/Infusion	J2724	Protein C Concentrate (human) (Ceprotin®) Baxter	
Injection/Infusion	J2778	Ranibizumab (Lucentis®) Genentech	
Injection/Infusion	J2786	Reslizumab (Cinqair)	
Injection/Infusion	J2787	Riboflavin 5'Phos opth<=3ml	
Injection/Infusion	J2793	Rilonacept (Arcalyst®) Regeneron	
Injection/Infusion	J2796	Romiplostim (Nplate™) Amgen	
Injection/Infusion	J2797	Inj., rolapitant, 0.5 mg	
Injection/Infusion	J2798	INJ., PERSERIS, 0.5 MG	
Injection/Infusion	J2840	Sebelipase (Kanuma®)	
Injection/Infusion	J2860	Siltuximab (Sylvant™)	
Injection/Infusion	J2940	SOMATREM INJECTION	

Injection/Infusion	J2941	Growth Hormone (GH) in Adults and Children,Somatropin Products:(Humatrope®), Eli Lilly (Nutropin®/NutropinAQ®), Genentech (Genotropin®), Pharmacia/Pfizer (Norditropin®), NovoNordisk (Saizen®), Serono (Tev- Tropin®), Teva (Omnitrope®), Sandoz	
Injection/Infusion	J3031	INJ., FREMANEZUMAB-VFRM 1 MG	
Injection/Infusion	J3032	Injection, eptinezumab-jjmr, 1 mg	
Injection/Infusion	J3060	Taliglucerase alfa (Elelyso®)	
Injection/Infusion	J3111	Injection, romosozumab-aqqg, 1 mg	
Injection/Infusion	J3145	Testosterone undecanoate (Aveed®)	
Injection/Infusion	J3241	Injection, teprotumumab-trbw, 10 mg	
Injection/Infusion	J3245	Tildrakizumab-asmn (Ilumya)	
Injection/Infusion	J3262	Tocilizumab (Actemra®)	
Injection/Infusion	J3285	Treprostinil IV (Remodulin®) United Therapeutics	
Injection/Infusion	J3304	INJ TRIAMCINOLONE ACE XR 1MG	
Injection/Infusion	J3315	TRIPTORELIN PAMOATE	
Injection/Infusion	J3316	INJ., TRIPTORELIN XR 3.75 MG	
Injection/Infusion	J3355	UROFOLLITROPIN, 75 IU	
Injection/Infusion	J3357	Ustekinumab Subcutaneous (Stelara)	
Injection/Infusion	J3358	Ustekinumab intravenous (Stelara)	
Injection/Infusion	J3380	Vedolizumab (Entyvio®)	
Injection/Infusion	J3385	Velaglucerase alfa (VPRIV™) Shire	
Injection/Infusion	J3397	Vestronidase Alfa-vjbk (Mepsevii)	
Injection/Infusion	J3398	Voretigene Neparvovec-rzyl (Luxturna)	

Injection/Infusion	J3399	Injection, Onasemnogene abeparvovec-xioi, per treatment, up to 5x1015 vector genomes	
Unlisted Codes	J3490	Unclassified Drugs	
Injection/Infusion	J3520	Edetate disodium, per 150mg	
Unlisted Codes	J3590	Unclassified biologics	
Unlisted Codes	J3591	ESRD ON DIALYSI DRUG/BIO NOC	
Injection/Infusion	J7170	Inj., emicizumab-kxwh 0.5 mg	
Injection/Infusion	J7175	Factor for the Treatment of Hemophilia	
Injection/Infusion	J7177	Inj., fibryga, 1 mg	
Injection/Infusion	J7178	Injection, human fibrinogen concentrate, 1 mg	
Injection/Infusion	J7179	Vonvendi inj 1 iu vwf:rco	
Injection/Infusion	J7180	INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 I.U.	
Injection/Infusion	J7181	Factor xiii recomb a-subunit	
Injection/Infusion	J7182	Factor viii recomb novoeight	
Injection/Infusion	J7183	Factor for the Treatment of Hemophilia	
Injection/Infusion	J7185	Factor for the Treatment of Hemophilia	
Injection/Infusion	J7186	Factor for the Treatment of Hemophilia	
Injection/Infusion	J7187	Factor for the Treatment of Hemophilia	
Injection/Infusion	J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	
Injection/Infusion	J7189	Factor for the Treatment of Hemophilia	
Injection/Infusion	J7190	Factor for the Treatment of Hemophilia	
Injection/Infusion	J7191	Factor for the Treatment of Hemophilia	
Injection/Infusion	J7192	Factor for the Treatment of Hemophilia	
Injection/Infusion	J7193	Factor for the Treatment of Hemophilia	

Injection/Infusion	J7194	Factor for the Treatment of Hemophilia	
Injection/Infusion	J7195	Factor for the Treatment of Hemophilia	
Injection/Infusion	J7196	Factor for the Treatment of Hemophilia	
Injection/Infusion	J7197	Factor for the Treatment of Hemophilia	
Injection/Infusion	J7198	Factor for the Treatment of Hemophilia	
Injection/Infusion	J7199	Factor for the Treatment of Hemophilia	
Injection/Infusion	J7200	Factor ix recombinan rixubis	
Injection/Infusion	J7201	Factor for the Treatment of Hemophilia	
Injection/Infusion	J7202	Factor ix idelvion inj	
Injection/Infusion	J7203	Factor ix recomb gly rebinyn	
Injection/Infusion	J7204	Injection, factor VIII, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu.	
Injection/Infusion	J7205	Factor for the Treatment of Hemophilia	
Injection/Infusion	J7207	Factor for the Treatment of Hemophilia	
Injection/Infusion	J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	
Injection/Infusion	J7209	Factor viii nuwiq recomb 1iu	
Injection/Infusion	J7210	Inj, afstyla, 1 i.u.	
Injection/Infusion	J7211	Inj, kovaltry, 1 i.u.	
Injection/Infusion	J7212	Factor viia recomb sevenfact	
Injection/Infusion	J7316	Ocriplasmin (Jetrea®)	
Injection/Infusion	J7318	Sodium Hyaluronate (Durolane)	
Injection/Infusion	J7320	Hyaluronic Acid (GenVisc®)	
Injection/Infusion	J7321	Hyaluronic Acid (Hyalgan® Fidia/Sanofi Supartz® Seikagaku /Smith and Nephew)	
Injection/Infusion	J7322	Hyaluronic Acid (Hymovis)	

Injection/Infusion	J7323	Hyaluronic Acid (Euflexxa® Ferring)	
Injection/Infusion	J7324	Hyaluronic Acid (Orthovisc®)	
Injection/Infusion	J7325	Hyaluronic Acid (Synvisc®, Synvisc One®)	
Injection/Infusion	J7326	Hyaluronic Acid (Gel One®/ Seikagaku)	
Injection/Infusion	J7327	Hyaluronic Acid (Monovisc®)	
Injection/Infusion	J7328	Hyaluronic Acid (GelSyn-3®)	
Injection/Infusion	J7329	Hyaluronic Acid (Trivisc)	
Outpatient Procedures	J7330	AUTOL CULT CHONDRO IMPLN	Musculoskeletal
Injection/Infusion	J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	
Injection/Infusion	J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	
Injection/Infusion	J7333	Hyaluronan or derivative, visco-3, for intraarticular injection, per dose.	
Injection/Infusion	J7340	CARBIDOPA LEVODOPA ENT 100ML	
Injection/Infusion	J7351	Injection, bimatoprost, intracameral implant, 1 microgram	
Injection/Infusion	J7352	Afamelanotide implant, 1 mg	
Investigational/Experimental	J7401	MOMETASONE FUROATE SINUS IMP	
Investigational/Experimental	J7402	Mometasone sinus sinuva	
Injection/Infusion	J7677	REVEFENACIN INH NON-COM 1MCG	
Injection/Infusion	J7686	Treprostinil inhalation (Tyvaso®) United Therapeutics	
Unlisted Codes	J7699	Inhalation soln NOC	
Unlisted Codes	J7799	NOC Drugs; other than inhalation	
Unlisted Codes	J7999	Compounded drug, not otherwise classified	
Unlisted Codes	J8499	Oral prescription drug, non-chemo, NOS	

Unlisted Codes	J8597	Antiemetic drug, oral, not otherwise specified	
Unlisted Codes	J8999	Oral prescription drug, chemo, NOS	
Injection/Infusion	J9000	DOXORUBICIN HCL CHEMO	
Injection/Infusion	J9015	Aldesleukin (Proleukin, IL-2, Interleukin)	
Injection/Infusion	J9017	HISTRELIN IMPLANT	
Injection/Infusion	J9019	ERWINAZE INJECTION	
Injection/Infusion	J9021	Inj, aspara, rylaze, 0.1 mg	
Injection/Infusion	J9022	INJ, ATEZOLIZUMAB,10 MG	
Injection/Infusion	J9023	INJECTION, AVELUMAB, 10 MG	
Injection/Infusion	J9025	AZACITIDINE INJECTION	
Injection/Infusion	J9027	CLOFARABINE INJECTION	
Injection/Infusion	J9032	INJECTION, BELINOSTAT, 10 MG	
Injection/Infusion	J9033	BENDAMUSTINE INJECTION	
Injection/Infusion	J9034	INJ., BENDEKA 1 MG	
Injection/Infusion	J9035	Bevacizumab (Avastin®) Genentech	
Injection/Infusion	J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg Add to Precert 07/01/2019	
Injection/Infusion	J9037	Inj belantamab mafodont blmf	
Injection/Infusion	J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	
Injection/Infusion	J9040	BLEOMYCIN SULF INJ 15 U	
Injection/Infusion	J9041	BORTEZOMIB INJECTION	
Injection/Infusion	J9042	BRENTUXIMAB VEDOTIN INJ	
Injection/Infusion	J9043	CABAZITAXEL INJECTION	
Injection/Infusion	J9044	INJ, BORTEZOMIB, NOS, 0.1 MG	
Injection/Infusion	J9045	CARBOPLATIN INJECT 50MG	
Injection/Infusion	J9047	INJECTION, CARFILZOMIB, 1 MG	
Injection/Infusion	J9055	CETUXIMAB INJECTION	
Injection/Infusion	J9057	INJ., COPANLISIB, 1 MG	
Injection/Infusion	J9060	CISPLATIN INJ / 10 MG	
Injection/Infusion	J9065	INJ CLADRIBINE PER 1 MG	
Injection/Infusion	J9098	CYTARABINE LIPOSOME	

Injection/Infusion	J9100	CYTARABINE INJ 100 MG	
Injection/Infusion	J9118	Injection, calaspargase pegol-mknl, 10 units	
Injection/Infusion	J9119	Injection, cemiplimab-rwlc, 1 mg	
Injection/Infusion	J9120	DACTINOMYCIN 0.5 MG INJ	
Injection/Infusion	J9130	DACARBAZINE INJ 100 MG	
Injection/Infusion	J9144	Daratumumab, hyaluronidase	
Injection/Infusion	J9145	INJECTION, DARATUMUMAB 10 MG	
Injection/Infusion	J9150	DAUNORUBICIN 10MG	
Injection/Infusion	J9153	INJ DAUNORUBICIN, CYTARABINE	
Injection/Infusion	J9155	DEGARELIX INJECTION	Injection/Infusion
Injection/Infusion	J9171	DOCETAXEL INJECTION	
Injection/Infusion	J9173	INJ., DURVALUMAB, 10 MG	
Injection/Infusion	J9176	INJECTION, ELOTUZUMAB, 1MG	
Injection/Infusion	J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg.	
Injection/Infusion	J9178	INJ, EPIRUBICIN HCL 2 MG	
Injection/Infusion	J9179	ERIBULIN MESYLATE INJECT	
Injection/Infusion	J9181	ETOPOSIDE INJEC 10 MG	
Injection/Infusion	J9185	FLUDARABINE PHOSPH 50 MG	
Injection/Infusion	J9190	FLUOROURACIL INJ 500 MG	
Injection/Infusion	J9198	Gemcitabine hydrochloride, (Infugem), 100 mg.	
Injection/Infusion	J9200	FLOXURIDINE INJ 500 MG	
Injection/Infusion	J9201	GEMCITABINE HCL 200 MG	
Injection/Infusion	J9202	GOSERELIN ACETATE IMPLNT	
Injection/Infusion	J9203	Gemtuzumab ozogamicin 0.1 mg	
Injection/Infusion	J9204	Injection, mogamulizumab-kpkc, 1 mg	
Injection/Infusion	J9205	INJ IRINOTECAN LIPOSOME 1 MG	
Injection/Infusion	J9206	IRINOTECAN 20 MG	
Injection/Infusion	J9207	IXABEPILONE INJECTION]	
Injection/Infusion	J9208	[IFOSFAMIDE INJECTION	
Injection/Infusion	J9210	Injection, emapalumab-lzsg, 1 mg	

Injection/Infusion	J9211	IDARUBICIN HCL INJ 5 MG	
Injection/Infusion	J9212	Interferon alfacon-1, recombinant, 1 mcg	
Injection/Infusion	J9213	Interferon alfa-2A, recombinant, 3 million units	
Injection/Infusion	J9214	Interferon Alfa 2b (Intron A®) Schering	
Injection/Infusion	J9215	Interferon Alfa-n3 (Alferon N®) Purdue	
Injection/Infusion	J9216	Interferon Gamma-1b (Actimmune®) InterMune	
Injection/Infusion	J9217	LEUPROLIDE ACET SUSPNSN	
Injection/Infusion	J9223	Inj. lurbinectedin, 0.1 mg	
Injection/Infusion	J9225	HISTRELIN IMPLANT	
Injection/Infusion	J9226	SUPPRALIN LA IMPLANT	
Injection/Infusion	J9227	Injection, isatuximab-irfc, 10 mg	
Injection/Infusion	J9228	IPILIMUMAB INJECTION	
Injection/Infusion	J9229	INJ INOTUZUMAB OZOGAM 0.1 MG	
Injection/Infusion	J9230	MECHLORETHAMINE HCL INJ	
Injection/Infusion	J9245	INJ MELPHALAN HYDROCHL	
Injection/Infusion	J9246	Injection, melphalan (evomela), 1 mg.	
Injection/Infusion	J9247	Injection, melphalan flufenamide, 1mg	
Injection/Infusion	J9261	NELARABINE INJECTION	
Injection/Infusion	J9262	INJ, OMACETAXINE MEP, 0.01MG	
Injection/Infusion	J9263	OXALIPLATIN 0.5 MG INJEC	
Injection/Infusion	J9264	PACLITAXEL INJECTION	
Injection/Infusion	J9266	PEGASPARGASE/SGL DOSE VI	
Injection/Infusion	J9267	PACLITAXEL INJECTION	
Injection/Infusion	J9268	PENTOSTATIN INJ / 10 MG	
Injection/Infusion	J9269	Injection, tagraxofusp-erzs, 10 micrograms	
Injection/Infusion	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	
Injection/Infusion	J9272	Inj, dostarlimab-gxly, 10 mg	
Injection/Infusion	J9273	Inj tisotu vedotin-tftv, 1mg	

Injection/Infusion	J9280	MITOMYCIN INJECTION	
Injection/Infusion	J9281	Mitomycin instillation	
Injection/Infusion	J9293	MITOXANTRNE HCL INJ /5MG	
Injection/Infusion	J9295	INJECTION, NECITUMUMAB, 1 MG	
Injection/Infusion	J9299	INJECTION, NIVOLUMAB, 1 MG	
Injection/Infusion	J9301	OBINUTUZUMAB INJ	
Injection/Infusion	J9302	OFATUMUMAB INJECTION	
Injection/Infusion	J9303	PANITUMUMAB INJECTION	
Injection/Infusion	J9304	Injection, pemetrexed (PEMFEXY), 10 mg	
Injection/Infusion	J9305	PEMETREXED INJECTION	
Injection/Infusion	J9306	INJECTION, PERTUZUMAB, 1 MG	
Injection/Infusion	J9307	PRALATREXATE INJECTION	
Injection/Infusion	J9308	INJECTION, RAMUCIRUMAB, 5 MG	
Injection/Infusion	J9309	Inj, polatuzumab vedotin 1mg	
Injection/Infusion	J9311	INJ RITUXIMAB, HYALURONIDASE	
Injection/Infusion	J9312	INJ., RITUXIMAB, 10 MG	
Injection/Infusion	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	
Injection/Infusion	J9315	ROMIDEPSIN INJECTION	
Injection/Infusion	J9316	Pertuzu, trastuzu, 10 mg	
Injection/Infusion	J9317	Sacituzumab govitecan-hziy	
Injection/Infusion	J9318	Injection, romidepsin, non-lyophilized, 0.1 mg	
Injection/Infusion	J9319	Injection, romidepsin, lyophilized, 0.1 mg	
Injection/Infusion	J9320	STREPTOZOCIN INJECT 1 GM	
Injection/Infusion	J9325	INJ TALIMOGENE LAHERPAREPVEC	
Injection/Infusion	J9328	TEMOZOLOMIDE INJECTION	
Injection/Infusion	J9330	TEMSIROLIMUS INJECTION]	
Injection/Infusion	J9340	THIOTEPA INJECTION 15 MG	
Injection/Infusion	J9348	Injection, naxitamab-gqgk, 1 mg	
Injection/Infusion	J9349	Inj., tafasitamab-cxix	

Injection/Infusion	J9351	TOPOTECAN INJECTION	
Injection/Infusion	J9352	INJECTION TRABECTEDIN 0.1MG	
Injection/Infusion	J9353	Injection, margetuximab-cmkb, 5 mg	
Injection/Infusion	J9354	INJ, ADO-TRASTUZUMAB EMT 1MG	
Injection/Infusion	J9355	TRASTUZUMAB, 10 MG	
Injection/Infusion	J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	
Injection/Infusion	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg.	
Injection/Infusion	J9360	VINBLASTINE SULF INJ 1MG	
Injection/Infusion	J9370	VINCRISTINE SULF 1MG INJ	
Injection/Infusion	J9371	INJ, VINCRISTINE SUL LIP 1MG	
Injection/Infusion	J9390	VINORELBINE TARTRAT/10MG	
Injection/Infusion	J9395	FULVESTRANT 25 MG INJ	
Injection/Infusion	J9400	INJ, ZIV-AFLIBERCEPT, 1MG	
Injection/Infusion	J9999	Unlisted-Pharmacy	
Unlisted Codes	J9999	Not otherwise classified, antieoplastic drugs	
DME	K0005	Ultra-lightweight wheelchair	
Unlisted Codes	K0009	Other manual wheelchair/base	
DME	K0010	W/C standard-weight frame motorized/power	
DME	K0011	W/C standard-weight frame motorized/power	
DME	K0012	W/C lightweight portable motorized/power	
DME	K0014	Other motorized/power wheelchair base	
DME	K0108	WHEELCHAIR ACCESSORY	
DME	K0553	THER CGM SUPPLY ALLOWANCE	
DME	K0554	THER CGM RECEIVER/MONITOR	
Outpatient Procedures	K0606	AUTO EXTER DEFIBRILLATOR	
DME	K0800	Power operated vehicle, group 1 standard	

DME	K0801	Power operated vehicle, group 1 heavy duty	
DME	K0802	Power operated vehicle, group 1 very hvy duty	
DME	K0806	Power operated vehicle, group 2 standard,	
DME	K0807	Power operated vehicle, group 2 heavy duty	
DME	K0808	Power operated vehicle, group 2 very hvy duty	
DME	K0812	Power operated vehicle, NOC	
DME	K0813	Power wheelchair, group 1 standard,	
DME	K0814	Power wheelchair, group 1 standard,	
DME	K0815	Power wheelchair, group 1 standard,	
DME	K0816	Power wheelchair, group 1 standard,	
DME	K0820	Power wheelchair, group 2 standard,	
DME	K0821	Power wheelchair, group 2 standard,	
DME	K0822	Power wheelchair, group 2 standard,	
DME	K0823	Power wheelchair, group 2 standard,	
DME	K0824	Power wheelchair, group 2 heavy duty,	
DME	K0825	Power wheelchair, group 2 heavy duty,	
DME	K0826	Power wheelchair, group 2 very heavy duty,	
DME	K0827	Power wheelchair, group 2 very heavy duty,	
DME	K0828	Power wheelchair, group 2 extra heavy duty,	
DME	K0829	Power wheelchair, group 2 extra heavy duty,	
DME	K0830	Power wheelchair, group 2 standard, seat elev	
DME	K0831	Power wheelchair, group 2 standard, seat elev	
DME	K0835	Power wheelchair, group 2 standard,	

DME	K0836	Power wheelchair, group 2 standard,	
DME	K0837	Power wheelchair, group 2 heavy duty,	
DME	K0838	Power wheelchair, group 2 heavy duty,	
DME	K0839	Power wheelchair, group 2 very heavy duty,	
DME	K0840	Power wheelchair, group 2 extra heavy duty,	
DME	K0841	Power wheelchair, group 2 standard,	
DME	K0842	Power wheelchair, group 2 standard,	
DME	K0843	Power wheelchair, group 2 heavy duty,	
DME	K0848	Power wheelchair, group 3 standard,	
DME	K0849	Power wheelchair, group 3 standard,	
DME	K0850	Power wheelchair, group 3 heavy duty,	
DME	K0851	Power wheelchair, group 3 heavy duty,	
DME	K0852	Power wheelchair, group 3 very heavy duty,	
DME	K0853	Power wheelchair, group 3 very heavy duty,	
DME	K0854	Power wheelchair, group 3 extra heavy duty,	
DME	K0855	Power wheelchair, group 3 extra heavy duty,	
DME	K0856	Power wheelchair, group 3 standard,	
DME	K0857	Power wheelchair, group 3 standard,	
DME	K0858	Power wheelchair, group 3 heavy duty,	
DME	K0859	Power wheelchair, group 3 heavy duty,	
DME	K0860	Power wheelchair, group 3 very heavy duty,	
DME	K0861	Power wheelchair, group 3 standard,	
DME	K0862	Power wheelchair, group 3 heavy duty,	

DME	K0863	Power wheelchair, group 3 very heavy duty,	
DME	K0864	Power wheelchair, group 3 extra heavy duty,	
DME	K0868	Power wheelchair, group 4 standard,	
DME	K0869	Power wheelchair, group 4 standard,	
DME	K0870	Power wheelchair, group 4 heavy duty,	
DME	K0871	Power wheelchair, group 4 very heavy duty,	
DME	K0877	Power wheelchair, group 4 standard,	
DME	K0878	Power wheelchair, group 4 standard,	
DME	K0879	Power wheelchair, group 4 heavy duty,	
DME	K0880	Power wheelchair, group 4 very heavy duty,	
DME	K0884	Power wheelchair, group 4 standard	
DME	K0885	Power wheelchair, group 4 standard,	
DME	K0886	Power wheelchair, group 4 heavy duty,	
DME	K0890	Power wheelchair, group 5 pediatric,	
DME	K0891	Power wheelchair, group 5 pediatric,	
DME	K0898	POWER WHEELCHAIR NOC	
Unlisted Codes	K0898	Power wheelchair, NOC	
DME	K0899	POW MOBILITY DEV NO SADM	
Unlisted Codes	K0899	Power mobility device, not coded	
DME	K0900	Custom DME	
Outpatient Procedures	K1001	Electronic posa treatment	
DME	K1006	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	

DME	K1007	Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	
DME	K1009	Speech volume modulation system, any type, including all components and accessories "	
DME	K1014	Ak 4 bar link hydl swg/stanc	
DME	K1021	Exsufflation belt, includes all supplies and accessories	
Investigational/Experimental	K1023	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	
DME	K1024	Non-pneumatic compression controller with sequential calibrated gradient pressure	
DME	K1025	Non-pneumatic sequential compression garment, full arm	
DME	K1028	Control unit neuromuscul osa	
DME	K1029	Oral dv/app neuromus mouthpi	
Investigational/Experimental	K1031	Non pneu comp control w/o ca	
Investigational/Experimental	K1032	Non pneum seq comp full leg	
Investigational/Experimental	K1033	Non pneum seq comp half leg	

Unlisted Codes	L0999	Addition to spinal orthotic, not otherwise specified	
Unlisted Codes	L1499	Spinal orthotic, not otherwise specified	
DME	L1840	KO DEROT ANT CRUC FAB	
DME	L1844	KO WADJ JT ROT CNTRL MOL	
DME	L1846	KO W ADJ FLEX/EXT ROTAT	
DME	L2005	KAFO SNG/DBL MECHANICAL	
Investigational/Experimental	L2006	Kaf sng/dbl swg/stn mcpr cus	
Unlisted Codes	L2999	Lower extremity orthotic, not otherwise specified	
Unlisted Codes	L3999	Upper limb orthotic, not otherwise specified	
Unlisted Codes	L5699	All lower extremity prostheses, shoulder harness	
DME	L5781	LWR LMB PROS VACUUM PUMP	
DME	L5782	HD LWR LMB PROS VAC PUMP	
DME	L5828	KNE-SHN FLD SWG & STANCE	
DME	L5845	KNEE-SHIN SYS STANC FLEX	
DME	L5848	KNEE-SHIN HYDRL STANCE	
DME	L5856	ELEC KNEE-SHIN SWING/STA	
DME	L5857	ELEC KNEE-SHIN SWING ONL	
DME	L5858	STANCE PHASE ONLY	
DME	L5859	KNEE-SHIN PRO FLEX/EXT C	
DME	L5930	HIGH ACTIVITY KNEE FRAME	
DME	L5969	AK/FT POWER ASST INCL MOTORS	
DME	L5973	ANKL-FOOT SYS DORS-PLANT	
DME	L5981	LE PROS FELX-WALK SYS/EQ	
Unlisted Codes	L5999	Lower Extremity Prosthesis, Not Otherwise Specified	
DME	L6026	PART HAND MYO EXCLU TERM DEV	

DME	L6611	ADDITIONAL SWITCH, EXT P	
DME	L6638	ELEC LCK MANUAL PWR ELBW	
DME	L6646	MLTI-POS LCK SHOULDR JNT	
DME	L6647	SHOULDER LOCK ACTUATOR	
DME	L6648	EXT PWR SHLDER LCK/UNLCK	
DME	L6715	TERM DEVICE, MULTI ART D	
DME	L6880	ELEC HAND IND ART DIGITS	
DME	L6881	AUTOMATIC GRASP FEATURE	
DME	L6882	MICROPROCESSOR CONTROL	
DME	L6920	WRST DISART SWITCH CTRL	
DME	L6925	WRST DISART MYOELEC CTRL	
DME	L6930	BE SWITCH CONTROL	
DME	L6935	BE MYOELECTRONIC CTRL	
DME	L6940	ELBOW DISARTIC SWITCH	
DME	L6945	ELBW DISART MYOELEC CTRL	
DME	L6950	ABV ELBW SWITCH CONTROL	
DME	L6955	ABV ELBW MYOELEC CTRL	
DME	L6960	SHLD DISART SWITCH CTRL	
DME	L6965	SHLD DISART MYOELEC CTRL	
DME	L6970	INTRSCAP-THOR SWTCH CTRL	
DME	L6975	INTRSC-THOR MYOELEC CTRL	
DME	L7007	ADULT ELECTRIC HAND	
DME	L7008	PEDIATRIC ELECTRIC HAND	
DME	L7009	ADULT ELECTRIC HOOK	
DME	L7040	PREHENSILE ACTUATOR HOSM	
DME	L7045	ELEC HOOK CHILD MICH/EQU	
DME	L7170	ELEC ELB HOSMR SWCH CTRL	
DME	L7180	ELECTRONIC ELBOW SEQUENT	
DME	L7181	ELECTRONIC ELBO SIMULTAN	

DME	L7185	ELB ADLSC VLG SWCH CTRL	
DME	L7186	ELEC ELB CHILD SWCH CTRL	
DME	L7190	ELB ADLSC MYOELEC CTRL	
DME	L7191	ELB CHILD MYOELEC CTRL	
DME	L7259	ELECTRONIC WRIST ROTATOR ANY	
Unlisted Codes	L7499	UPPR EXTREM PROTHES NOS	
Outpatient Procedures	L8033	Nipple prosthesis custom, ea	
DME	L8040	NASAL PROSTHESIS	
DME	L8041	MIDFACIAL PROSTHESIS	
DME	L8042	ORBITAL PROSTHESIS	
DME	L8043	UPPER FACIAL PROSTHESIS	
DME	L8044	HEMI-FACIAL PROSTHESIS	
Outpatient Procedures	L8045	Auricular Prosthesis, by non-physician	
DME	L8046	PARTIAL FACIAL PROSTHES	
DME	L8047	NASAL SEPTAL PROSTHES	
DME	L8048	MAXILLOFACIAL PROSTH NOS	
DME	L8049	REP MAXILLOFAC PROS-LABR	
Outpatient Procedures	L8499	Unlisted Procedure Misc Prosth	
Unlisted Codes	L8499	Unlisted Procedure Misc Prosth	
DME	L8510	VOICE AMPLIFIER	
Unlisted Codes	L8510	Voice amplifier	
Investigational/Experimental	L8608	ARG II EXT COM/SUP/ACC MISC	
Outpatient Procedures	L8614	COCHLEAR DEVICE/SYSTEM	
Outpatient Procedures	L8619	REPLACE COCHLEAR PROCESS	
Outpatient Procedures	L8641	METATARSAL JOINT IMPLANT	
Outpatient Procedures	L8642	HALLUX IMPLANT	
DME	L8679	Implant neurostim, any type	
DME	L8680	Implant neurostim electrode	
Outpatient Procedures	L8681	PT PRGRM FOR IMPLT NEURO	Musculoskeletal
Outpatient Procedures	L8682	IMPLT NEUROSTIM RADIOFQ	Musculoskeletal
Outpatient Procedures	L8683	RADIOFQ TRSMTR FOR IMPLT	Musculoskeletal

Outpatient Procedures	L8685	IMPLT NROSTM PLS GEN SNG	Musculoskeletal
DME	L8686	Implant neurostim single array,	
DME	L8687	Implant neurostim, dual array,	
Outpatient Procedures	L8688	IMPLT NROSTM PLS GEN DUA	Musculoskeletal
Outpatient Procedures	L8689	EXTERNAL RECHARGING SYST	Musculoskeletal
Outpatient Procedures	L8695	EXTERNAL RECHARG SYS EXT	Musculoskeletal
Outpatient Procedures	L8698	MISC USED WITH TOT ART HEART	
Unlisted Codes	L8699	Prosthetic implant, not otherwise specified	
DME	L8701	POW UE ROM DEV EWH UPRT CUST	
DME	L8702	POW UE ROM DEV EWHF UPRT CUS	
Unlisted Codes	P9099	Blood component/product noc	
Injection/Infusion	Q0138	FERUMOXYTOL, NON-ESRD	
Unlisted Codes	Q0181	Unspecified oral dosage form, FDA approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	
Unlisted Codes	Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device	
Unlisted Codes	Q0508	Misc supply/access for VAD	
Unlisted Codes	Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device	
Unlisted Codes	Q0509	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A	

Investigational/Experimental	Q1004	NEW TECH INTRA LEN CAT 4	
Investigational/Experimental	Q1005	NEW TECH INTRA LEN CAT 5	
Injection/Infusion	Q2017	TENIPOSIDE, 50 MG	
Investigational/Experimenta	Q2026	RADIESSE INJECTION	
Outpatient Procedures	Q2028	INJ, SCULPTRA, 0.5MG	
Unlisted Codes	Q2039	Influenza virus vaccine, not otherwise specified	
Injection/Infusion	Q2041	AXICABTAGENE CILOLEUCEL CAR+	
Transplant	Q2042	TISAGENLECLEUCEL CAR-POS T	
Injection/Infusion	Q2043	SIPLEUCEL-T AUTO CD54+	
Injection/Infusion	Q2050	DOXORUBICIN INJ 10MG	
Transplant	Q2053	Brexucabtagene car pos t	
Transplant	Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti- cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose.	
Transplant	Q2055	Idecabtagene vicleucel car	
Injection/Infusion	Q3027	INJ BETA INTERFERON IM 1 MCG	
Injection/Infusion	Q3028	INJ BETA INTERFERON SQ 1 MCG	
Unlisted Codes	Q4050	Cast supplies, for unlisted types and materials of casts	
Unlisted Codes	Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)	
Injection/Infusion	Q4074	Iloprost inhalation (Ventavis®)	
Injection/Infusion	Q4081	EPOETIN ALFA, 100 UNITS	
Unlisted Codes	Q4082	Drug/biolog, NOC, Part B drug competitive	
Investigational/Experimenta	Q4100	SKIN SUBSTITUTE, NOS	

Outpatient Procedures	Q4102	OASIS WOUND MATRIX SKIN	
Investigational/Experimental	Q4103	OASIS BURN MATRIX SKIN S	
Outpatient Procedures	Q4106	DERMAGRAFT SKIN SUB	
Investigational/Experimenta	Q4107	GRAFTJACKET SKIN SUB	
Investigational/Experimenta	Q4110	PRIMATRIX SKIN SUB	
Investigational/Experimenta	Q4111	GAMMAGRAFT SKIN SUB	
Investigational/Experimenta	Q4112	CYMETRA ALLOGRAFT	
Investigational/Experimental	Q4113	GRAFTJACKET EXPRESS ALLO	
Investigational/Experimental	Q4114	INTEGRA FLOWABLE WOUND M	
Investigational/Experimenta	Q4115	ALLOSKIN SKIN SUB	
Investigational/Experimenta	Q4117	HYALOMATRIX	
Investigational/Experimental	Q4118	MATRISTEM MICROMATRIX	
Outpatient Procedures	Q4121	THERASKIN	
Investigational/Experimenta	Q4122	DERMACELL	
Investigational/Experimenta	Q4123	ALLOSKIN	
Outpatient Procedures	Q4124	OASIS TRI-LAYER WOUND MA	
Investigational/Experimenta	Q4125	ARTHROFLEX	
Investigational/Experimental	Q4126	MEMODERM/DERMA/TRAN Z/INT	
Investigational/Experimenta	Q4127	TALYMED	
Investigational/Experimental	Q4128	FLEXHD/ALLOPATCHHD/MAT RI	
Investigational/Experimenta	Q4130	STRATTICE TM	
Outpatient Procedures	Q4132	GRAFIX CORE	
Outpatient Procedures	Q4133	GRAFIX PRIME	
Investigational/Experimenta	Q4134	HMATRIX	
Investigational/Experimenta	Q4135	MEDISKIN	
Investigational/Experimenta	Q4136	EZDERM	
Investigational/Experimental	Q4137	AMNIOEXCEL OR BIODEXCEL, 1CM	
Investigational/Experimenta	Q4138	BIODFENCE DRYFLEX, 1CM	
Investigational/Experimental	Q4139	AMNIO OR BIODMATRIX, INJ 1CC	
Investigational/Experimenta	Q4140	BIODFENCE 1CM	
Investigational/Experimenta	Q4141	ALLOSKIN AC, 1 CM	
Investigational/Experimental	Q4142	XCM BIOLOGIC TISS MATRIX 1CM	
Investigational/Experimenta	Q4143	REPRIZA, 1CM	
Investigational/Experimenta	Q4145	EPIFIX, INJ, 1MG	
Investigational/Experimenta	Q4146	TENSIX, 1CM	
Investigational/Experimenta	Q4147	ARCHITECT ECM, 1CM	

Investigational/Experimenta	Q4148	NEOX 1K, 1CM	
Investigational/Experimenta	Q4149	EXCELLAGEN, 0.1 CC	
Investigational/Experimenta l	Q4150	ALLOWRAP DS OR DRY 1 SQ CM	
Outpatient Procedures	Q4151	AMNIOBAND, GUARDIAN 1 SQ CM	
Investigational/Experimenta l	Q4152	DERMAPURE 1 SQUARE CM	
Investigational/Experimenta	Q4153	DERMAVEST 1 SQUARE CM	
Investigational/Experimenta	Q4154	BIOVANCE 1 SQUARE CM	
Investigational/Experimenta l	Q4155	NEOXFLO OR CLARIXFLO 1 MG	
Investigational/Experimenta	Q4156	NEOX 100 1 SQUARE CM	
Investigational/Experimenta	Q4157	REVITALON 1 SQUARE CM	
Investigational/Experimenta	Q4158	MARIGEN 1 SQUARE CM	
Investigational/Experimenta	Q4159	AFFINITY1 SQUARE CM	
Investigational/Experimenta	Q4160	NUSHIELD 1 SQUARE CM	
Investigational/Experimenta l	Q4161	BIO-CONNEKT WOUND MATRIX, PER SQUARE CENTIMETER	
Investigational/Experimenta l	Q4162	AMNIOPRO FLOW, BIOSKIN FLOW, BIORENEW FLOW, WOUNDEX FLOW, AMNIOGEN-A, AMNIOGEN-C, 0.5 CC	
Investigational/Experimenta l	Q4163	AMNIOPRO, BIOSKIN, BIORENEW, WOUNDEX, AMNIOGEN-45, AMNIOGEN-200, PER SQUARE CENTIMETER	
Investigational/Experimenta l	Q4164	HELICOLL, PER SQUARE CENTIMETER	
Investigational/Experimenta l	Q4165	KERAMATRIX, PER SQUARE CENTIMETER	
Outpatient Procedures	Q4166	CYTAL, PER SQUARE CENTIMETER	
Outpatient Procedures	Q4167	TRUSKIN, PER SQ CENTIMETER	
Outpatient Procedures	Q4168	AMNIOBAND, 1 MG	
Outpatient Procedures	Q4169	ARTACENT WOUND, PER SQ CM	
Outpatient Procedures	Q4170	CYGNUS, PER SQ CM	
Outpatient Procedures	Q4171	INTERFYL, 1 MG	
Outpatient Procedures	Q4173	PALINGEN OR PALINGEN XPLUS	
Outpatient Procedures	Q4174	PALINGEN OR PROMATRX	
Outpatient Procedures	Q4175	MIRODERM	

Investigational/Experimental	Q4176	NEOPATCH, PER SQ CENTIMETER	
Investigational/Experimenta	Q4177	FLOWERAMNIOFLO, 0.1 CC	
Investigational/Experimental	Q4178	FLOWERAMNIOPATCH, PER SQ CM	
Investigational/Experimenta	Q4179	FLOWERDERM, PER SQ CM	
Investigational/Experimenta	Q4180	REVITA, PER SQ CM	
Investigational/Experimental	Q4181	AMNIO WOUND, PER SQUARE CM	
Outpatient Procedures	Q4182	TRANSCYTE, PER SQ CENTIMETER	
Investigational/Experimenta	Q4183	SURGIGRAFT, 1 SQ CM	
Investigational/Experimenta	Q4184	CELLESTA, 1 SQ CM	
Investigational/Experimental	Q4185	CELLESTA FLOWAB AMNION 0.5CC	
Outpatient Procedures	Q4186	EPIFIX 1 SQ CM	
Investigational/Experimenta	Q4187	EPICORD 1 SQ CM	
Investigational/Experimenta	Q4188	AMNIOARMOR 1 SQ CM	
Investigational/Experimenta	Q4189	ARTACENT AC, 1 MG	
Investigational/Experimenta	Q4190	ARTACENT AC 1 SQ CM	
Investigational/Experimenta	Q4191	RESTORIGIN 1 SQ CM	
Investigational/Experimenta	Q4192	RESTORIGIN, 1 CC	
Investigational/Experimenta	Q4193	COLL-E-DERM 1 SQ CM	
Investigational/Experimenta	Q4194	NOVACHOR 1 SQ CM	
Investigational/Experimenta	Q4195	PURAPLY 1 SQ CM	
Investigational/Experimenta	Q4196	PURAPLY AM 1 SQ CM	
Investigational/Experimenta	Q4197	PURAPLY XT 1 SQ CM	
Investigational/Experimental	Q4198	GENESIS AMNIO MEMBRANE 1SQCM	
Investigational/Experimental	Q4199	Cygnus matrix, per sq cm	
Investigational/Experimenta	Q4200	SKIN TE 1 SQ CM	
Investigational/Experimenta	Q4201	MATRION 1 SQ CM	
Investigational/Experimenta	Q4202	KEROXX (2.5G/CC), 1CC	
Investigational/Experimenta	Q4203	DERMA-GIDE, 1 SQ CM	
Investigational/Experimenta	Q4204	XWRAP 1 SQ CM	
Investigational/Experimental	Q4205	MEMBRANE GRAFT OR WRAP SQ CM	
Investigational/Experimental	Q4206	FLUID FLOW OR FLUID GF 1 CC	
Investigational/Experimenta	Q4208	NOVAFIX PER SQ CM	
Investigational/Experimenta	Q4209	SURGRAFT PER SQ CM	
Investigational/Experimental	Q4210	AXOLOTL GRAF DUALGRAF SQ CM	

Investigational/Experimental	Q4211	AMNION BIO OR AXOBIO SQ CM	
Investigational/Experimenta	Q4212	ALLOGEN, PER CC	
Investigational/Experimenta	Q4213	ASCENT, 0.5 MG	
Investigational/Experimenta	Q4214	CELLESTA CORD PER SQ CM	
Investigational/Experimental	Q4215	AXOLOTL AMBIENT, CRYO 0.1 MG	
Investigational/Experimental	Q4216	ARTACENT CORD PER SQ CM	
Investigational/Experimental	Q4217	WOUNDFIX BIOWOUND PLUS XPLUS	
Investigational/Experimenta	Q4218	SURGICORD PER SQ CM	
Investigational/Experimental	Q4219	SURGIGRAFT DUAL PER SQ CM	
Investigational/Experimental	Q4220	BELLACELL HD, SUREDERM SQ CM	
Investigational/Experimenta	Q4221	AMNIOWRAP2 PER SQ CM	
Investigational/Experimental	Q4222	PROGENAMATRIX, PER SQ CM	
Outpatient Procedures	Q4224	Hhf10-p per sq cm	
Outpatient Procedures	Q4225	Amniobind, per sq cm	
Investigational/Experimental	Q4226	MYOWN HARV PREP PROC SQ CM	
Investigational/Experimental	Q4227	Amniocore, per square centimeter.	
Investigational/Experimental	Q4228	BioNextPATCH, per square centimeter	
Investigational/Experimental	Q4229	Cogenex amniotic membrane, per square centimeter.	
Investigational/Experimental	Q4230	Cogenex flowable amnion, per 0.5 cc.	
Investigational/Experimenta	Q4231	Corplex P, per cc.	
Investigational/Experimental	Q4232	Corplex, per square centimeter.	
Investigational/Experimental	Q4233	Surfactor or Nudyn, per 0.5 cc.	
Investigational/Experimental	Q4234	Xcellerate, per square centimeter.	
Investigational/Experimental	Q4235	Amniorepair or altiply, per square centimeter.	
Investigational/Experimental	Q4236	carePATCH, per square centimeter.	
Investigational/Experimental	Q4237	Cryo-cord, per square centimeter	

Investigational/Experimental	Q4238	Derm-maxx, per square centimeter.	
Investigational/Experimental	Q4239	Amnio-maxx or Amnio-maxx lite, per square centimeter	
Investigational/Experimental	Q4240	Corecyte, for topical use only, per 0.5 cc.	
Investigational/Experimental	Q4241	Polycyte, for topical use only, per 0.5 cc.	
Investigational/Experimenta	Q4242	Amniocyte plus, per 0.5 cc.	
Investigational/Experimenta	Q4244	Procenta, per 200 mg	
Investigational/Experimenta	Q4245	Amniotext, per cc	
Investigational/Experimenta	Q4246	Coretext or Protext, per cc.	
Investigational/Experimental	Q4247	Amniotext patch, per square centimeter	
Investigational/Experimental	Q4248	Dermacyte Amniotic Membrane Allograft, per square centimeter	
Investigational/Experimenta	Q4249	Amniply, per sq cm	
Outpatient Procedures	Q4250	AmnioAMP- MP, per square centimeter	
Investigational/Experimental	Q4251	Vim, per square centimeter	
Investigational/Experimental	Q4252	Vendaje, per square centimeter	
Investigational/Experimental	Q4253	Zenith amniotic membrane, per square centimeter	
Outpatient Procedures	Q4254	Novafix DL, per square centimeter	
Investigational/Experimental	Q4255	Reguard, topical use per sq	
Outpatient Procedures	Q4256	Mlg complet, per sq cm	
Outpatient Procedures	Q4257	Relese, per sq cm	
Outpatient Procedures	Q4258	Enverse, per sq cm	
Injection/Infusion	Q5103	Injection, inflectra	
Injection/Infusion	Q5104	Injection, renflexis	
Injection/Infusion	Q5105	Inj Retacrit esrd on dialysi	
Injection/Infusion	Q5106	Epoetin Alfa-epbx (Retacrit)	
Injection/Infusion	Q5107	Inj mvasi 10 mg	
Injection/Infusion	Q5108	Pegfilgrastim-jmdb (Fulphila)	
Injection/Infusion	Q5109	Injection, ixifi, 10 mg	
Injection/Infusion	Q5110	Filgrastim-aafi (Nivestym)	
Injection/Infusion	Q5111	Injection, udenyca, 0.5 mg.	

Injection/Infusion	Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	
Injection/Infusion	Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	
Injection/Infusion	Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	
Injection/Infusion	Q5115	Injection, rituximab-abbs, biosimilar, 10 mg	
Injection/Infusion	Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	
Injection/Infusion	Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	
Injection/Infusion	Q5118	Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg	
Injection/Infusion	Q5119	Injection, Rituximab-pvvr, biosimilar, (Ruxience), 10 mg.	
Injection/Infusion	Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg.	
Injection/Infusion	Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg.	
Injection/Infusion	Q5122	Inj, nyvepria	
Injection/Infusion	Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	
Injection/Infusion	Q5124	Inj. byooviz, 0.1 mg	
Diagnostic Radiology	Q9982	FLUTEMETAMOL F18 DIAGNOSTIC	
Diagnostic Radiology	Q9983	FLORBETABEN F18 DIAGNOSTIC	
Injection/Infusion	S0013	Esketamine, nasal spray	
Injection/Infusion	S0090	SILDENAFIL CITRATE 25 MG	
Injection/Infusion	S0122	Menotropins, 75 IU	
Injection/Infusion	S0126	FOLLITROPIN ALFA INJ 75U	
Injection/Infusion	S0128	FOLLITROPIN BETA INJ 75U	
Injection/Infusion	S0132	GANIRELIX ACET INJ 250MC	
Injection/Infusion	S0145	Peginterferon aplha-2a	
Injection/Infusion	S0148	Injection, Pegylated Interferon Alfa-2B, 10 MCG	

Outpatient Procedures	S0189	TESTOSTERONE PELLET 75 M	
Unlisted Codes	S0590	Integral lens service, miscellaneous services reported separately	
Outpatient Procedures	S0800	Laser In Situ Keratomileusis (Lasik)	
Outpatient Procedures	S0810	PHOTOREFRACTIVE KERATECT	
DME	S1034	Artif pancreas system	
DME	S1040	CRANIAL REMOLD ORTHOSIS	
Transplant	S2053	TRANSPLANT OF INTEST LIV	
Transplant	S2054	TRANSPLANT OF ORGANS	
Transplant	S2060	LOBAR LUNG TRANSPLANT	
Transplant	S2061	DONOR LOBECTOMY (LUNG)	
Transplant	S2065	SIMULT PANC KIDN TRANS	
Outpatient Procedures	S2080	LAUP	
Transplant	S2102	ISLET CELL TISSUE TRANSP	
Transplant	S2103	ADRENAL TISSUE TRANSPLAN	
Investigational/Experimental	S2107	ADOPTIVE IMMUNOTHERAPY	
Investigational/Experimenta	S2117	ARTHROEREISIS, SUBTALAR	
Transplant	S2140	CORD BLOOD HARVESTING	
Transplant	S2142	CORD BLOOD-STEMCELL DER	
Transplant	S2150	BMT HARV/TRANSPL 28D PKG	
Transplant	S2152	SOLID ORGAN TRNSPL PKG	
Outpatient Procedures	S2202	Echosclerotherapy	
Outpatient Procedures	S2235	IMPL AUDITORY BRAIN IMPL	
Investigational/Experimenta	S2300	ARTHROSCOPY, SHOULDER	
Investigational/Experimental	S2348	DECOMPRESS DISC RF LUMBA	
Investigational/Experimental	S2400	FETAL SURG DIAPHR HERNIA	
Investigational/Experimental	S2404	FETAL SURG MYELOMENINGOC	
Unlisted Codes	S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	
Outpatient Procedures	S3840	DNA ANALY RET-ONCOGENE	

Outpatient Procedures	S3854	GENE PROFILE PANEL BREAST	
Outpatient Procedures	S3861	GENETIC TEST BRUGADA	
Outpatient Procedures	S3865	COMP GENE TEST HYP CARDI	
Outpatient Procedures	S3866	SPEC GENE TEST HYP CARDI	
Investigational/Experimental	S3870	CGH TEST DEVELOPMENT DEL	
Therapies	S3900	Surface electromyography (EMG)	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Infertility	S4011	In-vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development	
Infertility	S4013	Complete cycle, gamete intrafallopian transfer (GIFT), case rate	
Infertility	S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate	
Infertility	S4015	Complete in-vitro fertilization cycle, not otherwise specified, case rate	
Infertility	S4016	Frozen in-vitro fertilization cycle, case rate	
Infertility	S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate	
Infertility	S4018	Frozen embryo transfer procedure cancelled before transfer, case rate	

Infertility	S4020	In-vitro fertilization procedure cancelled before aspiration, case rate	
Infertility	S4021	In-vitro fertilization procedure cancelled after aspiration, case rate	
Infertility	S4022	Assisted oocyte fertilization, case rate	
Infertility	S4025	Donor services for in-vitro fertilization (sperm or embryo), case rate	
Infertility	S4026	Procurement of donor sperm from sperm bank	
Infertility	S4027	Storage of previously frozen embryos	
Infertility	S4028	Microsurg epididymal sperm aspiration (MESA)	
Infertility	S4030	Sperm procurement & cryopreserv services, 1st visit	
Infertility	S4031	Sperm procurement & cryopreserv services, subsq visit	
Infertility	S4035	Stimulated intrauterine insemination (IUI), case rate	
Infertility	S4037	Cryopreserved emryo transfer, case rate	
Infertility	S4040	Monitor & storage cryopreserved embryos, per 30 days	
Infertility	S4042	Mgmt of ovulation induction, per cycle	
Unlisted Codes	S5000	Prescription drug, generic	
Unlisted Codes	S5001	Prescription drug, brand name	
Diagnostic Radiology	S8035	MAGNETIC SOURCE IMAGING	
Diagnostic Radiology	S8037	MRCP	
Diagnostic Radiology	S8042	MRI LOW FIELD	
Investigational/Experimenta	S8080	SCINTIMAMMOGRAPHY	
Investigational/Experimenta	S8085	FLUORINE-18 FLUORODEOX	

Diagnostic Radiology	S8092	Electron beam computed tomography (also known as Ultrafast CT, Cine CT)	
Unlisted Codes	S8189	Tracheostomy supply, not otherwise classified	
Unlisted Codes	S8415	Supplies for home delivery of infant	
Therapies	S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Therapies	S8990	Physical or manipulative therapy performed for maintenance rather than restoration	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Investigational/Experimenta	S9055	PROCUREN	
Therapies	S9090	Vertebral axial decompression, per session	THE FOLLOWING CODES IN REGARDS TO CHIROPRACTIC SERVICES ARE CONSIDERED NOT MEDICALLY NECESSARY &/OR NCIS FOR PT/OT/CHIRO
Home Health Care	S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	
Home Health Care	S9123	Nursing care, in the home, by registered nurse, per hour (use for general nursing care only; not to be used when CPT codes 99500-99602 can be used)	
Home Health Care	S9124	Nursing care, in the home; by licensed practical nurse, per hour	
Home Health Care	S9127	Social work visit, in the home, per diem	
Therapies	S9128	Speech therapy, in the home, per diem	
Home Health Care	S9325	HIT PAIN MGMT PER DIEM	
Home Health Care	S9326	HIT CONT PAIN PER DIEM	
Home Health Care	S9327	HIT INT PAIN PER DIEM	
Home Health Care	S9328	HIT PAIN IMP PUMP DIEM	
Home Health Care	S9336	HIT CONT ANTICOAG DIEM	
Home Health Care	S9340	HIT ENTERAL PER DIEM	
Home Health Care	S9341	HIT ENTERAL GRAV DIEM	
Home Health Care	S9342	HIT ENTERAL PUMP DIEM	
Home Health Care	S9343	HIT ENTERAL BOLUS NURS	
Home Health Care	S9346	HIT ALPH-1-PROTEINA DIEM	

Home Health Care	S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs	
Home Health Care	S9348	HIT SYMPATHOMIM DIEM	
Home Health Care	S9349	HIT TOCOLYSIS DIEM	
Home Health Care	S9351	HIT CONT ANTIEMETIC DIEM	
Home Health Care	S9353	HIT CONT INSULIN DIEM	
Home Health Care	S9355	HIT CHELATION DIEM	
Home Health Care	S9357	HIT ENZYME REPLACE DIEM	
Home Health Care	S9359	HIT ANTI-TNF PER DIEM	
Home Health Care	S9361	HIT DIURETIC INFUS DIEM	
Home Health Care	S9363	HIT ANTI-SPASMOTIC DIEM	
Home Health Care	S9364	HIT TPN TOTAL PERDIEM	
Home Health Care	S9365	HIT TPN 1 LITER DIEM	
Home Health Care	S9366	HIT TPN 2 LITER DIEM	
Home Health Care	S9367	HIT TPN 3 LITER DIEM	
Home Health Care	S9368	HIT TPN OVER 3L DIEM	
Home Health Care	S9370	HT INJ ANTIEMETIC DIEM	
Home Health Care	S9372	HT INJ ANTICOAG DIEM	
Unlisted Codes	S9379	Home infusion therapy, not otherwise classified; per diem	
Unlisted Codes	S9445	Patient education, not otherwise classified, nonphysician provider, individual, per session	
Unlisted Codes	S9446	Patient education, not otherwise classified, nonphysician provider, group, per session	
Outpatient Procedures	S9960	AIR AMBULANC NONEMERG FIXED	
Outpatient Procedures	S9961	AIR AMBULAN NONEMERG ROTARY	
Transplant	S9975	TRANSPLANT RELAT PERDIEM	
Investigational/Experimental	S9988	Phase 1 clinical trial services	

Investigational/Experimental	S9990	Phase 2 clinical trial services	
Investigational/Experimental	S9991	Phase 3 clinical trial services	
Investigational/Experimental	S9992	Transport to & from clinical trial location	
Investigational/Experimental	S9994	Lodging costs for clinical trial	
Investigational/Experimenta	S9996	Meal costs for clinical trial	
Investigational/Experimental	T1000	PRIVATE DUTY/INDEPEN NSG	
Home Health Care	T1030	RN Home Care Per Diem	
Home Health Care	T1031	LPN Home Care Per Diem	
Unlisted Codes	T5999	Supply, not otherwise specified	
Unlisted Codes	V2199	Not otherwise classified, single vision lens	
Unlisted Codes	V2299	Specialty bifocal (by report)	
Unlisted Codes	V2599	Contact lens, other type	
Unlisted Codes	V2629	Prosthetic eye, other type	
Unlisted Codes	V2799	Vision item or service, miscellaneous	
Unlisted Codes	V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified	
DME	V5336	REPAIR COMMUNIC DEVICE	